

Drug Code List

Version 3.8

Revised 11/10/09

List will be updated routinely

Disclaimer: For drug codes that require an NDC, coverage depends on the drug NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Note: Physician/Facility-administered medications are reimbursed using the Centers for Medicare and Medicaid Services'(CMS) pricing file found on the CMS website--www.cms.hhs.gov. In the absence of a fee, pricing will reflect the methodology used for retail pharmacies.

Highlights represent updated material for each specific revision of the Drug Code List.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
90281	human ig, im	Gamastan	Yes	ML	Antisera	NONE	X	X	X	X									
90283	human ig, iv	Gamimune, Flebogamma, Gammagard	Yes	ML	Antisera	NONE	X	X	X	X									Cost invoice required with claim. Restricted to ICD-9 diagnoses codes 204.10 - 204.12, 279.02, 279.04, 279.06, 279.12, 287.31, and 446.1, and must be included on claim form, effective 10/1/09.
90287	botulinum antitoxin		N/A		Antisera														Not Covered
90288	botulism ig, iv		No	ML		NONE	X	X	X	X									Requires documentation and medical review
90291	cmv ig, iv	Cytogam	Yes	ML	Antisera	NONE	X	X	X	X									
90296	diphtheria antitoxin		No	ML		NONE	X	X	X	X									
90371	hep b ig, im	Bayhep B, Hyperhep B, Nabi-HB	Yes	ML	Antisera	NONE	X	X	X	X									
90375	rabies ig, im/sc	BayRab	Yes	ML	Antisera	NONE	X	X	X	X									
90376	rabies ig, heat treated	Imogam	Yes	ML	Antisera	NONE	X	X	X	X									
90378	Respiratory syncytial virus immune globulin(RSV-IgIM), for intramuscular use, 50 mg., each	Synagis	Yes	ML	Antisera	NONE	X	X	X										Pends for manual review. Requires prior authorization from Rational Drug Therapy Program (RDTP), at 1-800-847-3859.
90379	Respiratory syncytial virus immune globulin(RSV-IgIV), human, for intravenous use	Respigam	Yes	ML	Antisera	NONE	X	X	X										Pends for manual review

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
90384	Rho(D) immune globulin (Rhlg), human, full-dose, 300 mcg., intramuscular use	Gamulin RH	Yes	EA=UN SOL=ML	Immune globulin	NONE	X	X	X	X	X									
90385	Rho(D) immune globulin (Rhlg), human, mini-dose, 50 mcg., intramuscular use	BayRho-D MicrhoGam Hyprho-D	Yes	SOL=ML EA=UN	Immune globulin	NONE	X	X	X	X										
90386	Rho(D) immune globulin (RhlgIV), human, intravenous use	BAYrho-D Winrho SDF	Yes	EA=UN SOL=ML	Immune globulin	NONE	X	X	X	X										
90393	vaccina ig, im		No	ML		NONE	X	X	X	X									Requires documentation and medical review	
90396	varicella-zoster ig, im	Varicella-Zoster	Yes	ML	Antisera	NONE	X	X	X	X										
90399	immune globulin	Gammagard Polygam	Yes	ML	Antisera	NONE	X	X	X	X									Requires documentation and medical review	
Radiopharmaceuticals																				
A4641	Radiopharmaceutical, diagnostic, not otherwise classified																			Not Covered
A4642	In111 satumomab INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X										X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78800, 78801, 78802, 78803, 78804
A9500	Tc99m sestamibi TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X										X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78460, 78461, 78464, 78465, 78478, 78480, 78070, 78605, 78606, 78607, 78800, 78801, 78802, 78803, 78804,

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9501	Technetium TC-99M Teboroxime, Diagnostic, per Study Dose		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9502	Tc99m tetrofosmin TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78460, 78461, 78464, 78465, 78478, 78480
A9503	Tc99m medronate TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78300, 78305, 78306, 78315, 78320, 78399
A9504	Tc99m apcitide TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78456
A9505	TL201 thallium THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78460, 78461, 78464, 78465, 78478, 78480, 78070, 78800, 78801, 78802, 78803, 78804
A9507	In111 capromab INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	Prostascint Kit	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78800, 78801, 78802, 78803, 78804

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9508	I131 iodobenguane, dx IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78075, 78800, 78801, 78802, 78803, 78804
A9509	IODINE I-123 Sodium Iodide, Diagnostic, Per Millicurie		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9510	Tc99m disofenin TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78220; 78223
A9512	Tc99m pertechnetate TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000; 78001; 78006; 78007; 78010; 78011; 78015; 78600; 78601; 78605; 78606; 78607; 78610; 78615; 78261; 78290; 78070; 78230; 78231; 78232; 78261; 78290; 78730; 78740; 78660; 78761;
A9516	I123 iodide cap, dx IODINE I-123 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER 100 MICROCURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000, 78001, 78003, 78006, 78007, 78010, 78011, 78015, 78016, 78018; 78020; 78070
A9517	I131 iodide cap, rx IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	x											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79005

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9521	Tc99m exametazime TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78600; 78601; 78605; 78606; 78607; 78610, 78615; 78805, 78806, 78807
A9524	I131 serum albumin, dx IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78110, 78111; 78122; 78600; 78601; 78605; 78606; 78607, 78610, 78615; 78580, 78584, 78585, 78586, 78587, 78588, 78591, 78593, 78594, 78596; 78460, 78461, 78464, 78465, 78565; 78800, 78801, 78802, 78803, 78804; 78472, 78473; 78481, 78483
A9526	Nitrogen N-13 ammonia NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
A9527	Iodine I-125 sodium iodide IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79005
A9528	Iodine I-131 iodide cap, dx IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000; 78001; 78006; 78007; 78010; 78011; 78015, 78016, 78018

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9529	I131 iodide sol, dx IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000; 78001; 78006; 78007; 78010; 78011; 78015, 78016, 78018
A9530	I131 iodide sol, rx IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79005
A9531	I131 max 100uCi IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000; 78001; 78006; 78007; 78010; 78011; 78015, 78016, 78018
A9532	I125 serum albumin, dx IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78110, 78111; 78122
A9535	Injection, methylene blue INJECTION, METHYLENE BLUE, 1 ML	Methylene Blue	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9536	Tc99m depreotide TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78000; 78001; 78003

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9537	Tc99m mebrofenin TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78220, 78223
A9538	Tc99m pyrophosphate TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78300, 78305, 78306, 78315, 78320; 78999; 78466, 78468, 78469
A9539	Tc99m pentetate TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	CA-DTPA ZN-DTPA	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78580-78596; 78761; 78700-78725; 78730; 78740; 78630-78650; 78600-78607; 78610-78615; 78291; 78645; 78481-78483; 78600-78607; 78610-78615
A9540	Tc99m MAA TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78580, 78584, 78585, 78586, 78588, 78591, 78593, 78594, 78596, 78291, 78216, 78428
A9541	Tc99m sulfur colloid TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	Sulfur Powder Colloidal	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78201, 78202, 78205, 78206, 78215, 78216, 78185, 78278, 78102, 78103, 78104, 78264, 78258, 78299, 78262, 78740, 78730, 78195, 78291

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9542	In111 ibritumomab, dx INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	Zevalin	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78804
A9543	Y90 ibritumomab, rx YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: A9542, 78804, 79403
A9544	I131 tositumomab, dx IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	Bexxar	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78804
A9545	I131 tositumomab, rx IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	Bexxar	No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79403
A9546	Co57/58 COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	Various Generic	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78270, 78271, 78272
A9547	In111 oxyquinoline INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78805, 78806, 78807, 78185, 78190, 78191, 78199

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9548	In111 pentetate INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78580, 78584, 78585, 78586, 78588, 78591, 78593, 78594, 78596, 78291, 78216, 78429, 78800, 78801, 78802, 78803
A9550	Tc99m gluceptate TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78700, 78701, 78707, 78708, 78709, 78710, 78725, 78805, 78806, 78807, 78600, 78607, 78610, 78615
A9551	Tc99m succimer TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	DMSA Powder	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78700, 78701, 78707, 78708, 78709, 78710, 78800, 78801, 78802, 78803, 78804
A9552	F18 fdg FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
A9553	Cr51 chromate CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78120, 78121, 78122, 78130, 78135, 78140, 78190, 78191
A9554	I125 iothalamate, dx IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78270, 78271, 78272, 78707, 78708, 78709, 78725

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9555	Rb82 rubidium RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78459, 78491, 78492, 78608,78609, 78811, 78812, 78813, 78814,78815, 78816
A9556	Ga67 gallium GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78800, 78801, 78802, 78803, 78804; 78805, 78806, 78807 78999
A9557	Tc99m bicsiate TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78600, 78601, 78605, 78606, 78607, 78610, 78615
A9558	Xe133 xenon 10mci XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78491, 78492, 78494, 78596, 78580, 78584, 78585, 78586, 78587, 78588
A9559	Co57 cyano COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78805, 78806, 78807, 78270, 78271, 78272
A9560	Tc99m labeled rbc TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78472, 78473, 78481, 78483, 78494, 78496, 78278, 78201, 78202, 78205, 78445, 78457, 78458, 78215, 78216, 78185

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9561	Tc99m oxidronate TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78300, 78305, 78306, 78315, 78320, 78399
A9562	Tc99m mertiatide TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78700, 78701, 78707, 78708, 78709, 78710, 78725
A9563	P32 Na phosphate SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79101
A9564	P32 chromic phosphate CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79200; 79300; 79445
A9565	In111 pentetreotide INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78800, 78801, 78802, 78803, 78804; 78075; 78015, 78016, 78018. Code closed effective 12/31/07. Claims will deny when A code is billed for dates of service after 12/31/07.
A9566	Tc99m fanolesomab TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78805

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9567	Technetium TC-99m aerosol TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 78580, 78584, 78585, 78586, 78587, 78588, 78591, 78593, 78594, 78596
A9568	Technetium tc-99m arcitumomab per dose up to 45 millicuries		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9569	Technetium TC-99M Exametazime Labeled Autologous White Blood Cells, Diagnostic		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9570	Indium IN-111 Labeled Autologous White Blood Cells, Diagnostic, Per Study Dose		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9571	Indium IN-111 Labeled Autologous Platelets, Diagnostic, Per Study Dose		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9572	Indium IN-111 Pentetretotide, Diagnostic, Per Study Dose, up to 6 Millicuries		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9576	Injection, Gadoteridol, (Prohance multipack), per ML		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9577	Injection, Gadobenate Dimeglumine (Multihance), Per ML		No		Diagnostic agent Radio-pharmaceutical		X	X										X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9578	Injection, Gadobenate Dimeglumine (Multihance Multipack), Per ML		No		Diagnostic agent Radio-pharmaceutical		X	X										X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9579	Injection, Gadolinium-Based Magnetic Resonance Contrast Agent, Not Otherwise Classified		No		Diagnostic agent Radio-pharmaceutical		X	X										X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9600	Sr89 strontium STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79101
A9605	Sm 153 lexidronm SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC, PER 50 MILLICURIES	Quadramet	No		Diagnostic agent Radio-pharmaceutical		X	X											Paper Claim. Send copy of the invoice which includes the NDC billed Only covered when billed with the following CPT codes on the same claim: 79101
A9698	Nonradioactive contrast imaging material, not otherwise classified, per study																		Not Covered
A9699	Radiopharmaceutical, therapeutic, not otherwise classified																		Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
A9700	Contrast Material Supply of injectable contrast material for use in echocardiography, per study		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
C9003	Palivizumab, per 50 mg	Synagis	N/A		Antisera														Not Covered
C9113	Inj pantoprazole sodium, via	Protonix	N/A		Gastric Reflux, Esophogitis														Not Covered
C9121	Injection, argatroban	Argatroban	N/A		Thrombin Inhibitor														Not Covered
C9232	Injection, idursulfase	Elaprase	N/A		Metabolic Enzyme Replacement														Not Covered. Closed 12/31/07. See J1743 Effective 1/1/08
C9233	Injection, ranibizumab	Lucentis	N/A		neovascular-Age related Macular Degeneration														Not Covered. Closed 12/31/07 - remove from J3490 list. See J2778 effective 1/1/08
C9234	Inj, alglucosidase alfa	Myozyme	N/A		Metabolic Enzyme Replacement														Not Covered. Closed 12/31/07 See J0220 effective 1/1/08
C9235	Injection, panitumumab	Vectibix	N/A		Colorectal Cancer														Not Covered. Closed 12/31/07 See J9303 effective 1/1/08
C9236	Injection, Eculizumab 10 mg																		Not Covered. Closed 12/31/07 See J1300 effective 1/1/08
C9239	Injection, temsirolimus, 1 mg.	Torisel	Yes	UN	Anti-neoplastic		X	X	X										Opened 1/1/08. Closed 12/31/08. Cost invoice required with ICD-9 diagnosis of 189.0-189.9, advanced renal cell carcinoma See J9330.
C9240	Injection, ixabepilone, 1 mg.	Ixempra	Yes	UN	Anti-neoplastic		X	X	X										Opened 1/1/08. Closed 12/31/08. Cost invoice required with ICD-9 diagnosis of 174.0-174.9, metastatic/locally advanced breast cancer. See J9207
C9399	Unclassified drugs or biolog	Misc Drugs																	Not Covered
G9017	Amantadine HCL 100mg oral	Symmetrel	N/A		Parkinsons Disease														Not Covered
G9018	Zanamivir, inhalation pwd 10m	Relenza	N/A		Antiviral														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDTF	D	Special Instructions
G9019	Oseltamivir phosphate 75mg	Tamiflu	N/A		Antiviral														Not Covered
G9020	Rimantadine HCL 100mg oral	Flumadine	N/A		Antiviral														Not Covered
G9033	Amantadine HCL oral brand	Symmetrel	N/A		Parkinsons Disease														Not Covered
G9034	Zanamivir, inh pwdr, brand	Relenza	N/A		Antiviral														Not Covered
G9035	Oseltamivir phosp, brand	Tamiflu	N/A		Antiviral														Not Covered
G9036	Rimantadine HCL, brand	Flumandine	N/A		Antiviral														Not Covered
J0120	Injection tetracycline up to 250mg	Achromycin Sumycin Panmycin	Yes	UN	Antibiotic	4 per day	X	X	X	X									
J0128	Injection abarelix 10mg	Plenaxis	Yes	UN	Gonadotropin	None	X	X	X										Maximum dosage 100 mg on days 1, 15 & 29, then maximum 100 mg every 4 weeks thereafter. ICD-9 code 185 required on claim form.
J0129	Injection, Abatecept, 10 mg	Orencia	Yes	UN	Anti-rheumatic	100 units every 2 weeks	X	X	X	X									New code effective 1/1/07. ICD-9 codes 714.0-714.2 or 714.81 required on claim form.
J0130	Injection abciximab 10mg	ReoPro	N/A		Antiplatelet														Not Covered
J0132	Injection, acetylcysteine, 100 mg	Acetadote Mucomyst	Yes	ML	Antidote	None	X	X	X										ICD-9 codes required on claim form: 965.4, E850.4, E935.4, E950.0, E962.0, E980.0.
J0133	Injection, acyclovir, 5mg	Zovirax	Yes	PWD=UN SOL=ML	Antiviral	None	X	X	X	X									
J0135	Injection adalimumab 20mg	Humira	N/A		Anti-rheumatic														Not Covered
J0150	Injection adenosine 6mg	Adenoscan Adenocard	Yes	ML	Anti-arrhythmic	None	X	X	X										
J0152	Injection adenosine for diag. use 30mg	Adenocard	Yes	PWD=UN SOL=ML	Diagnostic Agent	None	X	X	X								X		Replaces J0151. Use only for stress testing Separate billing when test provided in physician's office or IDTF. Adults only.
J0170	Injection adrenalin epinephrine up to 1ml ampule	Epipen Adrenalin Chloride, SusPhrine	Yes	ML	Respiratory	1 per day	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0180	Injection agalsidase beta 1mg	Fabrazyme	Yes	UN	Enzyme	None	X	X	X										Requires Prior Authorization for children 16<years of age. Submit copies of physician's medical records, specialist's medical records (as appropriate), member's weight, signs and symptoms and diagnostic test results to confirm diagnosis of ICD-9-CM code 272.7 to BMS Medical Director. Children 16> years of age , do not require prior authorization. ICD-9-CM Code 272.7 must be documented on the claim form.
J0190	Injection biperiden lactate 5mg	Akineton	Yes	UN	Anti-dyskinetic	4 per day	X	X	X										
J0200	Injection alatroflaxacin mesylate 100mg	Trovan IV Trova-floxacin	N/A		Antibiotic														Not Covered
J0205	Injection alglucerase 10U	Ceredase	Yes	ML	Enzyme	None	X	X	X										ICD-9 code 272.7 required on claim form.
J0207	Injection amifostine 500mg	Ethylol	Yes	UN	Anti-neoplastic	None	X	X	X										
J0210	Injection methyldopate HCl up to 250mg	Aldomet Aldoril	Yes	ML	Anti-hypertensive	None	X	X	X										
J0215	Injection alefacept 0.5mg	Amevive	Yes	UN	Monoclonal Antibody	30 units per week X 12 weeks in 6 month period per lifetime	X	X	X										30 units per week X 12 weeks in a 6 month period per lifetime.
J0220	Injection, alglucosidase alfa, 10 mg.	Myozyme	Yes	UN	Metabolic Enzyme Replacement	None	X	X	X										New code effective 1/1/08. Replaces C9234.
J0256	Injection alpha 1 proteinase inhibitor human 10mg	Prolastin	Yes	UN	Alpha anti-trypsin I deficiency	8 per day	X	X	X										
J0270	Injection alprostadil 1.25mcg	Caverject Muse Prostin VR Pediatric	Yes	PWD=UN SOL=ML	Prostaglandin	None	X	X	X										Not for self administration. IV only
J0275	Alprostadil urethral suppository	Muse	N/A		Prostaglandin														Not Covered
J0278	Injection, amikacin sulfate, 100 mg	Amikin	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X	X				X					

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0280	Injection aminophyllin up to 250mg	Phyllocontin	Yes	PWD=UN SOL=ML	Broncho-dilator	None	X	X	X										
J0282	Injection amiodarone HCl 30 mg	Cordarone	N/A		Anti-arrhythmic														Not Covered
J0285	Injection amphotericinB 50mg	Abelcent, Amphocin, Fungizonef	Yes	UN	Anti-fungal	None	X	X	X										
J0287	Injection amphotericinB lipid complex 10mg	Abelcet	Yes	ML	Anti-fungal	None	X	X	X										
J0288	Injection amphotericinB cholesteryl sulfate complex 10mg	Amphotec	Yes	UN	Anti-fungal	None	X	X	X										
J0289	Injection amphotericinB liposome 10mg.	Ambisome	Yes	UN	Antibiotic	None	X	X	X										
J0290	Injection ampicillin sodium 500mg.	Totacillin-N Omnipen-N	Yes	UN	Antibiotic	None	X	X	X	X									
J0295	Injection ampicillin sodium sulbactam sodium 1.5g	Unasyn	Yes	UN	Antibiotic	None	X	X	X	X									
J0300	Injection amobarbital up to 125mg.	Amytal	Yes	UN	Anti-convulant	None	X	X	X										
J0330	Injection succinylcholine chloride up to 20mg.	Anectine Quelicin Sucostrin	Yes	PWD=UN SOL=ML	Neuro-muscular blocker	None	X	X	X										
J0348	Injection, anidulafungin, 1 mg	Eraxis	Yes	UN	Anti-fungal	200 units per day	X	X	X	X									New code effective 1/1/07.
J0350	Injection anistreplase 30U	Eminase	N/A		Thrombolytic agent														Not Covered
J0360	Injection hydralazine HCl up to 20mg	Apresoline	Yes	PWD=UN SOL=ML	Anti-hypertensive	None	X	X	X										
J0364	Injection, apomorphine HCl, 1 mg	Apokyn	Yes	PWD=UN SOL=ML	Dopamine Agonist	20 units per day	X	X	X	X									New code effective 1/1/07. ICD-9 code 332.0 required on claim form.
J0365	Injection, aprotonin, 10,000kiu	Trasylol	N/A		Blood Product Derivative														Not covered.
J0380	Injection metaraminol bitartrate 10mg	Aramine	Yes	PWD=UN SOL=ML	Adrenergic agonist	None	X	X	X										
J0390	Injection chloroquine HCl up to 250mg	Aralen	N/A		Anti-infective														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0395	Injection arbutamine HCl 1 mg	GenESA	Yes	UN	Thrombolytic agent	None	X	X	X								X		
J0400	Injection, Aripiprazole IM, 0.25 mg	Abilify	N/A		Atypical anti-psychotic														New code effective 1/1/08. Not covered.
J0456	Injection azithromycin 500 mg.	Zithromax	Yes	UN	Antibiotic	1 per day	X	X	X										
J0460	Injection atropine sulfate up to 0.3mg	AtroPen	Yes	ML	Anti-cholenergetic	3 per day	X	X	X	X									
J0470	Injection dimercaprol 100 mg.	BAL in oil	Yes	ML	Antidote	None	X	X	X										
J0475	Injection baclofen 10mg	Lioresal	Yes	PWD=UN SOL=ML	Skeletal muscle relaxant	4 per day	X	X	X										A4220 bundled into refill/maintenance services. ICD-9 342.1 to 342.10, 342.11, 342.12, 343.0 - 344.9, 345.60 - 345.61, 434.91, or 781.0 must be documented on claim form.
J0476	Injection baclofen 50mcg	Lioresal for intrathecal trial	Yes	ML	Skeletal muscle relaxant	1 per week	X	X	X										For intrathecal trial only.
J0480	Injection, basiliximab, 20 mg	Simulect	N/A		Immuno-suppressant														Not Covered
J0500	Injection dicyclomine HCl up to 20mg	Bentyl Antispas Dilomine Dibent DiSpaz Neoquess	Yes	PWD=UN SOL=ML	Anti-cholenergetic	None	X	X	X										
J0515	Injection benzotropine mesylate 1mg	Cogentin	Yes	PWD=UN SOL=ML	Anti-cholenergetic	None	X	X	X	X		X							
J0520	Injection bethanechol chloride up to 5mg	Urecholine Mytonachol	Yes	UN	Cholenergetic	None	X	X	X										
J0530	Injection penicillinG benzathine & penicillinG procaine up to 600K U	Bicillin CR	Yes	ML	Antibiotic	None	X	X	X	X									
J0540	Injection penicillinG benzathine & penicillinG procaine up to 1.2m U	Bicillin CR	Yes	ML	Antibiotic	None	X	X	X	X									
J0550	Injection penicillinG benzathine & penicillinG procaine up to 2.4m U	Bicillin CR	Yes	ML	Antibiotic	None	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0560	Injection penicillinG benzathine up to 600K U	Bicillin LA Permapen	Yes	ML	Antibiotic	None	X	X	X	X									
J0570	Injection penicillinG benzathine up to 1.2m U	Bicillin LA Permapen	Yes	ML	Antibiotic	None	X	X	X	X									
J0580	Injection pennicillinG benzathine up to 2.4m U	Bicillin LA Permapen	Yes	ML	Antibiotic	None	X	X	X	X									
J0583	Injection bivalirudin 1mg	Angiomax	Yes	UN	Anti-coagulant	None	X	X											
J0585	Botulinum toxin type A per unit.	Botox	Yes	UN	Neuro-muscular blocker	None	X	X	X										Effective 1/1/07. CPT codes 31513, 31570, 31571, 43201, 43236, 64612, 64613, 64614, 64640, 64650, 64653 or 67345 must be billed on claim form.
J0587	Botulinum toxin type B per 100 U	Myobloc	Yes	ML	Neuro-muscular blocker	None	X	X	X										Effective 1/1/07. CPT codes 31513, 31570, 31571, 43201, 43236, 64612, 64613, 64614, 64640, 64650, 64653 or 67345 must be billed on claim form.
J0592	Injection buprenorphine HCl 0.1mg	Buprenix	Yes	PWD=UN SOL=ML	Analgesic narcotic	6 per day	X	X	X										
J0594	Injection, busulfan, 1 mg	Busulfex	Yes	ML	Alkylating agent	None	X	X	X										New code effective 1/1/07.
J0595	Injection butorphanol tartrate 1mg	Stadol	Yes	PWD=UN SOL=ML	Analgesic narcotic	None	X	X	X										
J0600	Injection edetate calcium disodium up to 1000mg.	Calcium Disodium Versenate, Calcium EDTA	Yes	PWD=UN SOL=ML	Antidote	None	X	X	X										
J0610	Injection calcium gluconate 10ml	Kaleinate	Yes	UN	Electrolyte Supplement	None	X	X											
J0620	Injection calcium glycerophosphate & calcium lactate 10ml	Calphosan	Yes	ML	Electrolyte Supplement	1 per day	X	X	X										
J0630	Injection calcitonin salmon up to 400 U	Miacalcin Caalcimar	N/A		Antidote														Not covered.
J0636	Injection calcitriol 0.1mcg	Calcijex	Yes	ML	Vitamin fat soluble	30 per day	X	X	X										
J0637	Injection caspofungin acetate 5mg	Cancidas	Yes	UN	Anti-fungal	14 per day	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0640	Injection Leucovorin calcium 50mg	Wellcovorin	Yes	PWD=UN SOL=ML	Antidote	25 per day	X	X	X										
J0641	Injection, Levoleucovorin calcium, 0.5 mg.	Fusilev	Yes	UN	Folate analog		X	X											New code effective 1/1/09.
J0670	Injection mepivacaine HCL 10ml.	Carbocaine Polocaine Isocaine HCL	Yes	ML	Local Anesthetic	1 per day	X	X	X										
J0690	Injection cefazolin sodium 500mg.	Ancef Kefzol Zolicef	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X	X									
J0692	Injection cefepime HCL 500mg	Maxipime	Yes	UN	Antibiotic	8 per day	X	X	X	X									
J0694	Injection ceftioxin sodium 1g	Mefoxin	Yes	PWD=UN SOL=ML	Antibiotic	1 per day	X	X	X	X									
J0696	Injection ceftriaxone sodium 250 mg.	Rocephin	Yes	PWD=UN SOL=ML	Antibiotic	8 per day	X	X	X	X	X								
J0697	Injection sterile cefuroxime sodium 750mg	Kefurox Zinacef	Yes	PWD=UN SOL=ML	Antibiotic	2 per day	X	X	X	X									
J0698	Cefotaxime sodium per g	Claforan	Yes	PWD=UN SOL=ML	Antibiotic	1 per day	X	X	X	X									
J0702	Injection betamethasone acetate & betamethasone sodium phosphate 3mg	Celestone Solutspan	Yes	ML	Anti-inflammatory	9 per day	X	X	X	X				X					
J0704	Injection bemethasone sodium phosphate 4mg.	Adbeon	Yes	UN	Anti-inflammatory	2 per day	X	X	X	X	X			X					
J0706	Injection caffeine citrate 5 mg	Cafcit	Yes	PWD=UN SOL=ML	Analeptic	None	X	X	X										
J0710	Injection cephalirin sodium up to 1g	Cefadyl	Yes	UN	Antibiotic	1 per day	X	X	X										
J0713	Injection ceftazidime 500 mg	Ceptaz Fortaz Tazidime	N/A		Antibiotic														Not Covered
J0715	Injection ceftizoxime sodium 500 mg	Ceflzo	Yes	PWD=UN SOL=ML	Antibiotic	2 per day	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0720	Injection chloramphenicol sodium succinate up to 1 g	Chloromycetin Sodium Succinate	Yes	UN	Antibiotic	None	X	X	X										
J0725	Injection, chorionic gonadotropin per 1000 USP units	Novarel Profasi Pregnyl	Yes	UN	Gonadotropin	5 per day	X	X	X										Not for fertility treatment and diagnosis.
J0735	Injection clonidine HCl 1mg	Catapres Duraclon	Yes	PWD=UN SOL=ML	Alpha Adrenergic Agonist	None	X	X	X										
J0740	Injection cidofovir 375mg	Vistide	Yes	ML	Anti-viral	None	X	X	X										
J0743	Injection cilastatin sodium imipenem 250 mg.	Primaxin	Yes	UN	Anti-infective	None	X	X	X	X									
J0744	Injection ciprofloxacin for IV infusion 200mg	Cipro Ciloxan	Yes	ML	Antibiotic	None	X	X	X	X									
J0745	Injection codeine phosphate 30mg	Phenaphen with codeine	Yes	PWD=UN SOL=ML	Analgesic narcotic	None	X	X	X										
J0760	Injection colchicine 1mg		Yes	PWD=UN SOL=ML	Anti-gout	None	X	X	X										
J0770	Injection colistimethate sodium up to 150mg.	Coly-Mycin M	Yes	UN	Antibiotic	None	X	X	X										
J0780	Injection prochlorperazine up to 10mg	Compazine Compa-Z Contrazine	Yes	PWD=UN SOL=ML	Antiemetic	None	X	X	X	X									
J0795	Injection, corticorelin ovine triflutate, 1 mcg	ACTHREL	Yes		Diagnostic Agent														New code effective 1/1/06. Bundled into service.
J0800	Injection corticotropin up to 40U	Cortrosyn ACTH Acthar	Yes	ML	Diagnostic Agent	None			X									X	
J0835	Injection cosyntropin 0.25mg	Cortosyn	Yes	UN	Diagnostic Agent	3 per day			X									X	
J0850	Injection cytomegalovirus immune globulin IV (human) per vial	CytoGam	N/A		Immune globulin														Not covered.
J0878	Injection daptomycin 1mg.	Cubicin	Yes	UN	Antibiotic	4 units per day X 14 days	X	X	X										Maximum dose 4 units per day X 14 days. Adults only.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J0881	Injection, darbepoetin alfa, 1 mcg(non-ESRD use)	Aranesp	Yes	ML	Colony stimulating factor	None	X	X	X	X									Exclude ICD-9 585.6(End Stage Renal Disease).
J0882	Injection, darbepoetin alfa, 1 mcg(for ESRD on dialysis)	Aranesp	Yes	ML	Colony stimulating factor	None	X	X	X	X								X	ICD-9 585.6(End Stage Renal Disease) needed on claim form.
J0885	Injection, epoetin alfa, 1000 units(for non-ESRD use)	Epogen, Procrit	Yes	ML	Colony stimulating factor	None	X	X	X	X									Exclude ICD-9 585.6(End Stage Renal Disease).
J0886	Injection, epoetin alfa, 1000 units(for ESRD on dialysis)	Epogen, Procrit	Yes	ML	Colony stimulating factor	None	X	X	X	X								X	ICD-9 585.6(End Stage Renal Disease) needed on claim form.
J0894	Injection, decitabine, 1 mg	Dacogen	Yes	UN	Anti-neoplastic	None	X	X	X										New code effective 1/1/07.
J0895	Injection deferoxamine mesylate 500mg	Desferal	Yes	UN	Antidote	12 per day	X	X	X										
J0900	Injection testosterone enanthate & estradiol valerate up to 1cc	Andro-Estro 90-4 Androgyn LA	Yes	UN	Androgen	1 every 3 weeks	X	X	X	X									Female only.
J0945	Injection brompheniramine maleate 10mg	ND Stat	Yes	PWD=UN SOL=ML	Respiratory agent	1 per day	X	X	X										
J0970	Injection estradiol valerate up to 40mg	Delestrogen Estradiol LA Valergen Estra-L	Yes	PWD=UN SOL=ML	Contraceptive	1 every 3 weeks	X	X	X	X									Female only.
J1000	Injection depoestradiol cyplonate up to 5mg	Estradiol Cypionate Estra-D Estra-Cyp Estra-LA	Yes	PWD=UN SOL=ML	Hormonal Replacement	1 per 3 weeks	X	X	X	X									Female only.
J1020	Injection methylprednisolone acetate 20mg	DepoMedrol	Yes	UN	Anti-inflammatory	None	X	X	X	X				X					
J1030	Injection methylprednisolone acetate 40mg	DepoMedrol MPrednisol Rep-Pred	Yes	PWD=UN SOL=ML	Anti-inflammatory	None	X	X	X	X				X					
J1040	Injection methylprednisolone acetate 80mg	DepoMedrol Medralone Prednisol RedPred	Yes	ML	Anti-inflammatory	None	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1051	Injection medroxyprogesterone acetate 50mg	Depo-Provera	Yes	ML	Contraceptive	20 per day	X	X	X										Female only.
J1055	Injection medroxyprogesterone acetate 150 mg	Depo-Provera	Yes	ML	Contraceptive	1 per day	X	X	X	X	X								Female only.
J1056	Injection medroxyprogesterone acetate/estradiol cypionate 5mg/25mg	Lunelle	Yes	ML	Contraceptive	1 per day	X	X	X	X	X								Female only.
J1060	Injection testosterone cypionate & estradiol cypionate up to 1ml	Depo-Testadiol Andro/Fem	Yes	ML	Androgen	1 per 3 weeks	X	X	X	X									Female only.
J1070	Injection testosterone cypionate up to 100mg	Depo-Testosterone Depotest	Yes	PWD=UN SOL=ML	Androgen	1 per 3 weeks	X	X	X	X									Male only.
J1080	Injection testosterone cypionate 1cc 200mg	Depo-Testosterone Depotest Andro-Cyp 200	Yes	ML	Androgen	1 per week	X	X	X	X									Male only.
J1094	Injection dexamethasone acetate 1mg	Dalalone LA	Yes	PWD=UN SOL=ML	Anti-inflammatory	20 per day	X	X	X					X					
J1100	Injection dexamethosone sodium phosphate 1mg	Cortastat Dalalone	Yes	ML	Anti-inflammatory	10 per day	X	X	X	X				X					
J1110	Injection dihydroergotamine mesylate 1mg	DHE 45	Yes	PWD=UN SOL=ML	Anti-migraine	3 per day	X	X	X										
J1120	Injection acetazolamide sodium up to 500mg	Diamox	Yes	UN	Glaucoma	None	X	X	X										
J1160	Injection digoxin up to 0.5 mg	Lanoxin	Yes	PWD=UN SOL=ML	Anti-arrhythmic	None	X	X	X										
J1162	Injection, digoxin immune fav (ovine), per vial	Digibind, Digifab	Yes	UN	Antidote	10 vials	X	X	X										ICD-9 code 972.0, 972.01, 972.9, E858.3, E942.1, E950.4, E962.0, or E980.4 required on claim form.
J1165	Injection phenytoin sodium 50mg	Dilantin	Yes	PWD=UN SOL=ML	Anti-convulsant	None	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1170	Injection hydromorphone up to 4mg	Dilaudid	Yes	PWD=UN SOL=ML	Analgesic narcotic	12 units per day	X	X	X										
J1180	Injection dyphylline up to 500mg	Lufyllin Diler	Yes	PWD=UN SOL=ML	Broncho-dilator	None	X	X	X										
J1190	Injection dexrazoxane HCl per 250mg	Zinecard	Yes	UN	Cardio-protective Agent	None	X	X	X										
J1200	Injection diphenhydramine HCl up to 50mg.	Benadryl	Yes	PWD=UN SOL=ML	Anti-histamine	None	X	X	X	X									
J1205	Injection chlorothiazide sodium 500mg	Diuril Sodium	Yes	UN	Anti-hypertensive	None	X	X	X	X									
J1212	Injection DMSO di-methylsulfoxide 50%, 50 ml	Rimso	Yes	ML	Anti-inflammatory	1 per day	X	X	X										ICD-9 code 595.1 required on claim form.
J1230	Injection methadone HCl up to 10mg	Dolphine HCL	Yes	PWD=UN SOL=ML	Analgesic narcotic	None	X	X	X										
J1240	Injection dimenhydrinate up to 50mg	Dramamine	N/A		Antiemetic														Not Covered
J1245	Injection dipyridamole 10 mg	Persantine	Yes	PWD=UN SOL=ML	Antiplatelet	None	X	X	X									X	
J1250	Injection dobutamine HCl 250mg.	Dobutrex	Yes	PWD=UN SOL=ML	Adrenergic agonist	None	X	X	X									X	
J1260	Injection dolasetron mesylate 10mg	Anzemet	Yes	ML	Antiemetic	None	X	X	X										
J1265	Injection, dopamine Hcl, 40mg	Hydrochloride Intorpin	Yes	PWD=UN SOL=ML	Adrenergic agonist	None	X	X	X	X									
J1267	Injection, Doripenem, 10 mg.	Doribax	Yes	UN	Antibiotic	limited to 18 years or older	X	X											New code effective 1/1/09. Approved for maximum dose of 1500 mg. administered over 24 hours.
J1270	Injection doxercalciferol 1mcg.	Hectorol	Yes	ML	Vitamin D analog	20 per day	X	X	X										
J1300	Injection, Eculizumab 10 mg	Soliris	Yes	ML	Monoclonal Antibody	None	X	X	X										New code effective 1/1/08. Replaces C9236. ICD-9 code 283.2 required on claim form.
J1320	Injection amitriptyline HCl up to 20mg	Elavil Enovil	Yes	PWD=UN SOL=ML	Anti-depressant	1 per day	X	X	X	X		X							
J1324	Injection, enfuvirtide, 1 mg	Fuzeon	N/A		Fusion inhibitor														New code effective 1/1/07. Not Covered. Covered pharmacy benefit POS prior authorization from Rational Drug Therapy.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1325	Injection epoprostenol 0.5mg.	Flolan	Yes	UN	Prostaglandin	None	X	X	X										Requires ICD-9 code 416.XX on claim form.
J1327	Injection eptifibatide 5mg	Integrillin	Yes	ML	Antiplatelet	None	X	X											
J1330	Injection ergonovine maleate up to 0.2mg	Ergotrate Maleate	Yes	PWD=UN SOL=ML	Antimigraine	None	X	X	X										
J1335	Injection ertapenem sodium 500mg	Invanz	Yes	UN	Antibiotic	None	X	X	X										
J1364	Injection erythromycin lactobionate 500 mg		Yes	UN	Antibiotic	4 per day	X	X	X										
J1380	Injection estradiol valerate up to 10mg	Delestrogen Estradiol Gynogen	N/A		Contraceptive														Not Covered
J1390	Inection estradiol valerate up to 20mg	Delestrogen Dioval Estradiol Gynogen Valergan Estra L	Yes	ML	Contraceptive	None	X	X	X	X	X								Female only.
J1410	Injection estrogen conjugated 25mg	Premarin IV	Yes	UN	Estrogen Derivative	1 per day	X	X	X										Female only.
J1430	Injection, ethanolamine oleate, 100 mg	Ethtrolin	Yes	ML	Sclerosing Agent	None	X	X	X										ICD-9 code 456.XX, 578.XX, or 603.9 on claim form.
J1435	Injection estrone 1mg	Theelin Aqueous Estone 5 Kestron 5	N/A		Hormonal Replacement														Not Covered
J1436	Injection etidronate disodium 300mg	Didronel	Yes	ML	Bone Restorative Agent	None	X	X	X										
J1438	Injection etanercept 25mg	Enbrel	Yes	PWD=UN SOL=ML	Anti-rheumatic	2 per day	X	X	X										
J1440	Injection filgrastim (G-CSF) 300mcg	Neupogen	Yes	ML	Colony stimulating factor	5 per day	X	X	X										
J1441	Injection filgrastim (G-CSF) 480mcg	Neupogen	Yes	ML	Colony stimulating factor	2 per day	X	X	X										
J1450	Injection fluconazole 200mg	Diflucan	Yes	PWD=UN SOL=ML	Antifungal	None	X	X	X										
J1451	Injection, fomepizole, 15 mg	Antizol	Yes	ML	Antidote	None	X	X	X										ICD-9 code 980.1, 980.9, 982.8, E860.2, E950.9, E862.4, E962.1, or E980.9 required on claim form.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1452	Injection omivirsen sodium intraocular 1.65mg.	Vitravene	Yes	ML	Anti-viral		X	X							X				
J1453	Injection, fosaprepitant, 115 mg.	Emend	Yes	UN	Anti-emetic		X	X											New code effective 1/1/09.
J1455	Injection foscarnet sodium 1000mg	Foscavir	Yes	ML	Anti-viral	None	X	X	X										
J1457	Injection gallium nitrate 1 mg	Ganite	N/A		Anti-hypercalcemic														Not Covered
J1458	Injection, galsulfase, 1 mg	Naglazyme	Yes	ML	Enzyme replenisher	None	X	X	X										New code effective 1/1/07. Given weekly based on weight. Age restricted to 5 years and older. ICD-9 code 277.5 required on claim form.
J1459	Injection, immune globulin, IV, nonlyophilized(liquid), 500 mg.	Privigen	Yes	SOL=ML	Immune globulin		X	X											New code effective 1/1/09.
J1460	Injection gamma globulin IM 1cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1470	Injection gamma globulin IM 2cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1480	Injection gamma globulin IM 3cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1490	Injection gamma globulin IM 4cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1500	Injection gamma globulin IM 5cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1510	Injection gamma globulin IM 6cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1520	Injection gamma globulin IM 7cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1530	Injection gamma globulin IM 8cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1540	Injection gamma globulin IM 9cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1550	Injection gamma globulin IM 10cc	Gammar Gamastan	Yes	ML	Immune globulin	1 per day	X	X	X										
J1560	Injection gamma globulin IM over 10cc	Gammar Gamastan	Yes	ML	Immune globulin	5 per day	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1561	Gamunex Injection - Injection, immune globulin (Gamunex), IV, non-lyophilized (e.g., liquid), 500mg	Gamunex	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08. Replaces Q4092.
J1562	Injection, immune globulin, subcutaneous, 100 mg		N/A		Immune globulin														New code effective 1/1/07. Not covered.
J1565	Injection RSV immune globulin IV 50mg	RespiGam	Yes	ML	Immune globulin	None	X	X	X	X									Closed effective 4/01/08.
J1566	Injection, immune globulin, IV, lyophilized, 500mg		Yes	UN	Immune globulin	None	X	X	X										
J1567	Injection, immune globulin, IV, lyophilized, 500mg		Yes	ML	Immune globulin	None	X	X	X										Closes effective 12/31/07.
J1568	Octagam injection, immune globulin, (Octagam) IV, non-lyophilized (i.e., liquid), 500mg	Octagam	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08. Replaces Q4087.
J1569	Gammagard liquid, injection, immune globulin (Gammagard Liquid), IV, non-lyophilized (e.g., liquid), 500mg.	Gammagard	Yes	ML	Immune globulin	None	X	X	X										New code effective 1/1/08. Replaces Q4088. Approved for physician billing 1/1/08.
J1570	Injection ganciclovir sodium 500mg	Cytovene	Yes	UN	Anti-viral	None	X	X	X										
J1571	HepaGam B Injection - Injection, hepatitis B immune globulin (HepaGam B), IM, 0.5m	Hepagam B	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08. Replaces Q4090.
J1572	Fiebogamma Injection - Injection, immune globulin (Fiebogamma), IV, non-lyophilized (e.g., liquid), 500mg.	Flebogamma	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08. Replaces Q4091.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1573	Injection, Hepatitis B immune globulin (Hepagam B) IV 0.5 m.	Hepagam B	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08.
J1580	Injection Garamycin gentamicin up to 80mg	Gentamine Sulfate Jenamicin	Yes	ML	Antibiotic	None	X	X	X										
J1590	Injection gatifloxacin 10 mg	Tequin Zymar	Yes	ML	Antibiotic	40 per day	X	X	X										
J1595	Injection glatiramer acetate	Copaxone	N/A		Multiple Sclerosis														Not Covered
J1600	Injection gold sodium thiomalate up to 50mg	Aurolate Myochrysine	Yes	PWD=UN SOL=ML	Anti-rheumatic	None	X	X	X										
J1610	Injection glucagon HCl 1mg.	Glucagon GlucaGen	Yes	UN	Antidote	None	X	X	X										
J1620	Injection gonadorelin HCl 100mcg	Factrel Lutrepulse	Yes	UN	Gonadotropin	None	X	X	X										Not for fertility treatment and diagnosis.
J1626	Injection granisetron HCl 100mcg	Kytril	Yes	ML	Antiemetic	20 per day	X	X	X										
J1630	Injection haloperidol up to 5mg	Haldol	Yes	PWD=UN SOL=ML	Anti-psychotic	2 per day	X	X	X	X		X							
J1631	Injection haloperidol decanoate 50mg	Haldol Decanoate 50	Yes	ML	Anti-psychotic	1 per day	X	X	X	X		X							
J1640	Injection, hemin, 1mg	Panhematin	Yes	UN	Enzyme inhibitor	None	X	X	X										ICD-9 code 277.1, 270.2, 775.8, 775.81, 775.89 required on claim form.
J1642	Injection heparin sodium (heparin lock flush) 10U.	HepLock HepLock U/P	Yes	PWD=UN SOL=ML	Anti-coagulant	5 per day										X			
J1644	Injection heparin sodium 1000U	Heparin Sodium Liqueemin Sodium	Yes	PWD=UN SOL=ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X	X								X	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J1645	Injection dalteparin sodium 2500IU	Fragmin	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X	X									Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J1650	Injection enoxaparin sodium 10mg	Lovenox	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X	X									Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1652	Injection fondaparinux sodium 0.5 mg	Arixtra	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X	X									Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J1655	Injection tinzaparin sodium 1000 IU.	Innohep	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X	X									Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J1670	Injection tetanus immune globulin human up to 250U	HyperTet	Yes	ML	Immune globulin	1 per 10 years	X	X	X	X									
J1675	Injection, histrelin acetate, 10mcg	Vantas	Yes	UN	Gonadotropin	1 per year	X	X	X										Cost invoice required with claim form
J1700	Injection hydrocortisone acetate up to 25mg	Hydrocortone Acetate	Yes	PWD=UN SOL=ML	Anti-inflammatory	None	X	X	X	X									
J1710	Injection hydrocortisone sodium phosphate up to 50mg	Hydrocortone Phosphate	Yes	PWD=UN SOL=ML	Anti-inflammatory	None	X	X	X	X									
J1720	Injection hydrocortisone sodium succinate up to 100mg	Solu-Cortef A-Hydrocort	Yes	UN	Anti-inflammatory	None	X	X	X	X									
J1730	Injection diazoxide up to 300mg	Hyperstat IV	Yes	PWD=UN SOL=ML	Anti-hypertensive	1 per day	X	X	X										
J1740	Injection, ibandronate sodium, 1 mg	Boniva	Yes	PWD=UN SOL=ML	Bisphosphonates	3 units every 3 months	X	X	X	X									New code effective 1/1/07. ICD-9 codes 733.00-733.09 are required on claim form. Restricted to females. Providers should be able to document why patient cannot take oral bisphosphonate.
J1742	Injection ibutilide fumarate 1mg	Corvert	Yes	ML	Anti-arrhythmic	None	X	X	X										
J1743	Injection, idursulfase 1 mg	Elaprased	Yes	ML	Metabolic Enzyme Replacement	None	X	X	X										New code effective 1/1/08. Replaces Q9232.
J1745	Injection infliximab 10mg	Remicade	Yes	UN	Anti-rheumatic	None	X	X	X										
J1750	Injection, iron dextran, per 50 mg.	Infed Dexferrum	Yes	ML	iron salt	None	X	X	X	X									New code effective 1/1/09.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1751	Injection, iron dextran 165, 50 mg	Infed Dexferrum	Yes	ML	Iron salt	None	X	X	X	X									Code closed effective 6/30/08. See Q4098.
J1752	Injection, iron dextran 267, 50 mg	Infed Dexferrum	Yes	ML	Iron salt	None	X	X	X	X									Code closed effective 6/30/08. See Q4098.
J1756	Injection iron sucrose 1mg IV	Venofer	Yes	ML	Iron supplement	None	X	X	X										
J1785	Injection miglucerase per unit	Cerezyme	Yes	UN	Enzyme	None	X	X	X										ICD-9 code 172.7 required on claim form.
J1790	Injection droperidol up to 5mg	Inapsine	Yes	PWD=UN SOL=ML	Antiemetic	1 per day	X	X	X										
J1800	Injection propranolol HCl up to 1mg.	Inderal	Yes	PWD=UN SOL=ML	Anti-anginal	None	X	X	X										
J1810	Injection droperidol & fentanyl cit-rate up to 2ml ampule	Innovar	Yes	UN	Antiemetic	None	X	X	X										
J1815	Injection insulin 5U	Humalog Humulin Lispo	Yes	ML	Anti-diabetic	20 per day	X	X	X	X									ICD-9 code 250.00 - 250.9X required on claim form.
J1817	Insulin for administration thru insulin pump per 50 U	Humalog	N/A		Anti-diabetic														Not Covered
J1825	Injection interferon beta 1a 33mcg	Avonex	N/A		Biological Response Modulator														Not covered
J1830	Injection interferon beta 1b 0.25mg	Betaseron	N/A		Biological Response Modulator														Not covered
J1835	Injection itraconazole 50 mg.	Sporonox	Yes	UN	Anti-fungal	None	X	X	X										
J1840	Injection kanamycin sulfate up to 55mg	Kantrex Klebcil	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X										
J1850	Injection kanamycin sulfate up to 75mg	Kantrex Klebcil	Yes	UN	Antibiotic	None	X	X	X										
J1885	Injection ketoralac tro-methamine 15mg	Toradol	Yes	PWD=UN SOL=ML	Analgesic	None	X	X	X	X				X					
J1890	Injection cephalothin sodium up to to 1g	Cephalothin Sodium Keflin	Yes	N/A	Antibiotic	None	X	X	X										
J1930	Injection, lanreotide, 1 mg.	Somatuline Depot	Yes	UN	Growth hormone analog		X	X											New code effective 1/1/09.
J1931	Injection laronidase 0.1 mg	Aldurazyme	Yes	ML	Enzyme	None	X	X	X										ICD-9 code 277.5 required on claim form.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J1940	Injection furosemide up to 20mg.	Lasix Furomide	Yes	PWD=UN SOL=ML	Anti-hypertensive Diuretic	None	X	X	X	X									
J1945	Injection, lepirudin, 50 mg	Refludan	Yes	UN	Anti-coagulant	None	X	X	X										
J1950	Injection leuprolide acetate 3.75mg.	Lupron Depot	Yes	UN	Anti-neoplastic	None	X	X	X										
J1953	Injection, levetiracetam, 10 mg.	Keppra	Yes	UN	Anti-epileptic	limited to 16 years or older	X	X	X										New code effective 1/1/09.
J1955	Injection levocarnitine 1g.	Carnitor	N/A		Nutritional Supplement														Not Covered
J1956	Injection levofloxacin 250 mg	Levaquin	Yes	ML	Antibiotic	3 per day	X	X	X										
J1960	Injection levorphanol tartrate up to 2mg	Levo Dromoran	Yes	PWD=UN SOL=ML	Analgesic narcotic	1.5 per day	X	X	X										
J1980	Injection hyoscyamine sulfate up to 0.25mg.	Levsin	Yes	PWD=UN SOL=ML	Anti-cholenergic	2 per day	X	X	X	X									
J1990	Injection chlordiazepoxide HCL up to 100mg.	Librium	N/A		Benzodiazepine														Not Covered
J2001	Injection lidocaine HCl IV infusion 10mg	Xylocaine	Yes	PWD=UN SOL=ML	Anti-arrhythmic	None	X	X											
J2010	Injection lincomycin HCl up to 300mg	Lincocin	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X	X									
J2020	Injection linezolid 200 mg	Zyvox	Yes	ML	Antibiotic	6 per day	X	X	X										
J2060	Injection lorazepam 2mg	Ativan	Yes	PWD=UN SOL=ML	Anti-anxiety	2 per day	X	X	X	X		X							
J2150	Injection mannitol in 25% in 50ml	Osmitrol	Yes	PWD=UN SOL=ML	Diuretic	None	X	X	X	X									
J2170	Injection, mecasermin, 1 mg	Increlex	N/A		Insulin-like growth factor														New code effective 1/1/07. Not covered.
J2175	Injection meperidine HCl per 100mg	Demerol	Yes	PWD=UN SOL=ML	Analgesic narcotic	2 per day	X	X	X	X									
J2180	Injection meperidine & promethazine HCl up to 50mg	Mepergan	Yes	ML	Analgesic combo narcotic	2 per day	X	X	X	X									
J2185	Injection meropenem 100 mg	Merrem	Yes	UN	Antibiotic	None	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2210	Injection methylergonovine maleate up to 0.2mg.	Methergine	Yes	ML	Ergot alkaloid & derivative	1 per day	X	X	X										
J2248	Injection, micafungin sodium, 1 mg	Mycamine	Yes	UN	Anti-fungal	150 units per day	X	X	X	X									New code effective 1/1/07.
J2250	Injection midazolam HCl per 1mg	Versed	N/A		Benzodiazepine														Not Covered
J2260	Injection milrinone lactate 5mg	Primacor	Yes	ML	Enzyme	None	X	X	X										
J2270	Injection morphine sulfate up to 10mg	Roxanol	Yes	ML	Analgesic narcotic	5 per day	X	X	X	X									
J2271	Injection morphine sulfate 100mg.	Roxanol	Yes	PWD=UN SOL=ML	Analgesic narcotic	None	X	X	X										
J2275	Injection, morphine sulfate (preservative-free sterile solution) 10mg	Astramorph PF Duramorph	Yes	ML	Analgesic narcotic	None	X	X	X										
J2278	Injection, ziconotide, 1mcg	Prialt	Yes	ML	Analgesic	Max. 20 per day	X	X	X										
J2280	Injection moxifloxacin 100 mg	Avelox	Yes	ML	Antibiotic	5 per day	X	X	X	X									
J2300	Injection nalbuphine HCl per 10mg	Nubain	Yes	PWD=UN SOL=ML	Analgesic narcotic	6 per day	X	X	X	X									
J2310	Injection naloxone HCl per 1mg	Narcan	Yes	PWD=UN SOL=ML	Antidote	None	X	X	X	X									
J2315	Injection, naltrexone, depot form, 1 mg	Depade, ReVia, Vivitrol	Yes	UN	Opioid receptor antagonist	380 units per 4 weeks	X	X	X			X							New code effective 1/1/07. ICD-9 code 303.XX required on claim form.
J2320	Injection nandrolone decanoate up to 50mg.	Decadurabolin	Yes	PWD=UN SOL=ML	Anabolic steroid	1 per week	X	X	X										
J2321	Injection nandrolone decanoate up to 100mg.	Decadurabolin Hybolin Decanoate	Yes	PWD=UN SOL=ML	Anabolic steroid	1 per week	X	X	X										
J2322	Injection nandrolone decanoate up to 200mg	Decadurabolin Neoburabolin	Yes	ML	Anabolic steroid	1 per week	X	X	X										
J2323	Injection, Natalizumab 1 mg	Tysabri	Yes	ML	Leukocyte Adhesion Inhibitor	None	X	X	X										New code effective 1/1/08. Replaces Q4079.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2325	Injection, nesiritide, 0.1mg	Natrecor	Yes	UN	Vasodilator	None	X	X											ICD-9 code 428.0, 428.20, 428.21, 428.23, 428.30, 428.31, 428.33, 428.40, 428.41, or 428.43 required on claim form. Not for office use.
J2353	Injection octreotide depot form for IM 1mg	Sandostatin	Yes	UN	Antidiarrheal	None	X	X	X										
J2354	Injection oncreotide non-depot form for SQ or IV 25 mcg	Sandostatin	Yes	ML	Antidiarrheal	1 unit X 7 consecutive days - lifetime	X	X	X										For IV route only. Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J2355	Injection oprelvekin 5 mg	Neumega	Yes	UN	Platelet growth factor	2 per day	X	X	X										ICD-9 code 287.4 required on claim form.
J2357	Injection omalizumab 5 mg.	Xolair	Yes	UN	Anti-asthmatic	None	X	X	X										ICD-9 code 493.XX required on claim form. Age limit 12> years. For children: the first dose may be split into 2 doses the first week.
J2360	Injection orphenadrine citrate up to 60 mg.	Norflex	Yes	PWD=UN SOL=ML	Muscle relaxant	1 per day	X	X	X										
J2370	Injection phenylephrine HCl up to 1ml	Neo-Synephrine	Yes	ML	Adrenergic agonist	1 per day	X	X	X										
J2400	Injection chlorprocaine HCl 30ml	Nesacaine Nesacaine MPF	Yes	ML	Local Anesthetic	1 per day	X	X	X										
J2405	Injection ondansetron HCl 1mg	Zofran	Yes	PWD=UN SOL=ML	Antiemetic	32 per day	X	X	X										
J2410	Injection oxymorphone HCl up to 1 mg	Numorphan	Yes	ML	Analgesic-narcotic	9 per day	X	X	X										
J2425	Injection, palifermin, 50 mcg	Kepivance Keratinocyte	Yes	UN	Growth factor	None	X	X	X										3 days before + 3 days after chemo.
J2430	Injection amidronate disodium 30 mg	Aredia	Yes	PWD=UN SOL=ML	Antidote	None	X	X	X										
J2440	Injection papaverine HCL up to 60 mg.	Para-Time SR	N/A		Vasodilator														Not covered
J2460	Injection oxytetracycline HCl up to 50 mg	Terramycin	Yes	UN	Antibiotic	4 per day	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2469	Injection palonosetron HCl 25mcg	Aloxi	Yes	ML	Antiemetic	10 units per week	X	X	X										ICD-9 code V58.0, V58.1, V58.11, V58.12, 140.0 - 208.91, 230.0 - 239.9 required on claim form. Maximum dosage 0.25mg per week. ICD-9 restriction of 239.8X expanded to 289.81 and 239.89, effective 10/1/09.
J2501	Injection paricalcitol 1 mcg	Zemplar	Yes	ML	Vitamin D analog	None	X	X	X										ICD-9 code 588.XX required on claim form.
J2503	Injection, pegaptanib sodium, 0.3 mg	Macugen	Yes	ML	Optomologic Agent	1 every 6 weeks	X	X							X				ICD-9 code 362.52 plus CPT 67028-RT or 67028-LT required on claim form.
J2504	Injection, pegademase bovine, 25 mcg	Adagen	Yes	ML	Enzyme	None	X	X	X										ICD-9 code 279.XX required on claim form. ICD-9 restriction of 279.41 and 279.49, effective 10/1/09.
J2505	Injection pegfilgrastim 6mg	Neulasta	Yes	ML	Colony stimulating factor	1 per day	X	X	X										
J2510	Injection penicillinG procaine aqueous up to 600K U	Wycillin Pfizerpen AS	Yes	ML	Antibiotic	None	X	X	X										
J2513	Injection, pentastarch, 10% solution, 100 ml	Pentaspan	N/A		Plasma volume expander														Not covered.
J2515	Injection pentobarbital sodium per 50 mg.	Nembutal	Yes	PWD=UN SOL=ML	Anti-convulsant	10 per day	X	X	X										Not covered effective 12/31/07
J2540	Injection penicillinG potassium up to 600K U	Pfizerpen	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X										
J2543	Injection piperacillin sodium/tazobactam sodium 1g/0.125g (1.125 g)	Zosyn	Yes	PWD=UN SOL=ML	Antibiotic	24 per day	X	X	X										
J2545	Pentamidine isethionate inhalation solution 300mg	Nebupent Pentam 300	N/A		Antibiotic														Not Covered
J2550	Injection promethazine HCl up to 50mg	Phenergan Prorex-25	Yes	PWD=UN SOL=ML	Antiemetic	6 per day	X	X	X	X									
J2560	Injection phenobarbital sodium up to 120mg	Luminal Sodium	Yes	PWD=UN SOL=ML	Anti-convulsant	3 per day	X	X	X										20/mg/kg for status epilepticus.
J2590	Injection oxytocin up to 10U.	Pitocin	Yes	ML	Oxytocic agent	4 per day	X	X	X										May increase to maximum 4 units for post partum hemorrhage.
J2597	Injection desmopressin acetate 1mcg	DDAVP Stimate	N/A		Anti-diuretic														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2650	Injection prednisolone acetate up to 1ml	AK-Pred Inflammase Forte Pediapred Prelone Key-Pred Predcor Predoject Predalone	Yes	PWD=UN SOL=ML	Anti-inflammatory	None	X	X	X										
J2670	Injection tolazoline HCl up to 25mg	Priscoline	Yes	PWD=UN SOL=ML	Alpha-adrenergic blocking agent	8 per day	X	X	X										
J2675	Injection progesterone 50 mg	Crinone Progestasert	Yes	OIL=ML PWD=UN	Progestin	8 per day	X	X	X	X	X								Not for fertility treatment and diagnosis. For menorrhagia, amenorrhea.
J2680	Injection fluphenazine decanoate up to 25mg	Prolixin Decanoate	Yes	OIL=ML PWD=UN	Anti-psychotic	2 per day	X	X	X	X		X							
J2690	Injection procainamide HCl up to 1g	Pronestyl Procanbid	Yes	PWD=UN SOL=ML	Anti-arrhythmic	None	X	X	X										Weight based 50mg/kg/day.
J2700	Injection oxacillin sodium up to 250mg	Bactocill Prostaphlin PCN Methyl-phenyl IsoxazolyI	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X										
J2710	Injection neostigmine methylsulfate up to 0.5 mg	Prostigmin	Yes	PWD=UN SOL=ML	Acetylcholinesterase inhibitor	4 per day	X	X	X										
J2720	Injection protamine sulfate 10mg		Yes	PWD=UN SOL=ML	Antidote for heparin	None	X	X	X										
J2724	Injection, Protein C Concentrate, IV, Human, 10 IU	Ceptotin	Yes	UN	Thrombolytic agent	None	X	X	X										New code effective 1/1/08.
J2725	Injection protirelin 250 mcg	Relefact TRH Thypi-nome	Yes	PWD=UN SOL=ML	Diagnostic agent	2 per day	X	X	X										
J2730	Injection pralidoxime chloride up to 1g	Protopam Chloride	Yes	UN	Antidote	None	X	X	X										
J2760	Injection phentolamine mesylate up to 5mg	Regitine	N/A		Diagnostic agent	1 per day													Not covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2765	Injection metoclopramide HCl up to 10mg	Reglan	Yes	PWD=UN SOL=ML	Antiemetic	8 per day	X	X	X	X									
J2770	Injection quinupristin/dalfopristin 500mg (150/350)	Synercid	N/A		Antibiotic														Not Covered
J2778	Inection, ranibizumab	Lucentis	Yes	ML	Neovascular-Age related Macular Degeneration	None	X	X	X						X				New code effective 1/1/08. Not billable with J3490 after 12/30/07. Restricted to IDC-9 codes 362.5--362.52. New diagnosis restriction of 362.52/macular degeneration, wet only after 1/1/09 for Ophthalmology specialty.
J2780	Injection ranitidine HCl 25mg	Zantac	Yes	PWD=UN SOL=ML	Anti-histamine	6 per day	X	X	X										
J2783	Injection rasburicase 0.5 mg	Elitek	Yes	UN	Enzyme	None	X	X	X										
J2785	Injection, regadenoson, 0.1 mg.	Lexiscan	Yes	ML	Vasodilator	limited to 18 years or older	X	X	X										New code effective 1/1/09. Approved for physician billing 1/1/09.
J2788	Injection Rhod immune globulin human minidose 50 mcg	BAYrho-D MirrhoGam Hyrrho-D	N/A		Immune globulin														See CPT code 90385
J2790	Injection Rhod immune globulin human full dose 300 mcg	Gamulin RH	N/A		Immune globulin														See CPT code 90384
J2791	Rhophylac Injection - Injection, Rho(d) immune globulin (human), 100 IU	Rhophylac	Yes	ML	Immune globulin	None	X	X											New code effective 1/1/08. Replaces Q4089.
J2792	Injection RhoD immune globulin IV human solvent detergent 100 IU	BAYrho-D Winrho SDF	N/A		Immune globulin														See CPT code 90386
J2794	Injection Risperidone long acting 0.5mg	Risperdal Consta IM	Yes	UN	Anti-psychotic	100 units every 2 weeks	X	X	X	X		X							ICD-9 code 295XX.required on claim form. Age limit 18>years.
J2795	Injection ropivacaine HCl 1mg	Naropin	N/A		Local Anesthetic														Not Covered
J2800	Injection methocarbamol up to 10ml	Robaxin	Yes	PWD=UN SOL=ML	Skeletal muscle relaxant	3 per day	X	X	X										
J2805	Injection, sincalide, 5 mcg	Kinevac	Yes	UN	Diagnostic agent	None	X	X									X		Use with CPT 78223.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J2810	Injection theophylline 40 mg	Theo-Dur	N/A		Broncho-dilator														Not Covered
J2820	Injection sargramostim (GM-CSF) 50mcg	Leukine Prokine	Yes	PWD=UN SOL=ML	Colony stimulating factor	20 per day	X	X	X										
J2850	Injection, secretin, synthetic, human, 1 mcg		Yes	UN	Hormonal Replacement	None	X	X									X		Use with CPT 43271, 89105, or 82938
J2910	Injection aurothioglucose up to 50mg	Solganal	Yes	ML	Anti-inflammatory	1 per day	X	X	X										
J2912	Injection sodium chloride 0.9% per 2ml		N/A			None													CMS closed code effective 12/31/06
J2916	Injection sodium ferric gluconate complex in sucrose injection 12.5mg	Ferriecit	Yes	ML	Iron supplement	20 per day	X	X	X										
J2920	Injection methylprednisolone sodium succinate up to 40mg	SoluMedrol Ametha-Pred	Yes	UN	Anti-inflammatory	None	X	X	X	X									
J2930	Injection methyprednisolone sodium succinate up to 125mg	SoulMedrol Ametha-Pred	Yes	UN	Anti-inflammatory	None	X	X	X	X									
J2940	Injection somatrem 1mg	Protropin	N/A		Growth hormone														Not Covered
J2941	Injection somatropin 1mg	Humatrope Genotropin Nutropin	N/A		Growth hormone														Not Covered
J2950	Injection promazine HCl up to 25mg	Sparine Prozine-50	Yes	PWD=UN SOL=ML	Anti-psychotic Analgesic	40 per day	X	X	X			X							
J2993	Injection reteplase 18.1 mg	Retavase	N/A		Fibrinolytic														Not Covered
J2995	Injection streptokinase per 250KIU	Streptase	Yes	UN	Fibrinolytic	4 per day	X	X	X										
J2997	Injection alteplase recombinant 1mg	Activase	N/A		Fibrinolytic														Not Covered
J3000	Injection streptomycin up to 1g	Streptomycin Sulfate	Yes	UN	Antibiotic	2 per day	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J3010	Injection fentanyl citrate 0.1mg	Sublimaze Duragesic	Yes	PWD=UN SOL=ML	Analgesic narcotic	1 per day	X	X											
J3030	Injection sumatriptan succinate 6mg	Imitrex	N/A		Antimigraine	1 per day													Not covered
J3070	Injection pentazocine 30 mg	Talwin	Yes	ML	Analgesic narcotic	12 per day	X	X	X										
J3100	Injection tenecteplase 50 mg	TNKase	Yes	UN	Fibrinolytic	1 per day													See J3101.
J3101	Injection, tenecteplase, 1 mg.	TNKase	Yes	UN	Fibrinolytic		X	X											New code effective 1/1/09.
J3105	Injection terbutaline sulfate up to 1mg	Brethine	Yes	ML	Broncho-dilator	2 per day	X	X	X										
J3110	Injection teriparatide 10 mcg	Forteo	N/A		Parathyroid hormone														Not Covered
J3120	Injection testosterone enanthate up to 100mg	Delatestryl	Yes	ML	Androgen	1 per day	X	X	X	X									
J3130	Injection testosterone enanthate up to 200mg	Delatestryl	Yes	OIL=ML PWD=UN	Androgen	2 per week	X	X	X	X									
J3140	Injection testosterone suspension up to 50mg	Andronaq 50	Yes	PWD=UN SOL=ML	Androgen	3 per week	X	X	X	X									May increase to 4 doses for post partum breast engorgement.
J3150	Injection testosterone propionate up to 100mg	Testex	Yes	OIL=ML PWD=UN	Androgen	3 per week	X	X	X	X									May increase to 4 doses for post partum breast engorgement.
J3230	Injection chlorpromazine HCl up to 50mg	Thorazine	Yes	PWD=UN SOL=ML	Anti-psychotic	10 per day	X	X	X	X		X							
J3240	Injection thyrotropin alpha 0.9 mg provided in 1.1 mg vial	Thyrogen	Yes	UN	Diagnostic agent	3 per day	X	X	X										
J3243	Injection, tigecycline, 1 mg	Tygacil	Yes	UN	Antibiotic	150 units per day	X	X	X	X									New code effective 1/1/07.
J3246	Injection tirofiban HCL 0.25mg IV	Aggrastat	Yes	ML	Antiplatelet	None	X	X	X										Must be billed daily.
J3250	Injection trimeth-obenzamide HCl up to 200mg	Tigan	N/A		Antiemetic														Not Covered
J3260	Injection tobramycin sulfate up to 80mg	Nebcin	Yes	ML	Antibiotic	None	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J3265	Injection torsemide 10mg/ml	Demadex	Yes	ML	Anti-hypertensive		X	X											
J3280	Injection thiethylperazine maleate up to 10mg	Torecan Norzine	Yes	ML	Antiemetic	1 per day	X	X	X										
J3285	Injection, trestoninil, 1 mg	Remodulin	Yes	ML	Vasodilator	None	X	X	X	X									ICD-9 code 416.XX or 747.83 required on claim form.
J3300	Injection, triamcinolone acetonide, PF, 1 mg.	Trivaris	Yes	UN	Anti-inflammatory		X	X	X					X					New code effective 1/1/09.
J3301	Injection triamcinolone acetonide 10mg	Kenalog-10 Kenalog-40 Triam-A	Yes	PWD=UN SOL=ML	Anti-inflammatory	4 per day	X	X	X	X				X					
J3302	Injection triamcinolone diacetate 5mg	Aristocort Intralesional Aristocort Forte Cinolone Trilone Clinacort	Yes	PWD=UN SOL=ML	Anti-inflammatory	8 per day	X	X	X	X				X					
J3303	Injection triamcinolone hexacetonide 5mg	Aristospan Intralesional Aristospan Intra-articular	Yes	ML	Anti-inflammatory	4 per day	X	X	X	X				X					
J3305	Injection trimetrexate glucuronate 25mg	Neutraxin	Yes	UN	Anti-inflammatory	None	X	X	X										Weight based.
J3310	Injection perphenazine up to 5mg	Trilafon	Yes	PWD=UN SOL=ML	Anti-psychotic	3 per day	X	X	X	X		X							
J3315	Injection triptorelin pamoate 3.75mg	Trelstar LA	Yes	UN	Luteinizing hormone-releasing hormone	3 per month	X	X	X										
J3320	Injection spectinomycin dihydrochloride up to 2g	Trobicin	Yes	UN	Antibiotic	None	X	X	X										
J3350	Injection urea up to 40g	Ureaphil	N/A		Diuretic														Not Covered
J3355	Injection, urofollitropin, 75 IU	Metrodin Bravelle	N/A		Hormonal Replacement														Not Covered.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J3360	Injection diazepam up to 5mg	Valium	N/A		Benzodiazepine														Not Covered
J3364	Injection urokinase 5000 IU vial	Abbokinase open cath	Yes	UN	Fibrinolytic	2 per day	X	X	X										
J3365	Injection IV urokinase 250000 IU vial	Abbokinase	N/A		Fibrinolytic														Not Covered
J3370	Injection vancomycin HCl 500mg	Varocin Vancocin	Yes	PWD=UN SOL=ML	Antibiotic	None	X	X	X										
J3396	Injection, verteporfin 0.1mg	Visudyne	Yes	UN	Macular degeneration	None	X	X							X				ICD-9 code 115.02, 115.12, 115.92, 360.21, 362.16, OR 362.52 required on claim form. Only bill CPT codes 67221 or 67225 with J3396. Must be billed daily.
J3400	Injection triflupromazine HCl up to 20mg	Vesprin	Yes	ML	Anti-psychotic	150 mg per day	X	X	X			X							
J3410	Injection hydroxyzine up to 25mg	Vistaril Hyzine-50 Atarax	Yes	PWD=UN SOL=ML	Antianxiety	None	X	X	X	X		X							
J3411	Injection thiamine HCl 100mg	Thiamilate	Yes	PWD=UN SOL=ML	Vitamin supplement	2 per day	X	X	X										
J3415	Injection pyridoxine HCl 100mg	Nestrex	Yes	PWD=UN SOL=ML	Vitamin supplement	2 per day	X	X	X										
J3420	Injection vitamin B-12 cyanocobalamin up to 1000mcg	Sytobex Residol Rubramin PC	Yes	PWD=UN SOL=ML	Vitamin supplement	1 per day	X	X	X	X									
J3430	Injection phytonadione (vitamin K) per 1mg	Aqua Mephyton Konakion	Yes	PWD=UN SOL=ML	Vitamin supplement	25 per day	X	X	X										
J3465	Injection voriconazole 10mg	VFEND	Yes	UN	Anti-fungal	None	X	X	X										
J3470	Injection hyaluronidase up to 150units	Wydase	Yes	PWD=UN SOL=ML	Enzyme	1 per day	X	X	X										
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)		Yes	ML	Enzyme	None	X	X							X				
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units		Yes	UN	Enzyme	None	X	X							X				

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J3473	Injection,hyaluronidase, recombinant, 1 USP unit	Vitrase	Yes	ML	Enzyme	300 units per day	X	X	X								X		New code effective 1/1/07.
J3475	Injection magnesium sulfate 500mg	Sulfamag	N/A		Mineral supplement														Not Covered
J3480	Injection potassium chloride 2mEq	Kdur Kaon-Cl	Yes	PWD=UN SOL=ML	Electrolyte Supplement	None	X	X	X	X									
J3485	Injection zidovudine 10mg	Retrovir	N/A		Anti-retroviral														Not Covered
J3486	Injection ziprasidone mesylate 10mg	Geodon	Yes	UN	Anti-psychotic	10 per day	X	X	X	X		X							
J3487	Injection zoledronic acid 1mg	Zometa	Yes	PWD=UN SOL=ML	Antidote	4 per day	X	X	X										
J3488	Zoledronic Acid/Mannitol/Water Reclast 5 mg/100 ml bottles	Reclast	Yes	ML	Bone Resorption Inhibitor	1 per year	X	X	X	X									New code effective 1/1/08. Replaces Q4095.
J3490	Unclassified drugs. Used only if a more specific code is not available.		Yes	KIT=UN SOL=ML PWD=UN															Refer to the list of Approved Drugs Billed with HCPCS Code J3490 by WV Medicaid. Cost invoice may be required with claim form.
J3520	Edetate disodium 10mg	Endrate Disotate	Yes	PWD=UN SOL=ML	Antidote	None	X	X	X										Covered only for treatment for lead or heavy metal poisoning; duration <2 weeks.
J3530	Nasal vaccine inhalation		N/A																Not Covered
J3535	Drug administered thru a metered dose inhaler.		N/A																Not Covered
J3570	Laetrile amygdalin vitamin B-17.		N/A		Vitamin														Not Covered
J3590	Unclassified biologics. Used only if a more specific code is not available.		Yes	KIT=UN SOL=ML PWD=UN															Refer to the list of Approved Drugs Billed with HCPCS Code J3590 by WV Medicaid. Cost invoice may be required with claim form.
J7030	Infusion normal saline solution 1000cc		Yes	ML		None	X	X	X	X									
J7040	Infusion normal saline solution sterile (500ml = 1 unit)		Yes	ML		None	X	X	X	X									

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
J7042	5% dextrose/normal saline (500ml - 1 unit)		Yes	ML		None	X	X	X	X										
J7050	Infusion normal saline solution 250cc		Yes	ML		None	X	X	X	X										
J7060	5% dextrose/water (500 ml = 1 unit)		Yes	ML		None	X	X	X	X										
J7070	Infusion D-5-W 1000cc		Yes	PWD=UN SOL=ML		None	X	X	X	X										
J7100	Infusion dextran 40 500ml	Rheomacrodex x Gentran 75	Yes	ML		None	X	X	X											
J7110	Infusion dextran 75 500ml	Gentran 75	Yes	ML		None	X	X	X											
J7120	Ringer's lactate infusion up to 1000cc		Yes	ML		None	X	X	X											
J7130	Hypertonic saline solution 50 or 100 mEq 20cc vial		Yes	ML		None	X	X	X											
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex(human), per factor VIII I.U.	Alphanate	Yes	UN	Anti-hemophilic		X	X	X											New code effective 1/1/09. Claim form requires ICD-9 codes 286.0 or 286.4, DOS, POS, J code, description of code, brand name of factor total units dispensed, NDC# and total charges. Physician's order/provider's Rx with units dispensed must be attached.
J7187	Injection, Von Willebrand factor complex, human, ristocetin cofactor, per IU	Biopool Humate-P	Yes	IU	Anti-hemophilic	None	X	X	X				X							New code effective 1/1/07. Claim form requires ICD-9 codes 286.0-286.7, DOS, POS, J code, description of code, brand name of factor, total units dispensed, NDC# and total charges. Physician's order/provider's Rx with units dispensed must be attached.
J7188	Injection, Von Willebrand factor complex, human, IU	Von Willebrand	N/A		Anti-hemophilic	None	X	X	X				X							CMS closed code effective 12/31/06. See J7187.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	NovoSeven	Yes	F2=IU	Anti-hemophilic	None	X	X	X				X						New code 1/1/06. Replaces Q0187. Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.4; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7190	Factor VIII human per IU	Kogenate Monarc-M Koate HP Hemofil-M Alphanate Humate P Koate DVI MonocloteP	Yes	F2=IU	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.4; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7191	Factor VIII porcine per IU	Hyate-C	Yes	UN	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.4; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7192	Factor VIII recombinant per IU	Bioclote Genarc Human Method M Recombinate Kogenate Helixate FS Refacto Advate	Yes	F2=IU	Anti-hemophilic	None	X	X	X				X						Requires completed CMS 1500 claim form to include documentation of ICD-9 code 286.0; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim for payment consideration.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7193	Factor IX purified, non-combinant per IU	AlphaNine SD Mononine	Yes	F2=IU	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0 dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim for payment consideration.
J7194	Factor IX complex per IU	Alphanine SD Bebulin VH Profilnine HT & SD Konyne-80 Proplex T, SX-T	Yes	F2-IU	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.1; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7195	Factor IX recombinant per IU	Proplex T Konyne 80 Benefix	Yes	W/DIL=IU PWD=UN	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.1; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7197	Antithrombin III human per IU	Throbate III Atnativ	Yes	F2-IU	Anti-hemophilic	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7198	Anti-inhibitor per IU	Autoplex T FEIBA	Yes	F2=IU	Anti-inhibitor coagulant complex	None	X	X	X				X						Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.1; dates of service, place of service, appropriate J code, description of code and brand name of factor, total units or mg dispensed, appropriate NDC# and total charges. Physician's order and provider's Rx form documenting units dispensed must be attached to the claim.
J7199	Hemophilia clotting factor NEC. Used only if a more specific code is not available.		N/A		Anti-hemophilic														Not covered
J7300	Intrauterine copper contraceptive.	Paragard T380A	Yes	UN	Contraceptive	None	X	X	X	X	X								
J7302	Levonorgest releasing intrauterine contraceptive system 52 mg	Mirena	Yes	UN	Contraceptive	None	X	X	X	X	X								
J7303	Contraceptive supply hormone containing vaginal ring each		N/A		Contraceptive														Not Covered
J7304	Contraceptive supply, hormone containing I patch each		N/A		Contraceptive														Not Covered
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Norplant	Yes	UN	Contraceptive	1 every 3 years	X	X	X	X	X								Females only. Cost invoice required with claim form.
J7307	Etonogestrel implant system	Implanon	Yes	UN	Contraceptive	1 every 3 years	X	X	X	X	X								New code effective 1/1/08. Replaces S0180. Females only.
J7308	Aminolevulinic acid HCl for topical administration 20%, single unit dosage form (354mg)	Kerastick Levulan	Yes	UN	Photo-sensitivity agent	None			X										Restricted to ICD-9 code 702.0, Actinic keratosis, effective 2/1/09. Covered to physician's only, effective 2/1/09.
J7310	Ganciclovir 4.5 mg long-acting implant	Vitrasert Cytovene	Yes	UN	Anti-viral	None	X	X							X				One per each eye per 5 months.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7311	Fluocinolone acetoneide, intravitreal implant	Retisert	Yes	UN	Corticosteroid	1 per eye per 30 months	X	X							X				New code effective 1/1/07. Claim form requires ICD-9 363.00-363.08, 363.10-363.15, or 363.20. Must bill with CPT 67027.
J7317	Sodium hyaluronate per 20 to 25 mg dose for intra-articular injection	Hyalgan 20 Supartz 25	N/A		Osteoarthritic	10 injections (5 per knee) X 6 months	X	X	X	X									CMS closed code effective 12/31/06. See J7319
J7318	Sodium hyaluronate for intra-articular injection, 30 mg	Orthovisc	N/A		Osteoarthritic	8 injections (4 per knee) X 6 months	X	X	X	X									CMS closed code effective 12/31/06. See J7319. ICD-9 code 715.16, 715.25, 715.36, or 715.96 billed with CPT 20610 required on claim form. Cost invoice required with claim form.
J7319	Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, per dose	Hyalgan 20 Supartz 25 Synvisc Orthovisc Euflexxa	No		Osteoarthritic	10 injections (5 per knee) X 6 months	X	X	X	X									New code effective 1/1/07. ICD-9 code 715.XX or 716.XX required on claim form. Must be billed with 20610 on claim. Code closed effective 10/1/08. See J7321-J7324.
J7320	Hylan G-F20 16mg/2ml for intra-articular injection	Synvisc	N/A		Osteoarthritic	6 injections (3 per knee) X 6 months	X	X	X	X									CMS closed code effective 12/31/06. See J7319. ICD-9 code 715.XX or 716.XX required on claim form.
J7321	Hyaluronan or derivate, Hyalgan or Supartz, for intra-articular injection	Hyalgan Supartz	N/A	ML	Osteoarthritic	10 injections (5 per knee) per 170 rolling days	X	X	X										New code effective 1/1/08. Replaces Q4083. Requires ICD-9 code 715.xx or 716.XX on claim form for payment consideration.
J7322	Hyaluronan or derivate, Synvisc, for intra-articular injections, per dose	Synvisc	N/A	ML	Osteoarthritic	6 injections (3 per knee) per 170 rolling days	X	X	X										New code effective 1/1/08. Replaces Q4084. Requires ICD-9 code 715.XX or 716.XX on claim form for payment consideration.
J7323	Hyaluronan or derivate, Euflexxa, for intra-articular injections, per dose	Euflexxa	N/A	ML	Osteoarthritic	10 injections (5 per knee) per 170 rolling days	X	X	X										New code effective 1/1/08. Replaces Q4085. Requires ICD-9 code 715.XX or 716.XX on claim form for payment consideration.
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injections, per dose	Orthovisc	N/A	ML	Osteoarthritic	8 injections (4 per knee) per 170 rolling days	X	X	X										New code effective 1/1/08. Replaces Q4086. Requires ICD-9 code 715.XX or 716.XX on claim form for payment consideration.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7340	Dermal & epidermal(substitute) bioengineered or processed elements with metabolically active elements per square cm.	Apligraf	No			See special intructions	X	X	X					X					For diabetes: ICD-9 code 250.xx and 707.xx for surgeons; or, ICD-9 code 250.xx and 707.13, 707.14, or 707.15 for podiatrists. For venous stasis ulcer: ICD-9 code 454.0, 454.1, or 454.2 and 707.xx for surgeons; or ICD-9 code 454.0, 454.1, or 454.2 and 707.13, 707.14, or 707.15 for podiatrists required on claim form. Service limits for diabetic ulcer are: 3 applications in 9 weeks per year per ulcer. Service limits for venous stasis ulcer are: 3 applications in 12 weeks per year per ulcer. Closed 12/31/08. See Q4101
J7341	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square cm.		No			None	X	X	X					X					New code 1/1/06. Closed 12/31/08. See Q4102 and Q4103.
J7342	Dermal tissue (substitute), human origin with or without other bioengineered or processed elements with metabolically active elements per square cm.	Dermagraft	No			See special instructions	X	X	X					X					ICD-9 code 250.xx and 707.xx for surgeons; ICD-9 code 250.xx and 707.13, 707.14, or 707.15 for podiatrists required on claim form. Service limits are: 1 application in 8 weeks per year per ulcer. Closed 12/31/08. See Q4106.
J7343	Dermal & epidermal (substitute) tissue nonhuman origin with or without other bioengineered or processed elements without metabolically elements per square cm.		No			None	X	X	X					X					For surgeons; ICD-9 code 941.30 - 941.39; 941.40 - 941.49; 942.30 - 942.39; 942.40 - 942.49; 943.30 - 943.39; 943.40 - 943.49; 944.30 - 944.38; 944.40 - 944.48; 945.30 - 945.39; 945.40 - 945.49; 946.3; 946.4; 949.3 or 949.4 required on claim form. For podiatrists; ICD-9 code 945.x2 or 945.x3 required on claim form. Closed 12/31/08. See Q4104 and Q4105.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7344	Dermal (substitute) human origin with or without bioengineered or processed elements without metabolically active elements per square cm.		No			None	X	X	X					X					Closed 12/31/08. See Q4107.
J7345	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements, per square cm.		No			None	X	X	X					X					New code effective 1/1/07. Closed 12/31/07.
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc		No			None	X	X	X					X					New code effective 1/1/07. Closed 12/31/08.
J7347	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements; without metabolically active elements(Integra Matrix); per sq. cm.	N/A	No																Not covered. See Q4108.
J7348	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements; without metabolically active elements(TissueMend); per sq. cm.	N/A	No																Not covered. See Q4109.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7349	Dermal (substitute) tissue of nonhuman origin; with or without other bioengineered or processed elements; without metabolically active elements (PriMatrix), per sq. cm.	N/A	No																Not covered. See Q4110.
J7350	Dermal (substitute) tissue, human origin, injectable, with or without other bioengineered or processed elements but without metabolized active elements per 10 mg.		No			None	X	X	X					X					CMS closed code effective 12/31/06. See J7346.
J7500	Azathioprine oral 50mg	Imuran	Yes		Immuno-suppressant														Medicare X-over
J7501	Azathioprine parenteral 100mg	Imuran	Yes	UN	Immuno-suppressant	None	X	X	X										
J7502	Cyclosporine oral 100mg	Neoral Sandimmune	Yes		Immuno-suppressant														Medicare X-over
J7504	Lymphocyte immune globulin antihymocyte globulin equine parenteral 250mg	Atgam	Yes	ML	Immune globulin	None	X	X	X										
J7505	Muromonab-CD3 parenteral 5mg	Orthoclone OKT3	Yes	ML	Immuno-suppressant	1 per day	X	X	X										
J7506	Prednisone oral per 5mg	Deltasone Meticorten Orasone	Yes		Immuno-suppressant														Medicare X-over
J7507	Tacrolimus oral per 1mg	Prograf	Yes		Immuno-suppressant														Medicare X-over
J7509	Methylprednisol-one oral per 4mg	Medrol	Yes		Immuno-suppressant														Medicare X-over
J7510	Prednisolone oral per 5mg	Deltacortef	Yes		Immuno-suppressant														Medicare X-over

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7511	Lymphocyte immune globulin antithymocyte globulin rabbit parenteral 25mg	Thymoglobulin	Yes	UN	Immune globulin	None	X	X	X										Weight based.
J7513	Daclizumab parenteral 25 mg	Zenapax	Yes	ML	Immuno-suppressant	None	X	X	X										
J7515	Cyclosporine oral 25mg	Neoral Sandimmune	Yes		Immuno-suppressant														Medicare X-over
J7516	Cyclosporine parenteral 250mg	Neoral Sandimmune	Yes	PWD=UN SOL=ML	Immuno-suppressant	6 per day	X	X	X										
J7517	Mycophenolate mofetil oral 250mg	CellCept	Yes		Immuno-suppressant														Medicare X-over
J7518	Mycophenolic acid oral 180mg	Myfortic	Yes		Immuno-suppressant														Medicare X-over
J7520	Sirolimus oral 1mg	Rapamune	Yes		Immuno-suppressant														Medicare X-over
J7525	Tacrolimus parenteral 5 mg	Prograf	Yes	ML	Immuno-suppressant	None	X	X	X										
J7599	Immunosuppressive drug NOS. Used only if a more specific code is not available		Yes																Medicare X-over
J7602	Albuterol, all formulations including separated isomers, inhalation solution, FDA approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol).	Proventil, Ventolin, Xopenex	N/A	ML	Broncho-dilator	None	X	X	X	X									New code effective 1/1/08. Replaces Q4093. Code closed 3/31/08.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7603	Albuterol, all formulations including separated isomers, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose, per 1 mg. (albuterol), or 0.5 mg. (levalbuterol).	Proventil, Ventolin, Xopenex	N/A	ML	Bronchodilator	None	X	X	X	X									New code effective 1/1/08. Replaces Q4094. Code closed 3/31/08.
J7604	Acetylcysteine inhalation solution compounded product, administered through				Mucolytic	None													Not covered
J7605	Arformoterol, inhalation solution, FDA approved, final product, non-compounded	Brovana	Yes	ML	Bronchodilator	None	X	X											New code effective 1/1/08
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, noncompounded, administered through DME, unit dose form, 20 mcg.	Perforomist	N/A		Bronchodilator														Not covered.
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME	Xopenex	N/A		Adrenergic bronchodilator														New code effective 1/1/07. Not covered.
J7608	Acetylcysteine inhalation solution unit dose form per mg.	Mucomyst Mucosil	Yes	ML	Mucolytic		X	X	X	X									New code effective 1/1/08.
J7609	Albuterol, inhalation solution, compounded product, administered through DME	Proventil, Proventil Repetabs, Ventolin, Volmax	N/A		Bronchodilator														New code effective 1/1/07. Not covered.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
J7610	Albuterol, inhalation solution, compounded product, administered through DME	Proventil, Proventil Repetabs, Ventolin, Volmax	N/A		Bronchodilator															New code effective 1/1/07. Not covered.
J7611	Albuterol inhalation concentrated form 1mg	Proventil, Proventil Repetabs, Ventolin, Volmax	Yes		Bronchodilator	None														Opened effective 1/1/07. ICD-9 codes 464.4, 466-466.19, 480-487.8, 490-491.9, 492-492.8 and 493-493.9 required on claim form. Code closed effective 12/31/07. Code opened 4/1/08 with above ICD-9 restrictions.
J7612	Levalbuterol inhalation solution concentrated form 0.5mg	Xopenex	Yes		Bronchodilator	None														Opened effective 1/1/07. ICD-9 codes 464.4, 466-466.19, 480-487.8, 490-491.9, 492-492.8 and 493-493.9 required on claim form. Code closed effective 12/31/07. Code opened 4/1/08 with above ICD-9 restrictions.
J7613	Albuterol inhalation solution unit dose 1mg	Albuterol Sulfate Airet Proventil Accuneb	N/A		Bronchodilator															Not Covered. Code closed effective 12/31/07.
J7614	Levalbuterol inhalation solution unit dose 0.5mg	Xopenex	N/A		Bronchodilator															Not Covered. Code closed effective 12/31/07.
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME	Xopenex	N/A		Adrenergic bronchodilator															New code effective 1/1/07. Not covered. Self-administered. Covered pharmacy benefit with prior authorization from Rational Drug Therapy.
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, non-compounded	Duoneb	N/A		Bronchodilator															Not covered.
J7622	Betamethasone inhalation solution unit dose form per mg		N/A		Corticosteroid															Not Covered
J7624	Betamethasone inhalation solution unit dose form per mg		N/A		Corticosteroid															Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7626	Budesonide inhalation solution, non-compounded, administered thru DME, unit dose, up to 0.5mg.	Pulmicort Respules	N/A		Corticosteroid														Not Covered
J7627	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form up to 0.5mg.	Pulmicort	N/A		Corticosteroid														Not covered.
J7628	Bitolterol mesylate inhalation solution concentrated form per mg	Tornalate	N/A		Sympathomimetic														Not Covered
J7629	Bitolterol mesylate inhalation solution unit dose form per mg	Tornalate	N/A		Sympathomimetic														Not Covered
J7631	Cromolyn sodium inhalation solution unit dose form per 10mg	Gastrocrom Intal Nasalcrom	Yes	PWD=UN SOL=ML	Anti-allergic	None	X	X	X	X									New code effective 1/1/08.
J7632	Cromolyn Sodium inhalation solution, compounded product, administered through				Mast cell stabilizer														Not covered.
J7633	Budesonide inhalation solution concentrated form per 0.25mg	Pulmicort	N/A		Corticosteroid														Not Covered
J7634	Budesonide, inhalation solution, compounded product, administered through DME	Rhinocort	N/A		Anti-inflammatory, corticosteroid														New code effective 1/1/07. Not covered.
J7635	Atropine inhalation solution concentrated form per mg.	Sal-Tropine	N/A		anticholinergics/antispasmodics														Not Covered
J7636	Atropine inhalation solution administered through DME unit dose form per mg	Sal-Tropine	N/A		anticholinergics/antispasmodics														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
J7637	Dexamethasone inhalation solution concentrated form per mg	Decadron	N/A		Corticosteroid															Not Covered
J7638	Dexamethasone inhalation administered through DME unit dose form per mg	Decadron	N/A		Corticosteroid															Not Covered
J7639	Dornase alpha inhalation solution unit dose form per mg	Pulmozyme	N/A		Enzyme															Not Covered
J7640	Formoterol, inhalation solution, administered through DME, unit dose form, 12 micrograms	Foradil	N/A		Corticosteroid															Not covered.
J7641	Flunisolide inhalation solution unit dose per mg	Nasalide	N/A		Corticosteroid															Not Covered
J7642	Glycopyrrolate inhalation solution concentrated form per mg	Robinul	N/A		Anti-cholinergic															Not Covered
J7643	Glycopyrrolate inhalation solution unit dose form per mg	Robinul	N/A		Anti-cholinergic															Not Covered
J7644	Ipratropium bromide inhalation solution unit dose form per mg	Atrovent	N/A		Broncho-dilator															Not Covered
J7645	Ipratropium bromide, inhalation solution, compounded product, administered thru DME	Atrovent	N/A		Broncho-dilator															New code effective 1/1/07. Not covered.
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME	Bronkometer, Bronkosol	N/A		Broncho-dilator															New code effective 1/1/07. Not covered.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J7648	Isoetharine HCl inhalation solution concentrated form per mg	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not Covered
J7649	Isoetharine HCl inhalation solution unit dose form per mg	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not Covered
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME	Bronkometer, Bronkosol	N/A		Broncho-dilator														New code effective 1/1/07. Not covered.
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME	Isuprel HCl Medihaler-150	N/A		Vasopressor														New code effective 1/1/07. Not covered.
J7658	Isoproterenol HCl inhalation solution concentrated form per mg	Isuprel HCl Medihaler-150	N/A		Vasopressor														Not Covered
J7659	Isoproterenol HCl inhalation solution unit dose form per mg	Isuprel HCl Medihaler-150	N/A		Vasopressor														Not Covered
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME	Isuprel HCl Medihaler-150	N/A		Vasopressor														New code effective 1/1/07. Not covered.
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated	Alupent	N/A		Broncho-dilator														New code effective 1/1/07. Not covered.
J7668	Metaproterenol sulfate inhalation solution concentrated form per 10mg	Alupent	Yes	ML	Broncho-dilator	None			X	X									Opened effective 1/1/07. ICD-9 codes 464.4, 466-466.19, 480-487.8, 490-491.9, 492-492.8 and 493-493.9 required on claim form.
J7669	Metaproterenol sulfate inhalation solution unit dose form per 10 mg	Alupent	Yes	PWD=UNSOL=ML	Broncho-dilator	None			X	X									Opened effective 1/1/07. ICD-9 codes 464.4, 466-466.19, 480-487.8, 490-491.9, 492-492.8 and 493-493.9 required on claim form.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered	Alupent	N/A		Broncho-dilator															New code effective 1/1/07. Not covered.
J7674	Methacholine chloride as inhalation solution through a nebulizer per 1mg	Provocholine	N/A		Cholinergic broncho-constrictor															Not Covered
J7676	Pentamidine Isethionate inhalation solution, compounded product, administered through				Anti-protozoal															Not covered
J7680	Terbutaline sulfate inhalation solution concentrated form per mg	Brethine Bricanyl	N/A		Broncho-dilator															Not Covered
J7681	Terbutaline sulfate inhalation solution unit dose form per mg	Brethine Bricanyl	N/A		Broncho-dilator															Not Covered
J7682	Tobramycin unit dose form 300mg inhalation solution	Tobi	N/A		Antibiotic															Not Covered
J7683	Triamcinolone inhalation solution concentrated form per mg	Azmacort	N/A		Corticosteroid															Not Covered
J7684	Triamcinolone inhalation solution unit dose form per mg	Azmacort	N/A		Corticosteroid															Not Covered
J7685	Tobramycin, inhalation solution, compounded product, administered through DME	Tobrex	N/A		Anti-bacterial, ophthalmic															New code effective 1/1/07. Not covered.
J7699	NOC drugs in-halation drugs. Used only if a more specific code is not available.		N/A																	Not Covered
J7799	NOC drugs other than inhalation drugs. Used only if a more specific code is not available		N/A																	Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
J8498	Antiemetic drug, rectal/suppository, not otherwise specified		N/A																	Not covered.
J8499	Prescription drug oral non-chemotherapeutic NOS		N/A																	Not Covered
J8501	Aprepitant oral 5mg	Emend Emend Tri-Fold	N/A		Antiemetic															Not Covered
J8510	Bulsulfan oral 2 mg	Myleran	N/A		Anti-neoplastic															Not Covered
J8515	Cabergoline, 0.25 mg	Dostinex	N/A																	Not Covered.
J8520	Capecitabine oral 150mg	Xeloda	N/A		Anti-neoplastic															Not Covered
J8521	Capecitabine oral 500mg	Xeloda	N/A		Anti-neoplastic															Not Covered
J8530	Cyclophosphamide oral 25mg	Cytosan Procytox	N/A		Anti-neoplastic															Not Covered
J8540	Dexamethasone, oral, 0.25 mg	Decadron	N/A		Anti-inflammatory															Not covered.
J8560	Etoposide oral 50mg	VePesid	N/A		Anti-neoplastic															Not Covered
J8565	Gefitinib oral 250mg	Iressa	N/A		Anti-neoplastic															Not Covered
J8597	Antiemetic drug, oral, not otherwise specified		N/A																	Not covered.
J8600	Melphalan oral 2mg	Alkeran	N/A		Anti-neoplastic															Not Covered
J8610	Methotrexate oral 2.5mg	Rheumatrex Dose Pack	N/A		Anti-rheumatic															Not Covered
J8650	Nabilone, oral, 1 mg	Cesamet	N/A		Antiemetic															New code effective 1/1/07. Not Covered
J8700	Temozolomide oral 5mg	Temodar	N/A		Anti-neoplastic															Not Covered
J8705	Topotecan, oral, 0.25 mg.	Hycamtin	N/A		Anti-neoplastic															Not covered.
J8999	Prescription drug oral chemotherapeutic NOS. Used only if a more specific code is not available.		N/A																	Not Covered
J9000	Doxorubicin HCl 10mg	Adriamycin	Yes	PWD=UN SOL=ML	Anti-neoplastic	20 per day	X	X	X											

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9001	Doxorubicin HCl all lipid formulation 10mg	Doxil	Yes	ML	Anti-neoplastic	10 per day	X	X	X										
J9010	Alemtuzumab 10mg	Campath	Yes	ML	Anti-neoplastic	3 per day	X	X	X										
J9015	Aldesleukin per single use vial.	Proleukin	Yes	UN	Biological Response Modulator	3 per day	X	X	X										
J9017	Arsenic trioxide 1mg	Trisenox	Yes	PWD=UN SOL=ML	Anti-neoplastic	15 per day	X	X	X										
J9020	Asparaginase 10000U	Elspar	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9025	Injection, azacitidine, 1 mg	Vidaza	Yes	UN	Anti-neoplastic	None	X	X	X										ICD-9 code 238.7, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 239.79 or 205.10 required on claim form.
J9027	Injection, clofarabine, 1 mg	Clolar	Yes	ML	Anti-neoplastic	None	X	X	X										New code effective 1/1/06.
J9031	BCG live (intravesical) per instillation	TheraCys Tice BCG	No	UN	Biological Response Modulator	3 per day	X	X	X										
J9033	Injection, bendamustine HCl, 1 mg.	Treanda	Yes	UN	Anti-neoplastic		X	X	X										New code effective 1/1/09. Restricted to ICD-9 code 204.10-204.11, chronic Lymphoid leukemia, with or without remission. Covered to physicians effective 1/1/09. Replaces C9239. New ICD-9 diagnosis indications 204.12/Lymphoid leukemeia, in relapse; 200.00-200.88, and 202.00-202.88/Non-Hodgkin's Lymphomas, effective 1/1/09.
J9035	Injection bevacizumab 10 mg	Avastin	Yes	ML	Anti-neoplastic	None	X	X	X										ICD-9 codes 153.0-154.8, 173.5, 174.0-174.9 or 175.0-175.9 required on claim form. New ICD-9 diagnosis code 162.9/broncus, lung cancer effective 9/20/07. New ICD-9 diagnosis code of 191.0-192.9/glioblastoma effective 5/5/09. New approved ICD-9 diagnosis of 189.0 - 189.9, effective 8/1/09. Bill J3490 for provider specialty Ophthalmology .
J9040	Bleomycin sulfate 15U	Blenoxane	Yes	UN	Anti-neoplastic	4 per day	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9041	Injection bortezomib 0.1 mg	Velcade	Yes	UN	Proteasome Inhibitor	None	X	X	X										ICD-9 code 203.00 or 203.02, initial or relapsed multiple myeloma, required on claim form. New indication of mantle cell lymphoma added effective 7/1/08. Claim must include ICD-9 range of 200.40 to 200.48.
J9045	Carboplatin 50mg	Paraplatin	Yes	PWD=UN SOL=ML	Anti-neoplastic	18 per day	X	X	X										
J9050	Carmustine 100mg	BICNU	Yes	PWD=UN SOL=ML	Anti-neoplastic	5 per day	X	X	X										
J9055	Injection Cetuximab 10 mg	Erbix	Yes	ML	Anti-neoplastic	None	X	X	X										ICD-9 code 140.0-149.9, 153.0-154.8, 160.0-161.9, or 195.0 is required on claim form.
J9060	Cisplatin powder or solution per 10mg	Plantinol AQ	Yes	PWD=UN SOL=ML	Anti-neoplastic	18 per day	X	X	X										
J9062	Cisplatin 50mg	Plantinol AQ	Yes	ML	Anti-neoplastic	6 per day	X	X	X										
J9065	Injection cladribine per 1 mg	Leustatin	Yes	ML	Anti-neoplastic	40 per day	X	X	X										
J9070	Cyclophosphamide 100mg	Cytosan Neosar	Yes	UN	Anti-neoplastic	68 per day	X	X	X										
J9080	Cyclophosphamide 200 mg	Cytosan Neosar	Yes	UN	Anti-neoplastic	34 per day	X	X	X										
J9090	Cyclophosphamide 500 mg	Cytosan Neosar	Yes	UN	Anti-neoplastic	14 per day	X	X	X										
J9091	Cyclophosphamide 1g	Cytosan Neosar	Yes	UN	Anti-neoplastic	7 per day	X	X	X										
J9092	Cyclophosphamide 2g	Cytosan Neosar	Yes	UN	Anti-neoplastic	4 per day	X	X	X										
J9093	Cyclophosphamide lyophilized 100mg	Cytosan Lyophilized	Yes	UN	Anti-neoplastic	68 per day	X	X	X										
J9094	Cyclophosphamide lyophilized 200 mg	Cytosan Lyophilized	Yes	UN	Anti-neoplastic	34 per day	X	X	X										
J9095	Cyclophosphamide lyophilized 500 gm	Cytosan Lyophilized	Yes	UN	Anti-neoplastic	14 per day	X	X	X										
J9096	Cyclophosphamide lyophilized 1g	Cytosan Lyophilized	Yes	UN	Anti-neoplastic	7 per day	X	X	X										
J9097	Cyclophosphamide lyophilized 2g	Cytosan Lyophilized	Yes	UN	Anti-neoplastic	4 per day	X	X	X										
J9098	Cytarabine liposome 10 mg	DepoCyt	Yes	ML	Anti-neoplastic	5 per day	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9100	Cytarabine 100mg	Cytosar-U	Yes	PWD=UN SOL=ML	Anti-neoplastic	75 per day	X	X	X										
J9110	Cytarabine 500mg	Cytosar-U	Yes	PWD=UN SOL=ML	Anti-neoplastic	15 per day	X	X	X										
J9120	Dactinomycin 0.5mg	Cosmegen	Yes	UN	Anti-neoplastic	2 per day	X	X	X										
J9130	Dacarbazine 100mg	DTIC-Dome	Yes	UN	Anti-neoplastic	9 per day	X	X	X										
J9140	Dacarbazine 200mg	DTIC-Dome	Yes	UN	Anti-neoplastic	5 per day	X	X	X										
J9150	Daunorubicin HCl 10mg	Cerubidine	Yes	PWD=UN SOL=ML	Anti-neoplastic	11 per day	X	X	X										
J9151	Daunorubicin citrate liposomal formulation 10 mg	Daunoxome	Yes	ML	Anti-neoplastic	11 per day	X	X	X										
J9160	Denileukin diftitox 300mcg	Ontak	N/A		Anti-neoplastic														Not Covered
J9165	Diethylstilbestrol diphosphate 250 mg	Stilphostrol	Yes	UN	Palliative therapy prostate cancer	4 per day	X	X	X										Only for cancer diagnosis
J9170	Docetaxel 20mg	Taxotere	Yes	ML	Anti-neoplastic	10 per day	X	X	X										
J9175	Injection, Eliotts' B solution, 1 ml	dextrose/electsol, IV	Yes	ML		None	X	X											
J9178	Injection epirubicin HCl 2 mg	Ellence	Yes	PWD=UN SOL=ML	Anti-neoplastic	None	X	X	X										
J9181	Etoposide 10mg	VesPesid Toposar	Yes	PWD=UN SOL=ML	Anti-neoplastic	25 per day	X	X	X										
J9182	Etoposide 100mg	VesPesid Toposar	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9185	Fludarabine phosphate 50mg	Fludara	Yes	PWD=UN SOL=ML	Anti-neoplastic	5 per day	X	X	X										
J9190	Fluorouracil 500 mg	Adrucil	Yes	PWD=UN SOL=ML	Anti-neoplastic	5 per day	X	X	X										
J9200	Floxuridine 500 mg	FUDR	Yes	UN	Anti-neoplastic	2 per day	X	X	X										
J9201	Gemcitabine HCl 200mg	Gemzar	Yes	UN	Anti-neoplastic	None	X	X	X										
J9202	Goserelin acetate implant per 3.6mg	Zoladex	Yes	UN	Anti-neoplastic	1 per month	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9206	Irinotecan 20mg	Camptosar	Yes	ML	Anti-neoplastic	35 per day	X	X	X										ICD-9 code 153.0 - 154.8 required on claim form.
J9207	Injection, ixabepilone, 1 mg.	Ixempra	Yes	UN	Anti-neoplastic	limited to 18 years or older	X	X	X										New code effective 1/1/09. Restricted to ICD-9 code 174.0 - 174.9, metastatic or locally advanced breast cancer. Covered to physicians effective 1/1/09. Replaces C9240.
J9208	Ifosfamide per 1g	Ifex	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9209	Mesna 200mg	Mesnex	Yes	ML	Anti-neoplastic	3 per day	X	X	X										
J9211	Idarubicin HCl 5mg	Idamycin Pfs	Yes	ML	Anti-neoplastic	12 per day	X	X	X										
J9212	Injection interferon alfa-con1 recombinant 1mcg	Infergen	Yes	ML	Anti-viral	1 per day X 7 consecutive days - lifetime	X	X	X										Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J9213	Interferon alfa-2A recombinant 3 million U	Roferon-A	Yes	KIT=UN SOL=ML	Anti-viral	1 per day X 7 consecutive days - lifetime	X	X	X										Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J9214	Interferon alfa-2B recombinant 1 million U	Intron-A	Yes	PWD=UN SOL=ML KIT=UN	Anti-viral	19 per day	X	X	X										
J9215	Interferon alfo-n3 human leukocyte derived 250,000 IU	Alferon-N	Yes	ML	Biological Response Modulator	1 per day X 7 consecutive days - lifetime	X	X	X										Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9216	Interferon gamma 1B 3 million U	Actimmune	Yes	ML	Biological Response Modulator	1 per day X 7 consecutive days - lifetime	X	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J9217	Leuprolide acetate for depot suspension 7.5mg	Lupron Depot Eligard Lupron Depot Ped	Yes	UN	Anti-neoplastic	None	X	X	X										
J9218	Leuprolide acetate 1mg	Lupron	Yes	PWD=UN SOL=ML	Anti-neoplastic	1 per day X 7 consecutive days - lifetime	X	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J9219	Leuprolide acetate implant 65mg	Lupron	Yes	UN	Anti-neoplastic	1 per 3 months	X	X	X										Per manufacturer's notification, Viadur is no longer made as of December 2007.
J9225	Histrelin implant, 50 mg	Vantas	Yes	UN	Gonadotropin	1 per year	X	X	X										ICD-9 code 185 required on claim form. Males only.
J9226	Histrelin implant, 50 mg	Supprelin LA	Yes	UN	Gonadotropin	Age: 2 yrs and older	X	X	X	X									New code effective 1/1/08. Diagnosis restriction, central precocious puberty(259.1).
J9230	Mechlorethamine HCl nitrogen mustard 10mg	Mustargen	Yes	UN	Anti-neoplastic	5 per day	X	X	X										
J9245	Injection melphalan HCl 50mg	Alkeran Lphenylalanine mustard	Yes	UN	Anti-neoplastic	2 per day	X	X	X										
J9250	Methotrexate sodium 5mg	Rheumatrex Trexall Methotrexate sodium Lpf	Yes	PWD=UN SOL=ML	Anti-neoplastic	10 per day	X	X	X										
J9260	Methotrexate sodium 50mg	Rheumatrex Trexall Methotrexate sodium Lpf	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9261	Injection, nelarabine, 50 mg	Arranon	Yes	ML	Anti-neoplastic	None	X	X	X										New code effective 1/1/07.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9263	Injection oxaliplatin 0.5mg	Eloxatin	Yes	PWD=UN SOL=ML	Anti-neoplastic	None	X	X	X										ICD-9 code 153.0 - 154.8 required on claim form. Added ICD-9 code 201.90 effective 1/1/08.
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	Yes	UN	Anti-neoplastic	None	X	X	X	X									ICD-9 code 174.0 - 175.9 with chemo agent required on claim form.
J9265	Paclitaxel 20mg	Taxol Onxol	Yes	PWD=UN SOL=ML	Anti-neoplastic	20 per day	X	X	X										
J9266	Pegaspargase per single dose vial	Oncaspar	Yes	ML	Anti-neoplastic	8 per day	X	X	X										
J9268	Pentostatin per 10mg	Nipent	Yes	UN	Anti-neoplastic	1 per day	X	X	X										
J9270	Plicamycin 2.5mg	Mithracin Mithramycin	Yes	UN	Anti-neoplastic	2 per day	X	X	X										
J9280	Mitomycin 5mg	Mutamycin	Yes	UN	Anti-neoplastic	10 per day	X	X	X										
J9290	Mitomycin 20mg	Mutamycin	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9291	Mitomycin 40mg	Mutamycin	Yes	UN	Anti-neoplastic		X	X	X										
J9293	Injection mitoxan-trone HCl 5mg	Navatrone	Yes	ML	Anti-neoplastic	6 per day	X	X	X										
J9300	Gemtuzumab ozogamicin 5mg	Mylotarg	Yes	UN	Anti-neoplastic	4 per day	X	X	X										
J9303	Injection, panitumumab	Vectibix	Yes	ML	Colorectal Cancer	None	X	X	X										New code effective 1/1/08. Replaces C9235.
J9305	Injection pemetrexed 10mg	Alimta	Yes	UN	Anti-neoplastic	None	X	X	X										ICD-9 code 162-163.9 on claim form.
J9310	Rituximab 100mg	RituXan	Yes	ML	Anti-neoplastic	10 per day	X	X	X										
J9320	Streptozocin 1g	Zanosar	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9330	Injection, temsirolimus, 1 mg.	Torisel	Yes	UN	Anti-neoplastic	limited to 18 years or older	X	X											New code effective 1/1/09. Restricted to ICD-9 code 189.0 - 189.9, advanced renal cell carcinoma, with a maximum dose of 25 mg./mL. Covered to physicians effective 1/1/09.
J9340	Thiotepa 15mg	Thioplex	Yes	UN	Anti-neoplastic	10 per day	X	X	X										For Bone Marrow Transplants.
J9350	Topotecan 4mg	Hycamtin	Yes	UN	Anti-neoplastic	None	X	X	X										

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
J9355	Trastuzumab 10mg	Herceptin	Yes	UN	Anti-neoplastic	None	X	X	X										
J9357	Valrubicin intravesical 200mg	Valstar	Yes	ML	Anti-neoplastic	6 per day	X	X	X										
J9360	Vinblastine sulfate 1mg	Vinblastine Sulfate Velban	Yes	PWD=UN SOL=ML	Anti-neoplastic	46 per day	X	X	X										
J9370	Vincristine sulfate 1mg	Oncovin Vincasar Pfs	Yes	PWD=UN SOL=ML	Anti-neoplastic	7 per day	X	X	X										
J9375	Vincristine sulfate 2mg	Oncovin Vincasar Pfs	Yes	ML	Anti-neoplastic	4 per day	X	X	X										
J9380	Vincristine sulfate 5mg	Vincasar Pfs	Yes	ML	Anti-neoplastic	2 per day	X	X	X										
J9390	Vinorelbine tartrate 10mg	Navelbine	Yes	ML	Anti-neoplastic	10 per day	X	X	X										
J9395	Injection fulvestrant 25mg	Faslodex	Yes	ML	Anti-neoplastic	10 per day	X	X	X										
J9600	Porfimer sodium 75mg	Photofrin	Yes	UN	Anti-neoplastic	3 per day	X	X	X										
J9999	Unclassified Antineoplastics. Use only if a more specific code is not available.		Yes	KIT=UN SOL=ML PWD=UN			X	X	X										Requires Prior Authorization. Submit medical documentation of failed therapy(ies) and confirmation of diagnosis to BMS Medical Director for review prior to providing services. Cost invoice required.
Q0112	All potassium hydroxide (KOH) preparations		N/A																Not covered
Q0144	Azithromycin dehydrate, oral, capsules/powder, 1 gram	Zithromax Zithromax Z-pak	Yes	UN					X	X									New code effective 1/1/08.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q0163	Diphenhydramine HCl 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Truxadryl	Yes	SOL=ML		None	X	X	X	X									Must be billed with chemo agent.
Q0164	Prochlorperazine maleate, 5mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Compazine	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.
Q0165	Prochlorperazine maleate, 10mg, oral, FDA approved antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Compazine	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q0166	Granisetron HCl, 1mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Kytril	Yes	SOL=ML		None	X	X	X	X									
Q0167	Dronabinol, 2.5mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Marinol	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.
Q0168	Dronabinol, 5mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Marinol	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.
Q0169	Promethazine HCl, 12.5mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Phenergan Anergan	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q0170	Promethazine HCl, 25mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Phenergan Amergan	Yes	SYR=ML		None	X	X	X	X									Must be billed with chemo agent.
Q0171	Chlorpromazine HCl, 10mg, oral, FDA approved antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour regimen	Thorazine	Yes	SYR=ML		None	X	X	X	X									Must be billed with chemo agent.
Q0172	Chlorpromazine HCl, 25mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour regimen	Thorazine	Yes	SOL=ML		None	X	X	X	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
Q0173	Trimethobenzamide HCl, 250mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Tebamide T-Gen Ticon Tigan Triban Thimazide	N/A																	Not Covered
Q0174	Thiethylperazine maleate, 10mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Torecan	Yes	UN		None	X	X	X	X										Must be billed with chemo agent.
Q0175	Perphenzaine, 4mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Trilifon	Yes	UN		None	X	X	X	X										Must be billed with chemo agent.
Q0176	Perphenzaine, 8mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Trilifon	Yes	UN		None	X	X	X	X										Must be billed with chemo agent.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q0177	Hydroxyzine pamoate, 25mg, oral, FDA approved antiemetic, for use as a complete therapeutic substitute for IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Vistaril	Yes	SUS=ML		None	X	X	X	X									Must be billed with chemo agent.
Q0178	Hydroxyzine pamoate, 50mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Vistaril	Yes	PWD=UN		None	X	X	X	X									Must be billed with chemo agent.
Q0179	Ondansetron HCl, 8mg, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Zofran	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q0180	Dolasetron mesylate, 100mg, oral, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Anzemet	Yes	UN		None	X	X	X	X									Must be billed with chemo agent.
Q0181	Unspecified oral dosage form, FDA approved anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen		N/A																Not covered
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic or immunosuppressive		N/A																Medicare X-over
Q0515	Injection, sermorelin acetate, 1 microgram	Geref - Diagnostic	N/A																Not covered
Q2004	Irrigation solution for treatment of bladder calculi, for example Renacidin, per 500 ml	Renacidin	N/A																Not covered
Q2009	Injection, fosphenytoin, 50 mg	Cerebryx	N/A																Not covered
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	Rebif Avonex	Yes	UN		4 daily	X	X	X	X									For IM only.
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use	Rebif Avonex	N/A																Closed 7/1/05

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q4079	Injection, Natalizumab 1 mg	Tysabri	Yes		Leukocyte Adhesion Inhibitor														Code closed 12/31/07. See J2323 effective 1/1/08.
Q4080	Iloprost inhalation solution administered thru DME up to 20 mcg	Ventavis	N/A																Not Covered
Q4081	Injection, Epoetin Alfa, 100 units (for ESRD on dialysis)	Epogen Procrit	Yes	ML		900 units 3 times weekly	X	X	X	X								X	New code 1/1/07. If more than 900 units needed, bill with J0886. ICD-9 585.6 needed on claim form.
Q4082	Drug or Biological, not otherwise classified, Part B drug		N/A																New code 1/1/07. Not covered.
Q4083	Hyaluronan or derative, Hyalgan or Supartz, for intra-articular injection per dose	Hyalgan Supartz	No		Osteoarthritic	10 injection (5 per knee) per 170 rolling days													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See J7321 effective 1/1/08.
Q4084	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose	Synvisc	No		Osteoarthritic	6 injections (3 per knee) per 170 rolling days													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See J7322 effective 1/1/08.
Q4085	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Euflexxa	No		Osteoarthritic	10 injection (5 per knee) per 170 rolling days													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See J7323 effective 1/1/08.
Q4086	Hyaluronan or derivative, Orthovisc, for intra-articular injections, per dose	Orthovisc	No		Osteoarthritic	8 injections (4 per knee) per 170 rolling days													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See J7324 effective 1/1/08.
Q4087	Octagam injection - injection , immune globulin,(Octagam) IV, non-lyophilized (i.e., liquid), 500mg		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1568 effective 1/1/08.
Q4088	Gammagard Liquid Injection - Injection,immune globulin (Gammagard Liquid), IV, non-lyophilized (e.e., liquid), 500mg.		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1569 effective 1/1/08.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q4089	Rhophylac Injection - Injection, Rho(d) immune globulin (human), (Rhohylac), IM or IV, 100iu - Note that currently Rhophylac is the only product that should be billed using code Q4089. If other products under the Food and Drug Administration (FDA) approval for Rhophylac become available, Q4089 would be used to bill for such products.		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J2791 effective 1/1/08.
Q4090	HepaGam B Injection - Injection, hepatitis B immune globulin (HepaGam B, IM, 0.5 ml)		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1571 effective 1/1/08.
Q4091	Fiebogamma Injection - Injection, immune globulin (Flebogamma), IV, non-lyophilized (e.g., liquid), 500mg.		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1572 effective 1/1/08.
Q4092	Gamunex Injection - Injection, immune globulin (Gamunex), IV, non-lyophilized (e.g., liquid), 500mg		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1561 effective 1/1/08.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
Q4093	Albuterol, all formulations including separated isomers, inhalation solution, FDA approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5mg (levalbuterol).		N/A																	New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J7602 effective 1/1/08.
Q4094	Albuterol, all formulations including separated isomers, inhalation solution, FDA approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5mg (levalbuterol).		N/A																	New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J7603 effective 1/1/08.
Q4095	Zoledronic Acid/Mannitol/Water Reclast 5mg/100ml bottles	Reclast	Yes	ML	Bone Resorption Inhibitor															Code closed effective 12/31/07. See J3488 effective 1/1/08.
Q4096	Injection, Von Willebrand factor complex, human, Ristocetin cofactor, (NOS), per IU. VWF:RCO	Alphanate	N/A	IU	Anti-hemophilic															Not covered.
Q4098	Injection, iron dextrans, 50 mg.	Infed	Yes	ML	Iron salt	None	X	X	X	X										New code. Opened 7/1/08. Closed 12/31/08. See J1750 after 1/1/09.
Q4100	Skin substitute, NOS	N/A	No			None	X	X	X					X						Requires description of skin substitute on claim form, requires cost invoice with claim form, add to edit 162

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q4101	Skin substitute, Apligraf, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J73490. Required on claim form: For diabetes/surgeons ICD9 codes 250XX & 707XX. For podiatrists ICD9 codes 250XX & 707.13, 707.14, OR 707.15. For venous stasis ulcers/surgeon: ICD9 codes 454.0, 454.1, or 414.2 & 707XX. For podiatrists ICD9 codes 454.0, 454.1, or 454.2 & 707.13, 704.14, or 707.15.
Q4102	Skin substitute, Oasis Wound Matrix, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7341.
Q4103	Skin substitute, Oasis Burn Matrix, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7341.
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing(BMWD), per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7343. Required on claim form: For surgeons ICD9 codes 941.30 - 949.4. For podiatrists ICD9 codes 945.X2 or 945.X3. Description required on claim.
Q4105	Skin substitute, Integra Dermal Regeneration Template(DRT), per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7343. Required on claim form: For surgeons ICD9 codes 941.30 - 949.4. For podiatrists ICD9 codes 945.X2 or 945.X3. Description required on claim.
Q4106	Skin substitute, Dermagraft, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7342. Required on claim form: For surgeons ICD9 codes 250XX & 707XX. For podiatrists ICD9 codes 250XX & 707.13, 707.14, or 707.15
Q4107	Skin substitute, Graft Jacket, per sq. cm.	N/A	No			None	X	X	X					X					
Q4108	Skin substitute, Integra Matrix, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7347.
Q4109	Skin substitute, Tissuemend, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7348.
Q4110	Skin substitute, Primatrix, per sq. cm.	N/A	No			None	X	X	X					X					Replaces J7349.
Q4111	Skin substitute, GammaGraft, per sq. cm.	N/A	No			None	X	X	X					X					
Q4112	Allograft, Cmyetra, injectable, 1 cc.	N/A	No			None	X	X	X					X					Replaces J7346.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q4113	Allograft, GRAFTJACKET express, injectable, 1 cc.	N/A	No			None	X	X	X					X					Replaces J7346.
Q4114	Integra flowable wound matrix, injectable, 1 cc.	N/A	No			None	X	X	X					X					
Q9951	Low osmolar contrast material, 400 mg/.ml or greater, iodine concentration per ml		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9952	Injection Gadolinim-based magnetic resonance contrast agent , per ml	Magnevist 46.9% Prohance Multihance Omniscan Omnimark	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9953	Injection iron-based magnetic resonance contrast agent, per ml	Feridex IV	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9954	Oral magnetic resonance contrast agent, per 100ml	Gastromark	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9955	Injection, perflerane lipid microsphere, per ml		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q9956	Injection octafluoropropane microspheres, per ml	Optison	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9957	Injection , perfluitren lipid microspheres, per ml	Difinity	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Cystografin Reno-30 Cystografin Hypaque Cysto-Conray Conray -30	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Conray 43	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Cholografin Reno-60 Renografin-60 Hypaque Conray	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Gastrografin Sinografin Renocal-76 Hypaque Md-76R Md Gastroview	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Conray 400	No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9965	Low osmolar contrast material, 100-199 MG/ML IODINE CONCENTRATION, PER ML		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9966	Low osmolar contrast material, 200-299 MG/ML Iodine Concentration, Per ML		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9967	Low osmolar contrast material, 300-399 MG/ML Iodine Concentration, Per ML		No		Diagnostic agent Radio-pharmaceutical		X	X									X		Paper Claim. Send copy of the invoice which includes the NDC billed
S0012	Butorphanol tartrate, nasal spray, 25 mg.	Stadol																	Not covered.
S0014	Tacrine HCl, 10 mg.	Cognex																	Not covered.
S0017	Injection, aminocaproic acid	Amicar	N/A		Hemorrhage														Not Covered
S0020	Injection, bupivacaine hydro	Marcaïn	N/A		Anesthetic														Not Covered
S0021	Injection, cefoperazone sod		N/A		Antibiotic														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
S0023	Injection, cimetidine hydroc	Tagamet	N/A		Anti-Ulcer Preparation															Not Covered
S0028	Injection, famotidine, 20 mg	Pepcid	N/A		Anti-Ulcer Preparation															Not Covered
S0030	Injection, metronidazole	Flagyl	N/A		Anti-PROTOZOAL															Not Covered
S0032	Injection, nafcillin sodium	Nallpen	N/A		Penicillin-Antibiotic															Not Covered
S0034	Injection, ofloxacin, 400 mg	Floxin	N/A		Quinolone-Antibiotic															Not Covered
S0039	Injection, sulfamethoxazole	Sulfatrim	N/A		Sulfa - Antibiotic															Not Covered
S0040	Injection, ticarcillin disod	Ticar	N/A		Penicillin-Antibiotic															Not Covered
S0073	Injection, aztreonam, 500 mg	Azactam	N/A		Betalactam-Antibiotic															Not Covered
S0074	Injection, cefotetan disodiu	Cefotan	N/A		Cephalosporin Antibiotic															Not Covered
S0077	Injection, clindamycin phosp	Cleocin	N/A		Lincosamide-Antibiotic															Not Covered
S0078	Injection, fosphenytoin sodi	Cerebyx	N/A		Anticonvulsant															Not Covered
S0080	Injection, pentamidine iseth	Pentam	N/A		Antiprotozoal															Not Covered
S0081	Injection, piperacillin sodi	Zosyn	N/A		Penicillin-Antibiotic															Not Covered
S0088	Imatinib 100 mg	Gleevec	N/A		Leukemia															Not Covered
S0090	Sildenafil citrate, 25 mg	Viagra	N/A		Impotency															Not Covered
S0091	Granisetron 1mg	Kytril	N/A		Antiemetic/Antivertigo Agents															Not Covered
S0092	Hydromorphone 250 mg	Dilaudid	N/A		Narcotic															Not Covered
S0093	Morphine 500 mg	Roxanol, MSIR, MS Contin	N/A		Narcotic															Not Covered
S0104	Zidovudine, oral, 100 mg	Retonavir	N/A		HIV- Antiviral															Not Covered
S0106	Bupropion HCL SR 60 tablets	Zyban	N/A		Anti-Smoking															Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
S0108	Mercaptopurine 50 mg	Purinethol	N/A		Leukemia														Not Covered
S0109	Methadone oral 5mg	Dolaphine	N/A		Narcotic														Not Covered
S0117	Tretinoin topical 5 g	Retin A	N/A		Acne														Not Covered
S0122	Inj menopropins 75 iu	Repronex, Menopur	N/A		Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0126	Inj follitropin alfa 75 iu	Gonal-F RFF	N/A		Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0128	Inj follitropin beta 75 iu	Follistim	N/A		Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0132	Inj ganirelix acetat 250 mcg	Ganirelix	N/A		LHRH (GNRH) Antagonist, Pituitary Suppressant Agent														Not Covered. Code closed effective 12/31/07.
S0136	Clozapine, 25 mg	Clozaril	N/A		Atypical Antipsychotic														Not Covered
S0137	Didanosine, 25 mg	Videx	N/A		HIV- Antiviral														Not Covered
S0138	Finasteride, 5 mg	Proscar	N/A		Prostatic Hypertrophy														Not Covered
S0139	Minoxidil, 10 mg	Minoxidil	N/A		Anti hypertensive														Not Covered
S0140	Saquinavir, 200 mg	Invirase, Fortovase	N/A		HIV Antiviral														Not Covered
S0141	Zalcitabine, 0.375 mg ,	Hivid	N/A		HIV- Antiviral														Not Covered. Code closed effective 10/1/2008.
S0142	Colistimethate inh sol mg	Colymycin M	N/A		Polymyxin-Antibiotic														Not Covered
S0143	Aztreonam, inh sol gram	Azactam	N/A		Betalactam-Antibiotic														Not Covered
S0145	Peg interferon alfa-2A/180	Pegasys	N/A		Hepatitis C														Not Covered
S0146	Peg interferon alfa-2b/10	Pegintron	N/A		Hepatitis C														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
S0147	Alglucosidase alfa 20 mg	Myozyme	N/A		Enzyme Replacement														Not Covered. Code closed effective 12/31/07.
S0155	Sterile dilutant for epoprostenol, 50 ml	Diluent for Flolan	N/A		Diluent Solutions														Not Covered. Code closed effective 12/31/07.
S0156	Exemestane, 25 mg	Aromasin	N/A		Antineoplastics														Not Covered. Code closed effective 12/31/07.
S0157	Becaplermin gel 1%, 0.5 gm	Regranex	N/A		Diabetic Ulcer Preparations														Not Covered. Code closed effective 12/31/07.
S0160	Dextroamphetamine	Dexadrine	N/A		ADHD, Narcolepsy														Not Covered
S0161	Calcitriol	Rocaltrol	N/A		Vitamin D														Not Covered
S0162	Injection efalizumab	Raptiva	N/A		Psoriasis														Not Covered
S0164	Injection pantoprazole	Protonix	N/A		Gastric Reflux, Esophogitis														Not Covered
S0166	Inj olanzapine 2.5mg	Zyprexa	N/A		Atypical Antipsychotic														Not Covered
S0170	Anastrozole 1 mg	Arimidex	N/A		Antineoplastics														Not Covered. Code closed effective 12/31/07.
S0171	Bumetanide 0.5 mg	Bumex	N/A		Loop Diuretics														Not Covered. Code closed effective 12/31/07.
S0172	Chlorambucil 2 mg	Leukeran	N/A		Alkylating Agents														Not Covered. Code closed effective 12/31/07.
S0174	Dolasetron 50 mg	Anzemet	N/A		Antiemetic/ Antivertigo Agents														Not Covered. Code closed effective 12/31/07.
S0175	Flutamide 125 mg	Eulexin	N/A		Antiandrogenic Agent														Not Covered. Code closed effective 12/31/07.
S0176	Hydroxyurea 500 mg	Hydrea	N/A		Alkylating Agents														Not Covered. Code closed effective 12/31/07.
S0177	Levamisole 50 mg	Only available in Powder form on Health PAS-Rx	N/A																Not Covered. Code closed effective 12/31/07.
S0178	Lomustine 10 mg	Ceenu	N/A		Alkylating Agents														Not Covered. Code closed effective 12/31/07.

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions
S0179	Megestrol 20 mg	Megace	N/A		Appetite Stim. For Anorexia														Not Covered. Code closed effective 12/31/07.
S0180	Etonogestrel implant system	Implanon	Yes		Contraceptive, Implantable														Code closed effective 12/31/07. Claims will deny when S code billed after dates of service 12/31/07. See J7307 effective 1/1/08.
S0181	Ondansetron 4 mg	Zofran	N/A		Antiemetic/Antivertigo Agents														Not Covered. Code closed effective 12/31/07.
S0182	Procarbazine 5 mg	Matulane	N/A		Antineoplastic														Not Covered. Code closed effective 12/31/07.
S0183	Prochlorperazine 5 mg	Compazine	N/A		Antiemetic/Antivertigo Agents														Not Covered. Code closed effective 12/31/07.
S0187	Tamoxifen 10 mg	Nolvadex	N/A		Selective Estrogen Receptor Modulators														Not Covered. Code closed effective 12/31/07.
S0189	Testosterone pellet 75 mg	Testopel	N/A		Androgenic Agent														Not Covered. Code closed effective 12/31/07.
S0190	Mifepristone, oral, 200 mg	Mifeprex	Yes	UN	Abortifacient, Progesterone Receptor Antagonist				X										
S0191	Misoprostol, oral, 200 mcg	Cytotec	Yes	UN	Anti-Ulcer Preparation				X										
S0196	Poly-L-lactic acid 1ml face		N/A																Not Covered
S4989	Contracept IUD	Contracept	N/A		IUD Contraceptive														Not Covered
S4990	Nicotine patches, legend		N/A																Not Covered
S4991	Nicotine patches, nonlegend	Nicoderm	N/A		Anti-Smoking														Not Covered
S4993	Contraceptive pills for bc	Orho Cept, Lo Ovral, Ortho Novum, etc	N/A		Oral Contraceptive														Not Covered

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDT F	D	Special Instructions	
S4995	Smoking cessation gum	Nicorette	N/A		Anti-Smoking															Not Covered
S5000	Prescription drug, generic	Misc Drugs	N/A		IV Fluid															Not Covered
S5001	Prescription drug,brand name	Misc Drugs	N/A		IV Fluid															Not Covered
S5010	5% dextrose and 45% normal saline, 1000 ml	various	N/A		IV Fluid															Not Covered
S5011	5% dextrose in lactated ringer's, 1000 ml	various	N/A		IV Fluid															Not Covered
S5012	5% dextrose with potassium chloride, 1000 ml	various	N/A		IV Fluid															Not Covered
S5013	5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	various	N/A		IV Fluid															Not Covered
S5014	5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	various	N/A		IV Fluid															Not Covered
S5550	Insulin rapid 5 u	Humulin R, Novolin R	N/A		Diabetes															Not Covered
S5551	Insulin most rapid 5 u	Lispro	N/A		Diabetes															Not Covered
S5552	Insulin intermed 5 u	Humulin N, Novolin N	N/A		Diabetes															Not Covered
S5553	Insulin long acting 5 u	Ultralente	N/A		Diabetes															Not Covered
S5565	Insulin cartridge 150 u	Humalog Pen	N/A		Diabetes															Not Covered
S5566	Insulin cartridge 300 u	Humalog Pen	N/A		Diabetes															Not Covered
*ACOP - Acute Care Outpatient Hospital																				
*CAHOP - Critical Access Outpatient Hospital																				
*P - Physician																				
*NP - Nurse Practitioner																				
*MW - Midwife																				
*MH - Mental Health/Rehabilitation																				
*HS - Hemophilia Services																				

Code	Description	Brand Name	NDC Required	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	OPH	HI	IDTF	D	Special Instructions
*PO - Podiatry																			
*OPH- Ophthalmologist																			
*HI - Home IV Infusion																			
*IDTF - Independent Diagnostic Treatment Facility																			
*D - Dialysis Center																			