

**Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006**

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J0120	Injection tetracycline up to 250mg	Achromycin Sumycin Panmycin	Antibiotic	4 per day	X	X	X									
J0128	Injection abarelix 10mg	Plenaxis	Gonadotropin	None	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.
J0130	Injection abciximab 10mg	ReoPro	Antiplatelet													Not Covered
J0132	Injection, acetylcysteine, 100 mg	Acetadote Mucomyst	Antidote	None	X	X										New code effective 1/1/06. ICD-9 codes required on claim form: 965.4, E850.4, E935.4, E950.0, E962.0, E980.0.
J0133	Injection, acyclovir, 5mg	Zovirax	Antiviral	None	X	X	X									New code effective 1/1/06.
J0135	Injection adalimumab 20mg	Humira	Anti-rheumatic													Not Covered
J0150	Injection adenosine 6mg	Adenoscan Adenocard	Anti-arrhythmic	None	X	X										
J0152	Injection adenosine for diag. use 30mg	Adenocard	Diagnostic Agent	None	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	Respiratory	1 per day	X	X	X									
J0180	Injection agalsidase beta 1mg	Fabrazyme	Enzyme	None	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		4 per day	X	X										
J0200	Injection alatrofloxacin mesylate 100mg	Trovan IV Trova-floxacin	Antibiotic													Not Covered
J0205	Injection alglucerase 10U	Ceredase	Enzyme	None	X	X										ICD-9 code 272.7 required on claim form.
J0207	Injection amifostine 500mg	Ethylol	Anti-neoplastic	None	X	X										
J0210	Injection methylodopate HCl up to 250mg	Aldomet Aldoril	Anti-hypertensive	None	X	X										
J0215	Injection alefacept 0.5mg	Amevive	Monoclonal Antibody	30 units per week X 12 weeks in 6 month period per lifetime	X	X										30 units per week X 12 weeks in a 6 month period per lifetime.
J0256	Injection alpha 1 proteinase inhibitor human 10mg	Prolastin	Alpha anti-trypsin I deficiency	8 per day	X	X										
J0270	Injection alprostadil 1.25mcg	Caverject Muse Prostin VR Pediatric	Prostaglandin	None	X	X										Not for self administration. IV only
J0275	Alprostadil urethral suppository	Muse	Prostaglandin													Not Covered
J0278	Injection, amikacin sulfate, 100 mg	Amikin	Antibiotic	None	X	X	X				X					New code effective 1/1/06. Do not bill J3490
J0280	Injection aminophyllin up to 250mg	Phyllocontin	Bronchodilator	None	X	X										
J0282	Injection amiodarone HCl 30 mg	Cordarone	Anti-arrhythmic													Not Covered
J0285	Injection amphotericinB 50mg	Abelcent, Amphocin, Fungizonef	Antibiotic	None	X	X										
J0287	Injection amphotericinB lipid complex 10mg		Antibiotic	None	X	X										

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J0288	Injection amphotericinB cholesteryl sulfate com-plex 10mg	Amphotec	Antibiotic	None	X	X										
J0289	Injection amphotericinB liposome 10mg.	Ambisome	Antibiotic	None	X	X										
J0290	Injection ampicillin sodium 500mg.	Totacillin-N Omnipen-N	Antibiotic	None	X	X	X									
J0295	Injection ampicillin sodium sulbactam sodium 1.5g	Unasyn	Antibiotic	None	X	X	X									
J0300	Injection amobarbital up to 125mg.	Amytal	Anti-convulant	None	X	X										
J0330	Injection succinylcholine chloride up to 20mg.	Anectine Quelicin Sucostrin	Neuro-muscular blocker	None	X	X										
J0350	Injection anistreplase 30U	Eminase														Not Covered
J0360	Injection hydralazine HCl up to 20mg	Apresoline	Anti-hypertensive	None	X	X										
J0365	Injection, aprotonin, 10,000kiu	Trasylol	Blood Product Derivative													Not covered.
J0380	Injection metaraminol bitartrate 10mg	Aramine	Adrenergic agonist	None	X	X										
J0390	Injection chloroquine HCl up to 250mg	Aralen	Anti-infective													Not Covered
J0395	Injection arbutamine HCl 1 mg	GenESA		None	X	X								X		
J0456	Injection azithromycin 500 mg.	Zithromax	Antibiotic	1 per day	X	X										
J0460	Injection atropine sulfate up to 0.3mg	AtroPen	Anti-cholenergetic	3 per day	X	X	X									
J0470	Injection dimercaprol 100 mg.	BAL in oil	Antidote	None	X	X										
J0475	Injection baclofen 10mg	Lioresal	Skeletal muscle relaxant	4 per day	X	X										A4220 bundled into refill/maintenance services. ICD-9 342.1, 343.0 - 344.9, 345.60 - 345.61, 434.91, or 781.0 must be documented on claim form.
J0476	Injection baclofen 50mg	Lioresal for intrathecal trial	Skeletal muscle relaxant	1 per week	X	X										For intrathecal trial only.
J0480	Injection, basiliximab, 20 mg	Simulect	Immuno-suppressant													Not Covered
J0500	Injection dicyclomine HCl up to 20mg	Bentyl Antispas Dilomine Dibent DiSpaz Neoquess	Anti-cholenergetic	None	X	X										
J0515	Injection benzotropine mesylate 1mg	Cogentin	Anti-cholenergetic	None	X	X	X		X							
J0520	Injection bethanechol chloride up to 5mg	Urecholine Mytonachol	Cholenergetic	None	X	X										
J0530	Injection penicillinG benzathine & penicillinG procaine up to 600K U	Bicillin CR	Antibiotic	None	X	X	X									
J0540	Injection penicillinG benzathine & penicillinG procaine up to 1.2m U	Bicillin CR	Antibiotic	None	X	X	X									
J0550	Injection penicillinG benzathine & penicillinG procaine up to 2.4m U	Bicillin CR	Antibiotic	None	X	X	X									
J0560	Injection penicillinG benzathine up to 600K U	Bicillin LA Permapen	Antibiotic	None	X	X	X									
J0570	Injection penicillinG benzathine up to 1.2m U	Bicillin LA Permapen	Antibiotic	None	X	X	X									
J0580	Injection penicillinG benzathine up to 2.4m U	Bicillin LA Permapen	Antibiotic	None	X	X	X									
J0583	Injection bivalirudin 1mg	Angiomax	Anti-coagulant	None	X											

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J0585	Botulinum toxin type A per unit.	Botox	Neuro-muscular blocker	None	X	X										Requires Prior Authorization. Submit documentation of diagnostic treatment plan, failed therapies, adjunctive/concurrent therapies to BMS Medical Director for review prior to providing services. Not covered for headache or cosmesis .
J0587	Botulinum toxin type B per 100 U	Myobloc	Neuro-muscular blocker	None	X	X										Requires Prior Authorization . Submit documentation of diagnostic treatment plan, failed therapies, adjunctive/concurrent therapies to BMS Medical Director for review prior to providing services. Not covered for headache or cosmesis.
J0592	Injection buprenorphine HCl 0.1mg	Buprenix	Analgesic narcotic	6 per day	X	X										Reactivated to 7/1/05
J0595	Injection butorphanol tartrate 1mg	Stadol	Analgesic narcotic	None	X	X										
J0600	Injection edetate calcium disodium up to 1000mg.	Calcium Disodium Versenate, Calcium EDTA	Antidote	None	X	X										
J0610	Injection calcium gluco-nate 10ml	Kaleinate	Electrolyte Supplement	None	X											
J0620	Injection calcium glycerophosphate & calcium lactate 10ml	Calphosan	Electrolyte Supplement	1 per day	X	X										
J0630	Injection calcitonin sal-mon up to 400 U	Miacalcin Caalcimar	Antidote	1 per day												Not covered.
J0636	Injection calcitrol 0.1mcg	Calcijex	Vitamin fat soluble	30 per day	X	X										Reactivated to 7/1/05
J0637	Injection caspofungin acetate 5mg	Candidas	Anti-fungal	14 per day	X	X										
J0640	Injection Leucovorin calcium 50mg	Wellcovorin	Antidote	25 per day	X	X										
J0670	Injection mepivacine HCL 10ml.	Carbocaine Polocaine Isocaine HCL	Local Anesthetic	1 per day	X	X										
J0690	Injection cefazolin sodium 500mg.	Ancef Kefzol Zolicef	Antibiotic	None	X	X	X									
J0692	Injection cefepime HCL 500mg	Maxipime	Antibiotic	8 per day	X	X	X									
J0694	Injection cefoxitin sodium 1g	Mefoxin	Antibiotic	1 per day	X	X	X									
J0696	Injection ceftriaxone sodium 250mg	Rocephin	Antibiotic	8 per day	X	X	X	X								
J0697	Injection sterile cefuroxime sodium 750mg	Kefurox Zinacef	Antibiotic	2 per day	X	X	X									
J0698	Cefotaxime sodium per g	Claforan	Antibiotic	1 per day	X	X	X									
J0702	Injection betamethasone acetate & betamethasone sodium phosphate 3mg	Celestone Soluspan	Anti-inflammatory	9 per day	X	X	X					X				
J0704	Injection bemethasone sodium phosphate 4mg.	Adbeon	Anti-inflammatory	2 per day	X	X	X	X				X				
J0706	Injection caffeine citrate 5 mg	Cafcit		None	X	X										
J0710	Injection cephapirin sodium up to 1g	Cefadyl		1 per day	X	X										
J0713	Injection ceftazidime 500 mg	Ceptaz Fortaz Tazidime	Antibiotic													Not Covered
J0715	Injection ceftizoxime sodium 500 mg	Cefzox	Antibiotic	2 per day	X	X	X									
J0720	Injection chloramphenicol sodium succinate up to 1 g	Chloromycetin Sodium Succinate	Antibiotic	None	X	X										
J0725	Injection, chorionic gonadotropin per 1000 USP units	Novarel Profasi Pregnyl	Gonadotropin	5 per day	X	X										
J0735	Injection clonidine HCl 1mg	Catapres Duraclon	Alpha Adrenergic Agonist	None	X	X										

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J0740	Injection cidofovir 375mg	Vistide	Anti-viral	None	X	X										
J0743	Injection cilastatin sodium imipenem 250 mg.	Primaxin	Anti-infective	None	X	X	X									
J0744	Injection ciprofloxacin for IV infusion 200mg	Cipro Ciloxan	Antibiotic	None	X	X	X									
J0745	Injection codeine phosphate 30mg		Analgesic narcotic	None	X	X										
J0760	Injection colchicine 1mg		Anti-gout	None	X	X										
J0770	Injection colistimethate sodium up to 150mg.	Coly-Mycin M	Antibiotic	None	X	X										
J0780	Injection prochlorperazine up to 10mg	Compazine Compa-Z Contrazine	Antiemetic	None	X	X	X									
J0795	Injection, corticorelin ovine trifluate, 1 mcg															New code effective 1/1/06. Bundled into service.
J0800	Injection cotricotropin up to 40U	Cortrosyn ACTH Acthar	Diagnostic Agent	None		X										CMS closed code 12/31/05.
J0835	Injection cosyntropin 0.25mg	Cortosyn	Diagnostic Agent	3 per day		X										
J0850	Injection cytomegalovirus immune globulin IV (human) per vial	CytoGam	Immune globulin													Not covered.
J0878	Injection daptomycin 1mg.	Cubicin	Antibiotic	4 units per day X 14 days	X	X										Maximum dose 4 units per day X 14 days. Adults only.
J0880	Injection darbepoetin alfa 5mcg	Aranesp	Anti-anemic	None	X	X										Code closed 12/31/05 See codes J0881, J0882.
J0881	Injection, darbepoetin alfa, 1 mcg	Aranesp	Colony stimulating factor	None	X	X	X									New code effective 1/1/06. Replaces J0880. .
J0882	Injection, darbepoetin alfa, 1 mcg	Aranesp	Colony stimulating factor	None	X	X	X								X	New code effective 1/1/06. Replaces Q4054.
J0885	Injection, epoetin alfa, 1000 units	Epogen, Procrit	Colony stimulating factor	None	X	X	X									New code effective 1/1/06. Replaces Q0136.
J0886	Injection, epoetin alfa, 1000 units	Epogen, Procrit	Colony stimulating factor	None	X	X	X								X	New code effective 1/1/06. Replaces Q4055.
J0895	Injection deferoxamine mesylate 500mg	Desferal	Antidote	12 per day	X	X										
J0900	Injection testosterone enanthate & estradiol valerate up to 1cc	Andro-Estro 90-4 Androgyn LA	Androgen	1 every 3 weeks	X	X	X									Female only.
J0945	Injection brompherinamine maleate 10mg	ND Stat		1 per day	X	X										
J0970	Injection estradiol valerate up to 40mg	Delestrogen Estradiol LA Valergen Estra-L	Contraceptive	1 every 3 weeks	X	X	X									Female only.
J1000	Injection depoestradiol cyponate up to 5mg	Estradiol Cypionate Estra-D Estra-Cyp Estro-LA	Hormonal Replacement	1 per 3 weeks	X	X	X									Female only.
J1020	Injection methylprednisolone acetate 20mg	DepoMedrol	Anti-inflammatory	None	X	X	X					X				
J1030	Injection methylprednisolone acetate 40mg	MPrednisol Rep-Pred	Anti-inflammatory	None	X	X	X					X				
J1040	Injection methylprednisolone acetate 80mg	DepoMedrol Medralone Prednisol RedPred	Anti-inflammatory	None	X	X	X									
J1051	Injection medroxyprogesterone acetate 50mg	Depo-Provera	Contraceptive	20 per day	X	X										Female only.
J1055	Injection medroxyprogesterone acetate 150 mg	Depo-Provera	Contraceptive	1 per day	X	X	X	X								Female only.

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J1056	Injection medroxyprogesterone acetate/estradiol cypionate 5mg/25mg	Lunelle	Contraceptive	1 per day	X	X	X	X								Female only.
J1060	Injection testosterone cypionate & estradiol cypionate up to 1ml	Depo-Testadiol Andro/Fem	Androgen	1 per 3 weeks	X	X	X									Female only.
J1070	Injection testosterone cypionate up to 100mg.	Depo-Testosterone Depotest	Androgen	1 per 3 weeks	X	X	X									Male only.
J1080	Injection testosterone cypionate 1cc 200mg.	Depo-Testosterone Depotest Andro-Cyp 200	Androgen	1 per week	X	X	X									Male only.
J1094	Injection dexamethasone acetate 1mg	Dalalone LA	Anti-inflammatory	20 per day	X	X					X					
J1100	Injection dexamethasone sodium phosphate 1mg	Cortastat Dalalone	Anti-inflammatory	10 per day	X	X	X				X					
J1110	Injection dihydroergotamine mesylate 1mg	DHE 45	Anti-migraine	3 per day	X	X										
J1120	Injection acetazolamide sodium up to 500mg	Diamox	Glaucoma	None	X	X										
J1160	Injection digoxin up to 0.5 mg	Lanoxin	Anti-arrhythmic	None	X	X										
J1162	Injection, digoxin immune fav (ovine), per vial	Digibind, Digifab	Antidote	10 vials	X	X										New code effective 1/1/06. Replaces Q2006. 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	Anti-convulant	None	X	X										
J1170	Injection hydromorphone up to 4mg	Dilaudid	Analgesic narcotic	12 units per day	X	X										
J1180	Injection dyphylline up to 500mg	Lufyllin Diler		None	X	X										
J1190	Injection dexrazoxane HCl per 250mg	Zinecard	Cardio-protective Agent	None	X	X										
J1200	Injection diphenhydramine HCl up to 50mg.	Benadryl	Anti-histamine	None	X	X	X									
J1205	Injection chlorothiazide sodium 500mg	Diuril Sodium	Anti-hypertensive	None	X	X	X									
J1212	Injection DMSO di-methylsulfoxide 50%, 50 ml	Rimso		1 per day	X	X										ICD-9 code 595.1 required on claim form.
J1230	Injection methadone HCl up to 10mg	Dolphine HCL	Analgesic narcotic	None	X	X										
J1240	Injection dimenhydrinate up to 50mg	Dramamine	Antiemetic													Not Covered
J1245	Injection dipyridamole 10 mg	Persantine	Antiplatelet	None	X	X								X		
J1250	Injection dobutamine HCl 250mg.	Dobutrex	Adrenergic agonist	None	X	X								X		
J1260	Injection dolasetron mesylate 10mg	Anzemet	Antiemetic	None	X	X										
J1265	Injection, dopamine Hcl, 40mg	Hydrochlor-ide Intorpin	Adrenergic agonist	None	X	X	X									New code effective 1/1/06. Replaces Q4076.
J1270	Injection doxercalciferol 1mcg.	Hectorol	Vitamin D analog	20 per day	X	X										
J1320	Injection amitriptyline HCl up to 20mg	Elavil Enovil	Anti-depressant	1 per day	X	X	X		X							
J1325	Injection epoprostenol 0.5mg.	Flolan	Prostaglandin	None	X	X										Requires ICD-9 code 416.XX on claim form.
J1327	Injection eptifibatide 5mg	Integrillin	Antiplatelet	None	X											
J1330	Injection ergonovine maleate up to 0.2mg	Ergotrate Maleate	Antimigraine	None	X	X										
J1335	Injection ertapenem sodium 500mg	Invanz	Antibiotic	None	X	X										
J1364	Injection erythromycin lactobionate 500 mg		Antibiotic	4 per day	X	X										
J1380	Injection estradiol valerate up to 10mg	Delestrogen Estradiol Gynogen	Contraceptive													Not Covered

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J1390	Injection estradiol valerate up to 20mg	Delestrogen Dioval Estradiol Gynogen Valergan Estra L	Contraceptive	None	X	X	X	X								Female only.
J1410	Injection estrogen conjugated 25mg	Premarin IV	Estrogen Derivative	1 per day	X	X										Female only. New code effective 1/1/06. Replaces Q2007.
J1430	Injection, ethanolamine oleate, 100 mg	Ethtrolin	Sclerosing Agent	None	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														Not Covered
J1436	Injection etidronate disod ium 300mg	Didronel	Bone Restorative Agent	None	X	X										
J1438	Injection etanercept 25mg	Enbrel	Anti-rheumatic	2 per day	X	X										Reactivated to 7/1/05
J1440	Injection filgrastim (G-CSF) 300mcg	Neupogen	Colony stimulating factor	5 per day	X	X										
J1441	Injection filgrastim (G-CSF) 480mcg	Neupogen	Colony stimulating factor	2 per day	X	X										
J1450	Injection fluconazole 200mg	Diflucan	Antifungal	None	X	X										
J1451	Injection, fomepizole, 15 mg	Antizol	Antidote	None	X	X										New code effective 1/1/06. Replaces Q2008. ICD-9 code 980.1, 980.9, 982.8, E860.2, E950.9, E862.4, E962.1, or E980.9 required on claim form.
J1452	Injection omivirsen sodium intraocular 1.65mg.	Vitavene			X							X				
J1455	Injection foscarnet sodium 1000mg	Foscavir	Anti-viral	None	X	X										
J1457	Injection gallium nitrate 1 mg	Ganite														Not Covered
J1460	Injection gamma globulin IM 1cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1470	Injection gamma globulin IM 2cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1480	Injection gamma globulin IM 3cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1490	Injection gamma globulin IM 4cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1500	Injection gamma globulin IM 5cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1510	Injection gamma globulin IM 6cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1520	Injection gamma globulin IM 7cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1530	Injection gamma globulin IM 8cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1540	Injection gamma globulin IM 9cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1550	Injection gamma globulin IM 10cc	Gammar Gamastan	Immune globulin	1 per day	X	X										
J1560	Injection gamma globulin IM over 10cc	Gammar Gamastan	Immune globulin	5 per day	X	X	X									
J1563	Injection immune globulin IV 1g		Immune globulin		X	X	X									CMS closed code 07/01/05..
J1564	Injection immune globulin IV 10g		Immune globulin		X	X	X									CMS closed code 07/01/05..
J1565	Injection RSV immune globulin IV 50mg	RespiGam	Immune globulin	None	X	X	X									
J1566	Injection, immune globulin, IV, lyophilized, 500mg		Immune globulin	None	X	X										New code effective 1/1/06. Replaces Q9941, Q9942.
J1567	Injection, immune globulin, IV, lyophilized, 500mg		Immune globulin	None	X	X										New code effective 1/1/06. Replaces Q9943, Q9944.

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J1570	Injection ganciclovir sodium 500mg	Cytovene	Anti-viral	None	X	X										
J1580	Injection Garamycin gentamicin up to 80mg	Gentamine Sulfate Jenamicin	Antibiotic	None	X	X										
J1590	Injection gatifloxacin 10 mg	Tequin Zymar	Antibiotic	40 per day	X	X										
J1595	Injection glatiramer acetate 20mg	Copaxone	Biological Misc	1 per day	X	X										Closed effective 7/1/05
J1600	Injection gold sodium thiomalate up to 50mg	Aurolate Myochrysine	Anti-rheumatic	None	X	X										
J1610	Injection glucagon HCl 1mg.	Glucagon Glucagen	Antidote	None	X	X										
J1620	Injection gonadorelin HCl 100mcg	Factrel Lutrepulse	Gonadotropin	None	X	X										Not for fertility treatment and diagnosis.
J1626	Injection granisetron HCl 100mcg	Kytril	Antiemetic	20 per day	X	X										
J1630	Injection haloperidol up to 5mg	Haldol	Anti-psychotic	2 per day	X	X	X		X							
J1631	Injection haloperidol decanoate 50mg	Haldol Decanoate 50	Anti-psychotic	1 per day	X	X	X		X							
J1640	Injection, hemin, 1mg	Panhematin		None	X	X										New code effective 1/1/06. Replaces Q2011. ICD-9 code 277.1, 270.2, or 775.8 required on claim form.
J1642	Injection heparin sodium (heparin lock flush) 10U.	HepLock HepLock U/P	Anti-coagulant	5 per day									X			
J1644	Injection heparin sodium 1000U	Heparin Sodium Liqusemin Sodium	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X								X	Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J1645	Injection dalteparin sodium 2500IU	Fragmin	Anti-coagulant	consecutive days - lifetime	X	X	X									Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J1650	Injection enoxaparin sodium 10mg	Lovenox	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X									Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J1652	Injection fondaparinux sodium 0.5 mg	Arixtra	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X									Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J1655	Injection tinzaparin sodium 1000 IU.	Innohep	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	X	X									Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J1670	Injection tetanus immune globulin human up to 250U	BayTet	Immune globulin	1 per 10 years	X	X	X									
J1675	Injection, histrelin acetate, 10mcg	Vantas	Gonadotropin	1 per year	X	X										New code effective 1/1/06. Cost invoice required with claim form
J1700	Injection hydrocortisone acetate up to 25mg	Hydrocortone Acetate	Anti-inflammatory	None	X	X	X									
J1710	Injection hydrocortisone sodium phosphate up to 50mg	Hydrocortone Phosphate	Anti-inflammatory	None	X	X	X									
J1720	Injection hydrocortisone sodium succinate up to 100mg	Solu-Cortef A- Hydrocort	Anti-inflammatory	None	X	X	X									
J1730	Injection diazoxide up to 300mg	Hyperstat IV	Anti-hypertensive	1 per day	X	X										
J1742	Injection ibutilide fumarate 1mg	Corvert	Anti-arrhythmic	None	X	X										
J1745	Injection infliximab 10mg	Remicade	Anti-rheumatic	None	X	X										
J1750	Injection iron dextran 50 mg	Infed Dexferrum	Iron salt	None	X	X	X									Closed effective 12/31/05. See codes J1751, J1752.
J1751	Injection, iron dextran 165, 50 mg	Infed Dexferrum	Iron salt	None	X	X	X									New code effective 1/1/06. Replaced J1750.
J1752	Injection, iron dextran 267, 50 mg	Infed Dexferrum	Iron salt	None	X	X	X									New code effective 1/1/06. Replaced J1750.
J1756	Injection iron sucrose 1mg IV	Venofer	Iron supplement	None	X	X										

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J1785	Injection imiglucerase per unit	Cerezyme	Enzyme	None	X	X										ICD-9 code 172.7 required on claim form.
J1790	Injection droperidol up to 5mg	Inapsine	Antiemetic	1 per day	X	X										
J1800	Injection propranolol HCl up to 1mg.	Inderal	Anti-anginal	None	X	X										
J1810	Injection droperidol & fentanyl cit-rate up to 2ml ampule	Innovar	Antiemetic	None	X	X										
J1815	Injection insulin 5U	Humalog Humulin Lispo	Anti-diabetic	20 per day	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	Anti-diabetic													Not Covered
J1825	Injection interferon beta 1a 33mcg	Avonex	Biological Response Modulator													Not covered
J1830	Injection interferon beta 1b 0.25mg	Betaseron	Biological Response Modulator													Not covered
J1835	Injection itraconazole 50 mg.	Sporonox	Anti-fungal	None	X	X										
J1840	Injection kanamycin sulfate up to 55mg	Kantrex Klebcil	Antibiotic	None	X	X										
J1850	Injection kanamycin sulfate up to 75mg	Kantrex Klebcil	Antibiotic	None	X	X										
J1885	Injection ketoralac tromethamine 15mg	Toradol	Analgesic	None	X	X	X				X					
J1890	Injection cephalothin sodium up to 1g	Cephalothin Sodium Keflin	Antibiotic	None	X	X										
J1931	Injection laronidase 0.1 mg	Aldurazyme	Enzyme	None	X	X										ICD-9 code 277.5 required on claim form.
J1940	Injection furosemide up to 20mg.	Lasix Furomide	Antihypertensive Diuretic	None	X	X	X									
J1945	Injection, lepirudin, 50 mg	Refludan	Anti-coagulant	None	X	X										New code effective 1/1/06. Replaced Q2021.
J1950	Injection leuprolide acetate 3.75mg.	Lupron Depot	Anti-neoplastic	None	X	X										
J1955	Injection levocarnitine 1g.	Carnitor	Nutritional Supplement													Not Covered
J1956	Injection levofloxacin 250 mg	Levaquin	Antibiotic	3 per day	X	X										
J1960	Injection levorphanol tartrate up to 2mg	Levo Dromoran	Analgesic narcotic	1.5 per day	X	X										
J1980	Injection hyoscyamine sulfate up to 0.25mg.	Levsin	Anti-cholenergic	2 per day	X	X	X									
J1990	Injection chlordiazepoxide HCL up to 100mg.	Librium	Benzodiazepine													Not Covered
J2001	Injection lidocaine HCl IV infusion 10mg	Xylocaine	Anti-arrhythmic	None	X											
J2010	Injection lincomycin HCl up to 300mg	Lincocin	Antibiotic	None	X	X	X									
J2020	Injection linezolid 200 mg	Zyvox	Antibiotic	6 per day	X	X										
J2060	Injection lorazepam 2mg	Ativan	Antianxiety	2 per day	X	X	X		X							
J2150	Injection mannitol in 25% in 50ml	Osmitol	Diuretic	None	X	X	X									
J2175	Injection meperidine HCl per 100mg	Demerol	Analgesic narcotic	2 per day	X	X	X									
J2180	Injection meperidine & promethazine HCl up to 50mg	Mepergan	Analgesic combo narcotic	2 per day	X	X	X									
J2185	Injection meropenem 100 mg	Merrem	Antibiotic	None	X	X	X									
J2210	Injection methylergonovine maleate up to 0.2mg.	Methergine	Ergot alkaloid & derivative	1 per day	X	X										
J2250	Injection midazolam HCl per 1mg	Versed	Benzodiazepine													Not Covered
J2260	Injection milrinone lactate 5mg	Primacor	Enzyme	None	X	X										
J2270	Injection morphine sulfate up to 10mg	Roxanol	Analgesic narcotic	5 per day	X	X	X									

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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J2271	Injection morphine sulfate 100mg.	Roxanol	Analgesic narcotic	None	X	X										
J2275	Injection, morphine sulfate (preservative-free sterile solution) 10mg	Astramorph PF Duramorph	Analgesic narcotic	None	X	X										
J2278	Injection, ziconotide, 1mcg				X	X										New code effective 1/1/06 Replaced C9226. PA required - Contact BMS Medical Director for information.
J2280	Injection moxifloxacin 100 mg	Avelox	Antibiotic	5 per day	X	X	X									
J2300	Injection nalbuphine HCl per 10mg	Nubain	Analgesic narcotic	6 per day	X	X	X									
J2310	Injection naloxone HCl per 1mg	Narcan	Antidote	None	X	X	X									
J2320	Injection nandrolone decanoate up to 50mg.	Decadurabolin	Anabolic steroid	1 per week	X	X										
J2321	Injection nandrolone decanoate up to 100mg.	Decadur-abolin Hybolin Decanoate	Anabolic steroid	1 per week	X	X										
J2322	Injection nandrolone decanoate up to 200mg	Decadurabolin Neo-burabolic	Anabolic steroid	1 per week	X	X										
J2324	Injection nesiritid 0.5mg	Natrecor	Vasodilator	None	X											Close code effective 12/31/05. See J2325.
J2325	Injection, nesiritide, 0.1mg	Natrecor	Vasodilator	None	X											New codes effective 1/1/06. Replaces J2324. ICD-9 code 428.0, 428.21, 428.23, 428.31, 428.33, 428.41, or 428.43 required on claim form. Not for office use.
J2353	Injection octreotide depot form for IM 1mg	Sandostatin	Antidiarrheal	None	X	X										Replaced J2352.
J2354	Injection oncotreotide non-depot form for SQ or IV 25 mcg	Sandostatin	Antidiarrheal	1 unit X 7 consecutive days - lifetime	X	X										Replaced J2352. 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	Platelet growth factor	2 per day	X	X										ICD-9 code 287.4 required on claim form.
J2357	Injection omalizumab 5 mg.	Xolair	Anti-asthmatic	None	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	Muscle relaxant	1 per day	X	X										
J2370	Injection phenylephrine HCl up to 1ml	Neo-Synephrine	Adrenergic agonist	1 per day	X	X										
J2400	Injection chloroprocaine HCl 30ml	Nesacaine Nesacaine MPF	Local Anesthetic	1 per day	X	X										
J2405	Injection ondansetron HCl 1mg	Zofran	Antiemetic	32 per day	X	X										
J2410	Injection oxymorphone HCl up to 1 mg	Numorphan	Analgesic-narcotic	9 per day	X	X										
J2425	Injection, palifermin, 50 mcg	Kepivance Keratinocyte	Growth factor	None	X	X										New code effective 1/1/06. 3 days before + 3 days after chemo.
J2430	Injection amidronate disodium 30 mg	Aredia	Antidote	None	X	X										
J2440	Injection papaverine HCL up to 60 mg.	Para-Time SR	Vasodilator													Not covered
J2460	Injection oxytetracycline HCl up to 50 mg	Terramycin	Antibiotic	4 per day	X	X										
J2469	Injection palonesetron HCl 25mcg	Aloxi	Antiemetic	10 units per week	X	X										ICD-9 code V58.0, V58.1, 140.0 - 208.91, 230.0, OR 239.9 required on claim form. Maximum dosage 0.25mg per week.
J2501	Injection paricalcitol 1 mcg	Zemplar	Vitamin D analog	None	X	X										ICD-9 code 588.XX required on claim form.
J2503	Injection, pegaptanib sodium, 0.3 mg	Mucagen	Optomalogic Agent	1 every 6 weeks	X							X				New code 1/1/06. DO NOT BILL J3490. ICD-9 code 362.52 plus CPT 67028-RT or 67028-LT required on claim form.
J2504	Injection, pegademase bovine, 25 mcg	Adagen	Enzyme	None	X	X										New code 1/1/06. ICD-9 code 279.XX required on claim form.
J2505	Injection pegfilgrastim 6mg	Neulasta	Colony stimulating factor	1 per day	X	X										

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J2510	Injection penicillinG procaine aqueous up to 600K U	Wycillin Pfizerpen AS	Antibiotic	None	X	X										
J2513	Injection, pentastarch, 10% solution, 100 ml															Not covered.
J2515	Injection pentobarbital sodium per 50 mg.	Nembutal	Anti-convulsant	10 per day	X	X										
J2540	Injection penicillinG potassium up to 600K U	Pfizerpen	Antibiotic	None	X	X										
J2543	Injection piperacillin sodium/tazobactam sodium 1g/0.125g (1.125 g)	Zosyn	Antibiotic	24 per day	X	X										
J2545	Pentamidine isethionate inhalation solution 300mg	Nebupent Pentam 300	Antibiotic													Not Covered
J2550	Injection promethazine HCl up to 50mg	Phenergan Prorex-25	Antiemetic	6 per day	X	X	X									
J2560	Injection phenobarbital sodium up to 120mg	Luminal Sodium	Anti-convulsant	3 per day	X	X										20/mg/kg for status epilepticus. May increase to maximum 4 units for post partum hemorrhage.
J2590	Injection oxytocin up to 10U.	Pitocin	Oxytocic agent	4 per day	X	X										
J2597	Injection desmopressin acetate 1mcg	DDAVP Stimate														Not Covered
J2650	Injection prednisolone acetate up to 1ml	AK-Pred Inflammase Forte Pediapred Prelone Key-Pred Predcor Predoject Predalone	Anti-inflammatory	None	X	X										
J2670	Injection tolazoline HCl up to 25mg	Priscoline	Alpha-adrenergic blocking agent	8 per day	X	X										
J2675	Injection progesterone 50 mg	Crinone Progestasert	Progestin	8 per day	X	X	X	X								Not for fertility treatment and diagnosis. For menorrhagia, amenorrhea.
J2680	Injection fluphenazine decanoate up to 25mg	Prolixin Decanoate	Anti-psychotic	2 per day	X	X	X		X							
J2690	Injection procainamide HCl up to 1g	Pronestyl Procanbid	Anti-arrhythmic	None	X	X										Weight based 50mg/kg/day.
J2700	Injection oxacillin sodium up to 250mg	Bactocill Prostaphlin PCN Methyl-phenyl Isoxazolyl	Antibiotic	None	X	X										
J2710	Injection neostigmine methylsulfate up to 0.5 mg	Prostigmin	Acetylcholinesterase inhibitor	4 per day	X	X										
J2720	Injection protamine sulfate 10mg		Antidote	None	X	X										
J2725	Injection protirelin 250 mcg	Relefact TRH Thypi-nome		2 per day	X	X										
J2730	Injection pralidoxime chloride up to 1g	Protopam Chloride	Antidote	None	X	X										
J2760	Injection phentolamine mesylate up to 5mg	Regitine	Diagnostic agent	1 per day												Not covered
J2765	Injection metoclopramide HCl up to 10mg	Reglan	Antiemetic	8 per day	X	X	X									
J2770	Injection quinupristin/dalfopristin 500mg (150/350)	Synercid	Antibiotic													Not Covered
J2780	Injection ranitidine HCl 25mg	Zantac	Anti-histamine	6 per day	X	X										
J2783	Injection rasburicase 0.5 mg	Elitek	Enzyme	None	X	X										
J2788	Injection Rhod immune globulin human minidose 50 mcg	BAYRhod-MicrhoGam Hyrho-D	Immune globulin													See CPT code 90385
J2790	Injection Rhod immune globulin human full dose 300 mcg	Gamulin RH	Immune globulin													See CPT code 90384

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**Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006**

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J2792	Injection RhoD immune globulin IV human solvent detergent 100 IU	BAYrho-D Winrho SDF	Immune globulin													See CPT code 90386
J2794	Injection Risperidone long acting 0.5mg	Risperdal Consta IM	Anti-psychotic	100 units every 2 weeks	X	X	X		X							ICD-9 code 295XX.required on claim form. Age limit 18>years.
J2795	Injection ropivacaine HCl 1mg	Naropin	Local Anesthetic													Not Covered
J2800	Injection methocarbamol up to 10ml	Robaxin	Skeletal muscle relaxant	3 per day	X	X										
J2805	Injection, sincalide, 5 mcg			None	X									X		New code 1/1/06. Use with CPT 78223.
J2810	Injection theophylline 40 mg	Theo-Dur	Broncho-dilator													Not Covered
J2820	Injection sargramostim (GM-CSF) 50mcg	Leukine Prokine	Colony stimulating factor	20 per day	X	X										
J2850	Injection, secretin, synthetic, human, 1 mcg			None	X									X		New code 1/1/06. Use with CPT 43271, 89105, or 82938
J2910	Injection aurothioglucose up to 50mg	Solganal		1 per day	X	X										
J2912	Injection sodium chloride 0.9% per 2ml			None									X			
J2916	Injection sodium ferric gluconate complex in sucrose injection 12.5mg	Ferriecit	Iron supplement	20 per day	X	X										
J2920	Injection methylprednisolone sodium succinate up to 40mg	SoluMedrol Ametha-Pred	Anti-inflammatory	None	X	X	X									
J2930	Injection methlprednisolone sodium succinate up to 125mg	SoulMedrol Ametha-Pred	Anti-inflammatory	None	X	X	X									
J2940	Injection somatrem 1mg	Protropin														Not Covered
J2941	Injection somatropin 1mg	Humatrope Genotropin Nutropin														Not Covered
J2950	Injection promazine HCl up to 25mg	Sparine Prozine-50		40 per day	X	X			X							
J2993	Injection reteplase 18.1 mg	Retavase	Fibrinolytic													Not Covered
J2995	Injection streptokinase per 250KIU	Streptase	Fibrinolytic	4 per day	X	X										
J2997	Injection alteplase recombinant 1mg	Activase	Fibrinolytic													Not Covered
J3000	Injection streptomycin up to 1g	Streptomy-cin Sulfate	Antibiotic	2 per day	X	X										
J3010	Injection fentanyl citrate 0.1mg	Sublimaze Duragesic	Analgesic narcotic	1 per day	X											
J3030	Injection sumatriptan succinate 6mg	Imitrex	Antimigraine	1 per day	X	X										Not covered
J3070	Injection pentazocine 30 mg	Talwin	Analgesic narcotic	12 per day	X	X										
J3100	Injection tenecteplase 50 mg	TNKase	Fibrinolytic	1 per day	X											
J3105	Injection terbutaline sulfate up to 1mg	Brethine	Broncho-dilator	2 per day	X	X										
J3110	Injection teriparatide 10 mcg	Forteo	Parathyroid hormone													Not Covered
J3120	Injection testosterone enanthate up to 100mg	Delatestryl	Androgen	1 per day	X	X	X									
J3130	Injection testosterone enanthate up to 200mg	Delatestryl	Androgen	2 per week	X	X	X									
J3140	Injection testosterone suspension up to 50mg	Andronaq 50	Androgen	3 per week	X	X	X									May increase to 4 doses for post partum breast engorgement.
J3150	Injection testosterone propionate up to 100mg	Testex	Androgen	3 per week	X	X	X									May increase to 4 doses for post partum breast engorgement.
J3230	Injection chlorpromazine HCl up to 50mg	Thorazine	Anti-psychotic	10 per day	X	X	X		X							
J3240	Injection thyrotropin alpha 0.9 mg provided in 1.1 mg vial	Thyrogen	Diagnostic agent	3 per day	X	X										
J3246	Injection tirofiban HCL 0.25mg IV	Aggrastat	Antiplatelet	None	X	X										Replaces J3245. Must be billed daily.

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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J3250	Injection trimeth-obenzamide HCl up to 200mg	Tigan	Antiemetic													Not Covered
J3260	Injection tobra-mycin sulfate up to 80mg	Nebcin	Antibiotic	None	X	X										
J3265	Injection torsemide 10mg/ml	Demadex	Anti-hypertensive		X											
J3280	Injection thiethylperazine maleate up to 10mg	Torecan Norzine	Antiemetic	1 per day	X	X										
J3285	Injection, treprostinil, 1 mg	Remodulin	Vasodilator	None	X	X	X									New code 1/1/06. ICD-9 code 416.XX or 747.83 required on claim form.
J3301	Injection triamcinolone acetone 10mg	Kenalog-10 Kenalog-40 Triam-A	Anti-inflammatory	4 per day	X	X	X				X					
J3302	Injection triamcinolone diacetate 5mg	Aristocort Intralesional Aristocort Forte Cinolone Trilone Clinacort	Anti-inflammatory	8 per day	X	X	X				X					
J3303	Injection triamcinolone hexacetone 5mg	Aristospan Intralesional Aristospan Intra-articular	Anti-inflammatory	4 per day	X	X	X				X					
J3305	Injection trimetrexate glucuronate 25mg	Neutraxin	Anti-inflammatory	None	X	X										Weight based.
J3310	Injection perphenazine up to 5mg	Trilafon	Anti-psychotic	3 per day	X	X	X		X							
J3315	Injection triptorelin pamoate 3.75mg	Trelstar LA	Luteinizing hormone-releasing hormone	3 per month	X	X										
J3320	Injection spectinomycin dihydrochloride up to 2g	Trobicin	Antibiotic	None	X	X										
J3350	Injection urea up to 40g	Ureaphil	Diuretic													Not Covered
J3355	Injection, urofollitropen, 75 IU	Metrodin Bravelle														Not Covered.
J3360	Injection diazepam up to 5mg	Valium	Benzodiazepine													Not Covered
J3364	Injection urokinase 5000 IU vial	Abbokinase open cath	Fibrinolytic	2 per day	X	X										
J3365	Injection IV urokinase 250000 IU vial	Abbokinase	Fibrinolytic													Not Covered
J3370	Injection vancomycin HCl 500mg	Varocin Vancocin	Antibiotic	None	X	X										
J3396	Injection, verteporfin 0.1mg	Visudyne		None	X							X				Replaces J3395. ICD-9 code 115.02, 115.12, 115.92, 360.21, 362.16, OR 362.52 and meter square required on claim form. Only bill CPT codes 67221 or 67225 with J339 6. Must be billed daily.
J3400	Injection triflupromazine HCl up to 20mg	Vesprin		150 mg per day	X	X			X							
J3410	Injection hydroxyzine up to 25mg	Vistaril Hyzine-50 Atarax	Antianxiety	None	X	X	X		X							
J3411	Injection thiamine HCL 100mg	Thiamilate	Vitamin supplement	2 per day	X	X										
J3415	Injection pyridoxine HCl 100mg		Vitamin supplement	2 per day	X	X										
J3420	Injection vitamin B-12 cyanocobalamin up to 1000mcg	Sytobex Residol Rubramin PC	Vitamin supplement	1 per day	X	X	X									
J3430	Injection phytonadione (vitamin K) per 1mg	Aqua Mephyton Konaktion	Vitamin supplement	25 per day	X	X										
J3465	Injection voriconazole 10mg	VFEND	Anti-fungal	None	X	X										
J3470	Injection hyaluronidase up to 150units	Wydase		1 per day	X	X										

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)		Ophth agent	None	X							X				New code effective 1/1/06
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units		Ophth agent	None	X							X				New Code 1/1/06.
J3475	Injection magnesium sulphate 500mg															Not Covered
J3480	Injection potassium chloride 2mEq	Kdur Kaon-Cl	Electrolyte Supplement	None	X	X	X									New code 1/1/06.
J3485	Injection zidovudine 10mg	Retrovir	Anti-retroviral													Not Covered
J3486	Injection ziprasidone mesylate 10mg	Geodon	Anti-psychotic	10 per day	X	X	X		X							
J3487	Injection zoledronic acid 1mg	Zometa	Antidote	4 per day	X	X										
J3490	Unclassified drugs. Used only if a more specific code is not available.															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	Antidote	None	X	X										Covered only for treatment for lead or heavy metal poisoning; duration <2 weeks.
J3530	Nasal vaccine inhalation															Not Covered
J3535	Drug administered thru a metered dose inhaler.															Not Covered
J3570	Laetrile amygdalin vitamin B-17.															Not Covered
J3590	Unclassified biologics. Used only if a more specific code is not available.															Not covered.
J7030	Infusion normal saline solution 1000cc			None	X	X	X									
J7040	Infusion normal saline solution sterile (500ml = 1 unit)			None	X	X	X									
J7042	5% dextrose/normal saline (500ml - 1 unit)			None	X	X	X									
J7050	Infusion normal saline solution 250cc			None	X	X	X									
J7051	Sterile saline or water up to 5cc															CMS closed code 12/31/05.
J7060	5% dextrose/water (500 ml = 1 unit)			None	X	X	X									
J7070	Infusion D-5-W 1000cc			None	X	X	X									
J7100	Infusion dextran 40 500ml	Rheomacrodex Gentran 75		None	X	X										
J7110	Infusion dextran 75 500ml	Gentran 75		None	X	X										
J7120	Ringer's lactate infusion up to 1000cc			None	X	X										
J7130	Hypertonic saline solution 50 or 100 mEq 20cc vial			None	X	X										
J7188	Injection, Von Willebrand factor complex, human, IU	Von Willebrand	Anti-hemophilic	None	X	X				X						New code 1/1/06. Replaces J7190, Q2022. Requires completed claim form to include documentation of ICD-9 code 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.

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	NovoSeven	Anti-hemophilic	None	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 MonoclateP	Anti-hemophilic	None	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	Anti-hemophilic	None	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	Anti-hemophilic	None	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.
J7193	Factor IX purified, non-combinant per IU	AlphaNine SD Mononine	Anti-hemophilic	None	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	Anti-hemophilic	None	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	Anti-hemophilic	None	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.

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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J7197	Antithrombin III human per IU	Throbate III Atnativ	Anti-hemophilic	None	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.
J7198	Anti-inhibitor per IU	Autoplex T FEIBA	Anti-inhibitor coagulant complex	None	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.		Anti-hemophilic													Not covered
J7300	Intrauterine copper contraceptive.	Paragard T380A	Contraceptive	None	X	X	X	X								
J7302	Levonorgestrel releasing intrauterine contraceptive system 52 mg	Minera	Contraceptive	None	X	X	X	X								
J7303	Contraceptive supply hormone containing vaginal ring each		Contraceptive													Not Covered
J7304	Contraceptive supply, hormone containing vaginal patch each		Contraceptive													Not Covered
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	Minera Norplant	Contraceptive	1 every 3 years	X	X	X									New code 1/1/06. Females only. Cost invoice required with claim form.
J7308	Aminolevulinic acid HCl for topical administration 20%, single unit dosage form (354mg)	Kerastick Levulan	Photo-sensitivity agent	None	X	X										
J7310	Ganciclovir 4.5 mg long-acting implant	Vitrasert Cytovene	Anti-viral	None	X							X				One per each eye per 5 months.
J7317	Sodium hyaluronate per 20 to 25 mg dose for intra-articular injection	Hyalgan 20 Supartz 25	Osteoarthritic	10 injections (5 per knee) X 6 months	X	X	X									ICD-9 code 715.XX or 716.XX required on claim form.
J7318	Sodium hyaluronate for intra-articular injection, 30 mg	Orthovisc		8 injections (4 per knee) X 6 months	X	X	X									New code 1/1/06. DO NOT BILL J3490. 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..
J7320	Hylan G-F20 16mg/2ml for intra-articular injection	Synvisc	Osteoarthritic	6 injections (3 per knee) X 6 months	X	X	X									ICD-9 code 715.XX or 716.XX required on claim form.
J7330	Autologous cultured chondrocytes implant	Carticel														Not Covered
J7340	Dermal & epidermal (substitute) bioengineered or processed elements with metabolically active elements per square cm	Dermagraft Dermagraft TC		None	X	X						X				For diabetes: ICD-9 code 250.XX plus 707.XX for surgeons; OR, ICD-9 code 250.XX plus 707.13, 707.14, or 707.15 for podiatrists. For venous stasis ulcer: ICD-9 code 454.0, 454.1 or 454.2 plus 707.XX for surgeons; OR, ICD-9 code 454.0, 454.1 or 454.2 plus 707.13, 707.14, or 707.15 for podiatrists required on claim form. Service limits for diabetic ulcer: 3 applications in 9 weeks per year per ulcer. Service limits for venous stasis ulcer: 3 applications in 12 weeks per year per ulcer.

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**Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006**

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J7341	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter.			None	X	X					X					New code 1/1/06.
J7342	Dermal tissue (substitute) human origin with or without other bioengineered or processed elements with metabolically active elements per square cm.	Applegraft		None	X	X					X					ICD-9 code 250.XX plus 707.XX for surgeons and ICD-9 code 250.XX plus 707.13, 707.14 or 707.15 for podiatrists required on claim form. Service limits 1 application x 8 weeks per year per ulcer.
J7343	Dermal & epidermal (substitute) tissue nonhuman origin with or without other bioengineered or processed elements without metabolically active elements per square cm.			None	X	X					X					For surgeons: ICD-9 code(s) 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.
J7344	Dermal (substitute) tissue human origin with or without bio-engineered or processed elements without metabolically active elements per square cm	Dermagraft Dermagraft TC		None	X	X					X					
J7350	Dermal (substitute) tissue human origin injectable with or without other bioengineered or processed elements but without metabolized active elements per 10mg	Dermagraft Dermagraft TC		None	X	X					X					
J7500	Azathioprine oral 50mg	Imuran	Immuno-suppressant													Transplants only.
J7501	Azathioprine parenteral 100mg	Imuran	Immuno-suppressant	None	X	X										
J7502	Cyclosporine oral 100mg	Neoral Sandimmune	Immuno-suppressant													Transplants only.
J7504	Lymphocyte immune globulin antihymocyte globulin equine parenteral 250mg	Atgam	Immune globulin	None	X	X										
J7505	Muromonab-CD3 parenteral 5mg	Orthoclone OKT3	Immuno-suppressant	1 per day	X	X										
J7506	Prednisone oral per 5mg	Deltasone Meticorten Orasone	Immuno-suppressant													Transplants only.
J7507	Tacrolimus oral per 1mg	Prograf	Immuno-suppressant													Transplants only.
J7509	Methylprednisol-one oral per 4mg	Medrol	Immuno-suppressant													Transplants only.
J7510	Prednisolone oral per 5mg	Deltacortef	Immuno-suppressant													Transplants only.
J7511	Lymphocyte immune globulin antihymocyte globulin rabbit parenteral 25mg	Thymoglobulin	Immune globulin	None	X	X										Weight based.
J7513	Daclizumab parenteral 25 mg	Zenapax	Immuno-suppressant	None	X	X										
J7515	Cyclosporine oral 25mg	Neoral Sandimmune	Immuno-suppressant													Transplants only.
J7516	Cyclosporine parenteral 250mg	Neoral Sandimmune	Immuno-suppressant	6 per day	X	X										
J7517	Mycophenolate mofetil oral 250mg	CellCept	Immuno-suppressant													Transplants only.
J7518	Mycophenolic acid oral 180mg	Myfortic	Immuno-suppressant													Transplants only.
J7520	Sirolimus oral 1mg	Rapamune	Immuno-suppressant													Transplants only.
J7525	Tacrolimus parenteral 5 mg	Prograf	Immuno-suppressant	None	X	X										

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Code	Description	Brand Name	Category	Service Limits	*	*	*	*	*	*	*	*	*	*	*	*	*	Special Instructions
					OP	P	NP	MW	MH	HS	PO	OPT	HI	IDTF	D			
J7599	Immunosuppressive drug NOS. Used only if a more specific code is not available																	Transplants only.
J7608	Acetylcysteine inhalation solution unit dose form per g	Mucomyst Mucosil																Not Covered
J7611	Albuterol inhalation concentrated form 1mg	Albuterol Sulfate Proventil Ventolin	Broncho-dilator															Not Covered
J7612	Levalbuterol inhalation solution concentrated form 0.5mg	Xopenex	Broncho-dilator															Not Covered
J7613	Albuterol inhalation solution unit dose 1mg	Albuterol Sulfate Airet Proventil Accuneb	Broncho-dilator															Not Covered
J7614	Levalbuterol inhalation solution unit dose 0.5mg	Xopenex	Broncho-dilator															Not Covered
J7616	Albuterol up to 5 mg and Ipratropin bromide up to 1 mg compounded inhalation solution	Duoneb	Broncho-dilator															CMS closed code 12/31/05.
J7617	Levalbuterol up to 2.5 mg and Ipratropin bromide up to 1 mg. compounded inhalation solution		Broncho-dilator															CMS closed code 12/31/05.
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, non-compounded																	Not covered.
J7622	Bethamethasone inhalation solution unit dose form per mg																	Not Covered
J7624	Bethamethasone inhalation solution unit dose form per mg																	Not Covered
J7626	Budesonide inhalation solution, non-compounded, administered thru DME, unit dose, up to 0.5mg.	Pulmicort Respules																Not Covered
J7627	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form up to 0.5mg.																	Not covered.
J7628	Bitolterol mesylate inhalation solution con-centrated form per mg	Tornalate																Not Covered
J7629	Bitolterol mesylate inhalation solution unit dose form per mg	Tornalate																Not Covered
J7631	Cromolyn sodium inhalation solution unit dose form per 10mg	Gastrocrom Intal Nasalcrom	Anti-allergic															Not Covered
J7633	Budesonide inhalation solution concentrated form per 0.25mg	Pulmicort	Cortico-steroid															Not Covered
J7635	Atropine inhalation solution concentrated form per mg.																	Not Covered
J7636	Atropine inhalation solution administered through DME unit dose form per mg																	Not Covered
J7637	Dexamethasone inhalation solution concentrated form per mg																	Not Covered
J7638	Dexamethasone inhalation administered through DME unit dose form per mg																	Not Covered
J7639	Dornase alpha inhalation solution unit dose form per mg	Pulmozyme																Not Covered

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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					OP	P	NP	MW	MH	HS	PO	OPT	HI	IDTF	D			
J7640	Formoterol, inhalation solution, administered through DME, unit dose form, 12 micrograms																	Not covered.
J7641	Flunisolide inhalation solution unit dose per mg																	Not Covered
J7642	Glycopyrrolate inhalation solution concentrated form per mg																	Not Covered
J7643	Glycopyrrolate inhalation solution unit dose form per mg																	Not Covered
J7644	Ipratropium bromide inhalation solution unit dose form per mg	Atrovent																Not Covered
J7648	Isoetharine HCl inhalation solution concentrated form per mg																	Not Covered
J7649	Isoetharine HCl inhalation solution unit dose form per mg																	Not Covered
J7658	Isoproterenol HCl inhalation solution con-centrated form per mg	Isuprel HCl Medihaler-150																Not Covered
J7659	Isoproterenol HCl inhalation solution unit dose form per mg	Isuprel HCl Medihaler-150																Not Covered
J7668	Metaproterenol sulfate inhalation solution con-centrated form per 10mg	Alupent																Not Covered
J7669	Metaproterenol sulfate inhalation solution unit dose form per 10 mg	Alupent																Not Covered
J7674	Methacholine chloride as inhalation solution through a nebulizer per 1mg	Provocholine																Not Covered
J7680	Terbutaline sulfate inhalation solution con-centrated form per mg	Brethine Bricanyl																Not Covered
J7681	Terbutaline sulfate inhalation solution unit dose form per mg	Brethine Bricanyl																Not Covered
J7682	Tobramycin unit dose form 300mg inhalation solution	Tobi																Not Covered
J7683	Triamcinolone inhalation solution concentrated form per mg	Azmacort																Not Covered
J7684	Triamcinolone inhalation solution unit dose form per mg	Azmacort																Not Covered
J7699	NOC drugs in-halation drugs. Used only if a more specific code is not available.																	Not Covered
J7799	NOC drugs other than inhalation drugs. Used only if a more specific code is not available																	Not Covered
J8498	Antiemetic drug, rectal/suppository, not otherwise specified																	Not covered.
J8499	Prescription drug oral non-chemotherapeutic NOS																	Not Covered
J8501	Aprepitant oral 5mg	Emend Emend Tri-Fold	Antiemetic															Not Covered
J8510	Bulsulfan oral 2 mg	Myleran	Anti-neoplastic															Not Covered
J8515	Cabergoline, 0.25 mg	Dostinex																Not Covered.
J8520	Capecitabine oral 150mg	Xeloda	Anti-neoplastic															Not Covered
J8521	Capecitabine oral 500mg	Xeloda	Anti-neoplastic															Not Covered

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

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					OP	P	NP	MW	MH	HS	PO	OPT	HI	IDTF	D			
J8530	Cyclophosphamide oral 25mg	Cytoxan Procytox	Anti-neoplastic															Not Covered
J8540	Dexamethasone, oral, 0.25 mg	Decadron																Not covered.
J8560	Etoposide oral 50mg	VePesid	Anti-neoplastic															Not Covered
J8565	Gefitinib oral 250mg	Iressa	Anti-neoplastic															Not Covered
J8597	Antiemetic drug, oral, not otherwise specified																	Not covered.
J8600	Melphalan oral 2mg	Alkeran																Not Covered
J8610	Methotrexate oral 2.5mg	Rheumatrex Dose Pack																Not Covered
J8700	Temozolomide oral 5mg	Temodar																Not Covered
J8999	Prescription drug oral chemotherapeutic NOS. Used only if a more specific code is not available.																	Not Covered
J9000	Doxorubicin HCl 10mg	Adriamycin	Anti-neoplastic	20 per day	X	X												Cannot bill with 96545.
J9001	Doxorubicin HCl all lipid formulation 10mg	Doxil	Anti-neoplastic	10 per day	X	X												Cannot bill with 96545.
J9010	Alemtuzumab 10mg	Campath	Anti-neoplastic	3 per day	X	X												Cannot bill with 96545.
J9015	Aldesleukin per single use vial.	Proleukin	Biological Response Modulator	3 per day	X	X												Cannot bill with 96545.
J9017	Arsenic trioxide 1mg	Trisenox	Anti-neoplastic	15 per day	X	X												Cannot bill with 96545.
J9020	Asparaginase 10000U	Elspar	Anti-neoplastic	3 per day	X	X												Cannot bill with 96545.
J9025	Injection, azacitidine, 1 mg	Vidaza		None	X	X												New code effective 1/1/06. ICD-9 code 238.7 or 205.10 required on claim form. DO NOT BILL J3490.
J9027	Injection, clofarabine, 1 mg	Clolar		None	X	X												New code effective 1/1/06.
J9031	BCG live (intravesical) per instillation	TheraCys Tice BCG	Biological Response Modulator	3 per day	X	X												Cannot bill with 96545.
J9035	Injection bevacizumab 10 mg	Avastin		None	X	X												ICD-9 code 153.0 - 154.8 required on claim form. Cannot bill with 96545.
J9040	Bleomycin sulfate 15U	Blenoxane	Anti-neoplastic	4 per day	X	X												Cannot bill with 96545.
J9041	Injection bortezomib 0.1 mg	Velcade	Proteasome Inhibitor	None	X	X												ICD-9 code 203.00 required on claim form. Cannot bill with 96545.
J9045	Carboplatin 50mg	Paraplatin	Anti-neoplastic	18 per day	X	X												Cannot bill with 96545.
J9050	Carmustine 100mg	BICNU	Anti-neoplastic	5 per day	X	X												Cannot bill with 96545.
J9055	Injection Cetuximab 10 mg	Erbix		None	X	X												ICD-9 code 153.0-154.8 is required on claim form. Cannot bill with 96545.
J9060	Cisplatin powder or solution per 10mg	Plantinol AQ	Anti-neoplastic	18 per day	X	X												Cannot bill with 96545.
J9062	Cisplatin 50mg	Plantinol AQ	Anti-neoplastic	6 per day	X	X												Cannot bill with 96545.
J9065	Injection cladribine per 1 mg	Leustatin	Anti-neoplastic	40 per day	X	X												Cannot bill with 96545.
J9070	Cyclophosphamide 100mg	Cytoxan Neosar	Anti-neoplastic	68 per day	X	X												Cannot bill with 96545.
J9080	Cyclophosphamide 200 mg	Cytoxan Neosar	Anti-neoplastic	34 per day	X	X												Cannot bill with 96545.
J9090	Cyclophosphamide 500 mg	Cytoxan Neosar	Anti-neoplastic	14 per day	X	X												Cannot bill with 96545.
J9091	Cyclophosphamide 1g	Cytoxan Neosar	Anti-neoplastic	7 per day	X	X												Cannot bill with 96545.
J9092	Cyclophosphamide 2g	Cytoxan Neosar	Anti-neoplastic	4 per day	X	X												Cannot bill with 96545.
J9093	Cyclophosphamide lyophilized 100mg	Cytoxan Lyophilized	Anti-neoplastic	68 per day	X	X												Cannot bill with 96545.
J9094	Cyclophosphamide lyophilized 200 mg	Cytoxan Lyophilized	Anti-neoplastic	34 per day	X	X												Cannot bill with 96545.
J9095	Cyclophosphamide lyophilized 500 gm	Cytoxan Lyophilized	Anti-neoplastic	14 per day	X	X												Cannot bill with 96545.

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Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J9096	Cyclophosphamide lyophilized 1g	Cytoxan Lyophilized	Anti-neoplastic	7 per day	X	X										Cannot bill with 96545.
J9097	Cyclophosphamide lyophilized 2g	Cytoxan Lyophilized	Anti-neoplastic	4 per day	X	X										Cannot bill with 96545.
J9098	Cytarabine liposome 10 mg	DepoCyt	Anti-neoplastic	5 per day	X	X										Cannot bill with 96545.
J9100	Cytarabine 100mg	Cytosar-U	Anti-neoplastic	75 per day	X	X										Cannot bill with 96545.
J9110	Cytarabine 500mg	Cytosar-U	Anti-neoplastic	15 per day	X	X										Cannot bill with 96545.
J9120	Dactinomycin 0.5mg	Cosmegen	Anti-neoplastic	2 per day	X	X										Cannot bill with 96545.
J9130	Dacarbazine 100mg	DTIC-Dome	Anti-neoplastic	9 per day	X	X										Cannot bill with 96545.
J9140	Dacarbazine 200mg	DTIC-Dome	Anti-neoplastic	5 per day	X	X										Cannot bill with 96545.
J9150	Daunorubicin HCl 10mg	Cerubidine	Anti-neoplastic	11 per day	X	X										Cannot bill with 96545.
J9151	Daunorubicin citrate liposomal formulation 10 mg	Daunoxome	Anti-neoplastic	11 per day	X	X										Cannot bill with 96545.
J9160	Denileukin diftitox 300mcg	Ontak	Anti-neoplastic													Not Covered
J9165	Diethylstilbestrol diphosphate 250 mg	Stilphostrol		4 per day	X	X										Cannot bill with 96545. Only for cancer diagnosis .
J9170	Docetaxel 20mg	Taxotere	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9175	Injection, Eliotts' B solution, 1 ml	dextrose/electsol, IV		None	X											New code effective 1/1/06. Replaces Q2002.
J9178	Injection epirubicin HCl 2 mg	Ellence	Anti-neoplastic	None	X	X										Cannot bill with 96545.
J9181	Etoposide 10mg	VesPesid Toposar	Anti-neoplastic	25 per day	X	X										Cannot bill with 96545.
J9182	Etoposide 100mg	VesPesid Toposar	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9185	Fludarabine phosphate 50mg	Fludara	Anti-neoplastic	5 per day	X	X										Cannot bill with 96545.
J9190	Fluorouracil 500 mg	Adrucil	Anti-neoplastic	5 per day	X	X										Cannot bill with 96545.
J9200	Floxuridine 500 mg	FUDR	Anti-neoplastic	2 per day	X	X										Cannot bill with 96545.
J9201	Gemcitabine HCl 200mg	Gemzar	Anti-neoplastic	None	X	X										Cannot bill with 96545.
J9202	Goserelin acetate implant per 3.6mg	Zoladex	Anti-neoplastic	1 per month	X	X										Cannot bill with 96545.
J9206	Irinotecan 20mg	Camptosar	Anti-neoplastic	35 per day	X	X										ICD-9 code 153.0 - 154.8 required on claim form. Cannot bill with 96545.
J9208	Ifosfamide per 1g	Ifex	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9209	Mesna 200mg	Mesnex	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9211	Idarubicin HCl 5mg	Idamycin Pfs	Anti-neoplastic	12 per day	X	X										Cannot bill with 96545.
J9212	Injection interferon alfa-con1 recombinant 1mcg	Infergen	Anti-viral	1 per day X 7 consecutive days - lifetime	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J9213	Interferon alfa-2A recombinant 3 million U	Roferon-A	Anti-viral	X 7 consecutive days - lifetime	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J9214	Interferon alfa-2B recombinant 1 million U	Intron-A	Anti-viral	19 per day	X	X										Cannot bill with 96545.
J9215	Interferon alfa-n3 human leukocyte derived 250,000 IU	Alferon-N	Biological Response Modulator	1 per day X 7 consecutive days - lifetime	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.

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**Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006**

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J9216	Interferon gamma 1B 3 million U	Actimmune	Biological Response Modulator	1 per day X 7 consecutive days - lifetime	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	Anti-neoplastic	None	X	X										Cannot bill with 96545.
J9218	Leuprolide acetate 1mg	Lupron	Anti-neoplastic	1 per day X 7 consecutive days - lifetime	X	X										Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per lifetime.
J9219	Leuprolide acetate implant 65mg	Viadur	Anti-neoplastic	1 per 3 months	X	X										Cannot bill with 96545.
J9225	Histrelin implant, 50 mg	Vantas	Gonadotropin	1 per year	X	X										New code effective 1/1/06. ICD-9 code 185 required on claim form. DO NOT BILL J3490. Males only.
J9230	Mechlorethamine HCl nitrogen mustard 10mg	Mustargen	Anti-neoplastic	5 per day	X	X										Cannot bill with 96545.
J9245	Injection melphalan HCl 50mg	Alkeran Lphenylalanyl-nine mustard	Anti-neoplastic	2 per day	X	X										Cannot bill with 96545.
J9250	Methotrexate sodium 5mg	Rheumatrex Trexall Methotrexate sodium Lpf	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9260	Methotrexate sodium 50mg	Rheumatrex Trexall Methotrexate sodium Lpf	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9263	Injection oxaliplatin 0.5mg	Eloxatin	Anti-neoplastic	None	X	X										ICD-9 code 153.0 - 154.8 required on claim form. Cannot bill with 96545.
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane		None	X	X	X									New code effective 1/1/06. ICD-9 code 174.0, or 175.9 with chemo agent required on claim form. DO NOT BILL J3490.
J9265	Paclitaxel 20mg	Taxol Onxol	Anti-neoplastic	20 per day	X	X										Cannot bill with 96545.
J9266	Pegaspargase per single dose vial	Oncaspar	Anti-neoplastic	8 per day	X	X										Cannot bill with 96545.
J9268	Pentostatin per 10mg	Nipent	Anti-neoplastic	1 per day	X	X										Cannot bill with 96545.
J9270	Plicamycin 2.5mg	Mithracin Mithramycin	Anti-neoplastic	2 per day	X	X										Cannot bill with 96545.
J9280	Mitomycin 5mg	Mutamycin	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9290	Mitomycin 20mg	Mutamycin	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9291	Mitomycin 40mg	Mutamycin	Anti-neoplastic		X	X										Cannot bill with 96545.
J9293	Injection mitoxan-trone HCl 5mg	Navatrone	Anti-neoplastic	6 per day	X	X										Cannot bill with 96545.
J9300	Gemtuzumab ozogamicin 5mg	Mylotarg	Anti-neoplastic	4 per day	X	X										Cannot bill with 96545.
J9305	Injection pemetrexed 10mg	Alimta	Anti-neoplastic	None	X	X										ICD-9 code 162-163.9 on claim form. Cannot bill with 96545.
J9310	Rituximab 100mg	RituXan	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9320	Streptozocin 1g	Zanosar	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9340	Thiotepa 15mg	Thioplex	Anti-neoplastic	10 per day	X	X										For Bone Marrow Transplants.
J9350	Topotecan 4mg	Hycamtin	Anti-neoplastic	None	X	X										Reactivated to 7/1/05
J9355	Trastuzumab 10mg	Herceptin	Anti-neoplastic	40 per day	X	X										Cannot bill with 96545.
J9357	Valrubicin intravesical 200mg	Valstar	Anti-neoplastic	6 per day	X	X										Cannot bill with 96545.
J9360	Vinblastine sulfate 1mg	Vinblastine Sulfate Velban	Anti-neoplastic	46 per day	X	X										Cannot bill with 96545.
J9370	Vincristine sulfate 1mg	Oncovin Vincasar Pfs	Anti-neoplastic	7 per day	X	X										Cannot bill with 96545.

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**Bureau for Medical Services
HCPCS J Codes
Effective July 1, 2005 - Reviewed/Revised April 1, 2006**

Code	Description	Brand Name	Category	Service Limits	* OP	* P	* NP	* MW	* MH	* HS	* PO	* OPT	* HI	* IDTF	* D	Special Instructions
J9375	Vincristine sulfate 2mg	Oncovin Vincasar Pfs	Anti-neoplastic	4 per day	X	X										Cannot bill with 96545.
J9380	Vincristine sulfate 5mg	Vincasar Pfs	Anti-neoplastic	2 per day	X	X										Cannot bill with 96545.
J9390	Vinorelbine tartrate 10mg	Navelbine	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9395	Injection fulvestrant 25mg	Faslodex	Anti-neoplastic	10 per day	X	X										Cannot bill with 96545.
J9600	Porfimer sodium 75mg	Photofrin	Anti-neoplastic	3 per day	X	X										Cannot bill with 96545.
J9999	NOC antineoplastic drug. Used only if a more specific code in not available.				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. Cannot bill with 96545. Cost invoice required.

- *OP - Outpatient Hospital
- *P - Physician
- *NP - Nurse Practitioner
- *MW - Midwife
- *MH - Mental Health/Rehabilitation
- *HS - Hemophilia Services
- *PO - Podiatry
- *OPT - Ophthalmologist
- *HI - Home IV Infusion
- *IDTF - Independent Diagnostic Treatment Facility
- *D - Dialysis Center

Medical necessity documentation of services provided must be maintained in the member's individual file. NDC# must be documented on the claim form for payment consideration

Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Effective July 1, 2005 - Reviewed/Revised April 1, 2006

Description	Brand Name	Category	* OP	* P	* NP	* PO	*OPH	* IDTF	Special Instructions
Allopurinol Sodium 500 mg	Aloprim Zyloprim		X	X					ICD-9 174.9 or 790.6 plus ICD-9-CM for Neoplasm required on claim. Drug must be billed with the code for Chemotherapy
Amikacin Sulfate 50mg	Amikin	Antibiotic	X	X	X	X			Effective 1/1/06, deleted from list. See J0278
Ammocaproic Acid 250mg			X						
Apomorphine HCl 10mg	Apokyn		X						
Azacitidine 1 mg	Vidaza	Anti-neoplastic	X	X					Effective 1/1/06, deleted from list. See J9025
Aztreonam 500 mg	Azactam	Antibiotic	X	X	X	X			
Bretylium 0.25 mg	Tosylate	Anti-arrhythmic	X	X	X				Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Bumetanide 0.25 mg	Bumex	Antihypertensive	X	X	X				
Bupivacaine 0.75%, 1 ml	Marcaine Sensorcaine	Peripheral Nerve Block	X	X	X				0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when billed with other procedures.
Cefotetan	Cefotan	Antibiotic	X						Cost invoice required with claim. Pay lesser of billed charges and cost invoice
Cimetidine HCl 150 mg	Tagamet	Anti-histamine	X	X	X				ICD-9 787.01, 787.02 or 787.03 required on claim form.
Clavulanate Potassium Ticarcillin Disodium 0.1 - 3G	Timentin	Antibiotic	X	X	X	X			
Clindamycin Phosphate 150 mg	Cleocin Clindamax	Antibiotic	X	X	X	X			
Dantrolene Sodium 20 mg	Dantrium	Antidote	X	X	X				Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Dextrose 50% 50ml			X	X	X				
Diltiazem HCl 5mg	Cardizem	Anti-anginal	X	X	X				
Edrophonium Chloride 10 mg	Tensilon Reverso	Antidote	X	X	X				ICD-9 358.0 required on claim form.
Enalaprilat 1.25mg	Vasotec	Antihypertensive							
Esmolol HC 10 mg	Brevibloc	Anti-arrhythmic	X	X	X				ICD-9 427.89 required on claim form.
Ethacrynate Sodium 50 mg	Edecrin	Diuretic	X	X	X				Cost invoice required with claim. Pay lesser of billed charges and cost invoice.

Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
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Description	Brand Name	Category	* OP	* P	* NP	* PO	*OPH	* IDTF	Special Instructions
Famotidine 10 mg	Pepcid	Antihistamine	X	X	X				
Flumazenil 0.1 mg	Romazicon Mazicon	Antidote	X	X	X				ICD-9 977.9 required on claim form.
Folic Acid 5 mg	Folate		X	X	X				
Glycopyrrrolate 0.2 mg	Robinul	Anticholinergic	X	X	X				
Histrelin Implant 5 mg	Vantas	Contraceptive	X	X					Effective 1/1/06, deleted from list. See J9225.
Isoproterenol HCl 0.2 mg	Isuprel	Antiarrhythmic	X	X	X				Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Labetalol HCl 5 mg	Trandate Normodyne		X	X	X				Covered for IV in office only. ICD-9 code 401.0 required on claim form.
Lidocaine 1 ml			X	X					Covered separately when billed on same day as 6310, 62311, 62318, 62319, 64400-64484, 64505-64530. Not payable when billed with other procedures.
Metoprolol Tartrate 1 mg	Lopressor	Antihypertensive	X	X				X	Covered only when given IV with Dobutamine J1250 during Dobutamine Stress Test. J3490 & J1250 must be billed on same date of service.
Metronidazole in NaCl 500 mg	Flagyl	Amebicide	X	X	X				
Minocycline HCl 100 mg	Dunacin Minocin	Antibiotic	X	X	X	X			Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Morrhuate Sodium 50mg		Sclerosing Agent	X	X					Bill with CPT codes 43204 and 46500
Nafcillin Sodium 1 g	Unipen Nallpen	Antibiotic	X	X	X	X			
Nitroglycerine 5 mg	Nitrostat	Antianginal	X	X	X				
Paclitaxel protein-bound particles 1 mg	Abraxane	Antineoplastic	X	X	X				Effective 1/1/06, deleted from list. See J9264.
Pantoprazole Sodium 40 mg	Protonix	Gastric Acid Secretion Inhibitor	X	X	X				
Pegaptanib Sodium 0.3 mg	Macugen	Macular Degeneration	X				X		Effective 1/1/06, deleted from list. See J2503.
Potassium Acetate 2 mEq	Klor-Con	Electrolyte Supplement		X	X				
Rifampin 600 mg	Rifacin Rimactane	Antibiotic	X	X	X				

Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
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Description	Brand Name	Category	* OP	* P	* NP	* PO	*OPH	* IDTF	Special Instructions
Sodium Acetate 2 mEq		Alkalini- zing Agent		X	X				
Sodium Bicarbonate 8.4%, 50 ml		Alkalini- zing Agent		X	X				
Sodium Hyaluronate for Intra-	Orthovisc		X	X					Effective 1/1/06, deleted from list. See J7318
Valproate Sodium 100 mg	Depacon		X	X	X				ICD-9 code 345.00 - 345.91 required on claim form.
Vasopressin 20 u	Pitressin	Antidiu- retic	X	X	X				
Verapamil HCl 2.5 mg	Calan Calan SR Isoptin SR	Anti- anginal	X	X	X				
*OP - Outpatient Hospital									
*P - Physician									
*NP - Nurse Practitioner									
*PO - Podiatrist									
*OPH - Ophthalmologist									
*IDTF - Independent Diagnostic Treatment Facility									