

Bureau for Medical Services Medications Approved to bill J3490 v. 67

Revised 2/9/24

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

Billing instructions: Claims must include the NDC, the drug name and strength, and cost invoice where applicable.

See

below for medications that may have special instructions beyond this requirement.

Description	Brand	Category	* AC	*CAH	* P	*MW	* NP	*OPH	* POD	*DC	*HI	* IDTF	*ASC	Special Instructions
Allopurinol	Aloprim		X	X	X									Effective 10/1/2015 ICD-10 diagnosis codes C50.911, C50.912, C50.919, E79.0, R78.71, R78.79, R78.89,
17 Alpha-					X	X	X							Closed 12/31/11. See J1725 after this date. See Q2042, effective 7/1/11. Effective 1/1/07. Cost
Aminocaproic			X	X										
Apomorphine	Apokyn		X	X										Deleted from list effective 12/31/06. See J0364.
Aztreonam 500	Azactam	Antibiotic	X	X	X		X		X					
Betametha-		Anti-inflam.	X	X	X									Cost invoice required with claim. Pay lesser of billed charges or cost invoice.
Bevacizumab 1.25 mg.	Avastin	Anti-neoplastic						X						<p>Effective 10/1/21, ICD-10 E10.3591 - E10.3593 added.</p> <p>Effective 12/1/18, ICD-10 E11.311, E11.319, E3211 - E3213, E11.3291 - E11.3293, E11.3311 - E11.3313, E11.3391 - E11.3393, E11.3411 - E11.3413, E11.3491 - E11.3493, E11.3511 - E11.3513, E11.3521 - E11.3523, E11.3531 - E11.3533, E11.3541 - E11.3543, E11.3551 - E11.3553, E11.3591 - E11.3593 added.</p> <p>Effective 10/1/17---H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, H35.3210, H35.3211, H35.3212, H35.3213, H35.2220, H35.2221, H35.2222, H35.2223, H35.3230, H35.3231, H35.3232, H35.3233.</p> <p>Effective 10/1/2015 ICD-10 diagnosis codes E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412, E10.3413, E10.3511, E10.3512, E10.3513, E11.311, E11.311, E11.311, E11.311, E11.3211, E11.3212, E11.3213, E11.3291, E11.3311, E11.3312, E11.3313, E11.3391, E11.3411, E11.3412, E11.3413, E11.3491, E11.3511, E11.3512, E11.3513, E11.3591, E11.3592, E11.3593, E13.311, E13.319, H34.8110, H34.8120, H34.8130, H34.819, H34.8310, H34.8320, H34.8330, H34.8390, H34.9, H35.051 - H35.053, H35.059, H35.071 - H35.073, H35.079, H35.20 - H35.23, H35.30, ; H35.351 - H35.353, H35.359, H35.72 - H35.723, H35.729, H35.81, H35.82 or H40.89.</p> <p>Effective 1/1/07 to Ophthalmology. ICD-9 diagnosis code 362.5 - 362.52 must be included on claim form.</p> <p>Effective 5/15/09, Ophthalmology specialty approved for ICD-9 codes 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36, 362.42, 362.52, 362.53, 362.83, 362.84, 365.63, and 365.89. Must include approved diagnosis on claim form. Limit of 2 per eye per month</p>
Bretylium	Tosylate	Anti-arrhythmic	X	X	X		X							Effective 10/1/2015 ICD-10 diagnosis codes E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291,
Bumetanide	Bumex	Antihyper-	X	X	X		X							
Bupivacaine	Marcaine	Peripheral	X	X	X		X							0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when
Cefotetan	Cefotan	Antibiotic	X	X										Cost invoice with NDC required with claim. Pay lesser of billed charges and cost invoice.

*NP - Nurse Practitioner												
*MW - Nurse Midwife												
*OPH - Ophthalmologist												
*POD - Podiatrist												
*IDTF - Independent Diagnostic Treatment Facility												
*DC - Dialysis Centers												
*HI - Home Infusion Centers												
*ASC - Ambulatory Surgery Center												