Drug Code List Version 11.6 Revised 8/27/18

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) Part B Drug pricing file found on the CMS website--www.cms.hhs.gov. In the absence of a fee, pricing may reflect the methodolgy used for retail pharmacies.

	,				Hia	hlights re	prese	nt ur	date	ed m	ateri	al fo	r eac	h sp	ecific	revis	sion	of	the Drug Code List.
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	ОРН	НІ	IDT F	DC	Special Instructions
	human ig, im human ig, iv	Gamastan Gamimune.	Yes Yes	ML ML	Antisera Antisera	NONE NONE	X	X	X	X									Closed 3/31/13. Closed 3/31/13. Cost invoice required with claim. Restricted to ICD-9 diagnoses codes 204.10 - 204.12,
	ū.	Flebogamma, Gammagard		2				^											279.02, 279.04, 279.06, 279.12, 287.31, and 446.1, and must be included on claim form, effective 10/1/09.
	botulinum antitoxin		N/A		Antisera														Not Covered
			No	ML		NONE	X	X				<u> </u>			<u> </u>			Ш	Requires documentation and medical review
	cmv ig, iv	Cytogam	Yes	ML	Antisera	NONE	X	X				<u> </u>			<u> </u>			Ш	Closed 3/31/13.
90371	diphtheria antitoxin hep b ig, im	Bayhep B, Hyperhep B, Nabi-HB	No Yes	ML ML	Antisera	NONE NONE	X	X		X									Closed 3/31/13.
	rabies ig, im/sc	HyperRab	Yes	ML	Antisera	NONE	Х	X											
	rabies ig, heat treated	Imogam	Yes	ML	Antisera	NONE	X	Χ		Χ									
90378	Respiratory syncytial virus immune globulin(RSV-IgIM), for intramuscular use, 50	Synagis	Yes	ML	Antisera	NONE	X	Х	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	Respigam	Yes	ML	Antisera	NONE	Х	Х	Х										Closed.
90384	Rho(D) immune globulin (Rhlg), human, full-dose, 300 mcg., intramuscular	Gamulin RH	Yes	EA=UN SOL=ML	Immune globulin	NONE	Х	Х	Х	Х	Х								Code closed 3/31/13. See J2790 after this date.
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	Х	Х	Х	Х									Code closed 3/31/13. See J2788 after this date.
90386	Rho(D) immune globulin (RhIgIV), human, intravenous use	BAYrho-D Winrho SDF	Yes	EA=UN SOL=ML	Immune globulin	NONE	Х	Х	Х	Х									Closed 3/31/13.
	vaccina ig, im		No	ML		NONE	Χ	Х											Requires documentation and medical review
	varicella-zoster ig, im	Varicella- Zoster	Yes	ML	Antisera	NONE	Х	Х	Х	Х									
90399	immune globulin	Gammagard Polygam	Yes	ML	Antisera	NONE	Х	Х	Х	Х									Requires documentation and medical review
					Radiopharm	aceutica	ls												

															T				
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	OP	CAH OP	Р	NP	IVIVV	IVIH	HS	РО	ОРН	н	F	DC	Special Instructions
			ed	measure			٠.	٠.									-		
	D # 1 # 1																		
A4641	Radiopharmaceutical, diagnostic, not otherwise																		Not Covered
	classified																		
A4642	In111 satumomab		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	INDIUM IN-111 SATUMOMAB				agent														
	PENDETIDE,				Radio-														
	DIAGNOSTIC, PER				pharmaceutical														
	STUDY DOSE, UP TO 6				•														
	MILLICURIES																		
A9500	Tc99m sestamibi		No		Diagnostic		Х	Х	Х								Х		
	TECHNETIUM TC-99M		_		agent														
	SESTAMIBI,																		
	DIAGNOSTIC, PER				Radio-														
A9501	Technetium TC-99M		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	Teboroxime, Diagnostic,				agent														
	per Study Dose				D - d'-														
					Radio- pharmaceutical														
					priarriacouticar														
A0500	Tc99m tetrofosmin		No		Diamantia		~	Х	Х								V		
A9302	TECHNETIUM TC-99M		INO		Diagnostic agent		Х	^	^								Х		
	TETROFOSMIN,				agont														
	DIAGNOSTIC, PER				Radio-														
A9503	STUDY DOSE Tc99m medronate		No		nharmaceutical Diagnostic		Х	Х	Х								Х		
. 10000	TECHNETIUM TC-99M		1,10		agent		_ ^		^								^		
	MEDRONATE,																		
	DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
A9504	Tc99m apcitide		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	TECHNETIUM TC-99M				agent														
	APCITIDE, DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
A 0505	20 MILLICLIBIES		NI-						\ \ \						1				
A9505	TL201 thallium THALLIUM TL-201		No		Diagnostic agent		Х	Х	Х								Х		
	THALLOUS CHLORIDE,				agoni														
	DIAGNOSTIC, PER				Radio-														
<u> </u>	MILLICURIE				pharmacoutical										1				

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	РО	ОРН	НІ	IDT	DC	Special Instructions
			Requir	of	3	Limits	OP	OP									F		
			ed	measure															
A9507	In111 capromab	Prostascint	No		Diagnostic		Х	Χ	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	INDIUM IN-111	Kit			agent														
	CAPROMAB				D - 4" -														
	PENDETIDE, DIAGNOSTIC, PER				Radio- pharmaceutical														
	STUDY DOSE, UP TO				priarriaceuticai														
	10 MILLICUPIES																		
A9508	I131 iodobenguate, dx		No		Diagnostic		Х	Х	Х			ĺ		İ			Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE I-131				agent							ĺ		İ					
	IOBENGUANE SULFATE,				Dadia							ĺ		İ					
	DIAGNOSTIC, PER 0.5				Radio-														
	MILLICURIE				pharmaceutical														
A9509	IODINE I-123 Sodium		No		Diagnostic		Х	Χ	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	Iodide, Diagnostic, Per				agent														
	Millicurie				5 "														
					Radio-														
					pharmaceutical														
A0E10	Tc99m disofenin		No		Diognostio		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9510	TECHNETIUM TC-99M		INO		Diagnostic agent		^	^	^								^		Paper Claim. Send copy of the invoice which includes the NDC billed
	DISOFENIN,				agent														
	DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
A0540	Tc99m		Na		Diamantia		V	· ·	~								_		Dance Claim Conding of the invalor which includes the NDO billed
A9512	pertechnetate		No		Diagnostic agent		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	TECHNETIUM TC-99M				agent														
	PERTECHNETATE,				Radio-														
	DIAGNOSTIC, PER				pharmaceutical							l		İ					
10510	MILLICLIDIE		NI.		Diamenti		L V	· ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						ļ		,		Description Overdage of the Involve which includes the NIPO Filled
A9516	I123 iodide cap, dx IODINE I-123 SODIUM		No		Diagnostic		Х	Х	Х			l		l		l	Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE 1-123 SODIOM IODIDE CAPSULE(S),				agent							ĺ		ĺ					
	DIAGNOSTIC, PER 100				Radio-							ĺ		ĺ					
	MICROCURIES				nharmaceutical														
A9517	I131 iodide cap, rx		No		Diagnostic		Х	X	Х			ĺ		ĺ			Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE I-131 SODIUM				agent							ĺ		ĺ					
	IODIDE CAPSULE(S), THERAPEUTIC, PER				Radio-							ĺ		ĺ					
	MILLICURIE				nharmaceutical							l		İ					
A9520	Technetium tc-99m,		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	tilmanocept, diagnostic,				agent							l		l		l			
	up to 0.5 millicuries											ĺ		ĺ					
					Radio-							ĺ		ĺ					
					pharmaceutical							ĺ		ĺ					
	l .											Ц.	ш						

								r =							1		TT		
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NΡ	MW	MH	HS	10	OPH	HI	IDT F	DC	Special Instructions
			Requir	of		Limits	OP	OP				l		l		l	F		
			ed	measure															
A9521	Tc99m exametazime		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
					agent														
	TECHNETIUM TC-99M				-9														
	EXAMETAZIME,				Radio-														
	DIAGNOSTIC, PER				pharmaceutical														
	STUDY DOSE, UP TO				•														
1	25 MILLICURIES						l												
A0E24	I131 serum albumin, dx		No		Diognostic				_					<u> </u>	+		_		Paper Claim, Sand capy of the invaine which includes the NDC hilled
A9024	IODINE I-131		No		Diagnostic		Х	Х	Х			l		l			Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE 1-131 IODINATED SERUM				agent		l												
I	ALBUMIN,				Radio-		1	l				l		l					
1	DIAGNOSTIC, PER 5				pharmaceutical		l												
L	MICROCURIES				priarriaceutical		L	L	L l			L		L	1	L	L l	_	
A9526	Nitrogen N-13 ammonia		No		Diagnostic		Χ	Χ	Х								Χ		Paper Claim. Send copy of the invoice which includes the NDC billed
	NITROGEN N-13				agent														
	AMMONIA,																		
	DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical		l												
Δ0527	lodine I-125 sodium		No		Diagnostic		Х	Х	Х					 	1		Х		Paper Claim. Send copy of the invoice which includes the NDC billed
143321	iodide		INO		agent		_ ^	_ ^	^								^		aper claim. Cena copy of the invoice which includes the NDC billed
	IODINE I-125, SODIUM				agent		l												
	IODINE 1-125, SODIOM				Radio-		l												
	THERAPEUTIC, PER				pharmaceutical		l												
	MILLICLIBIE				p.iaimaceutical														
A9528	lodine I-131 iodide cap,		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	dx				agent		l												
	IODINE I-131 SODIUM						l												
	IODIDE CAPSULE(S),				Radio-		l												
	DIAGNOSTIC, PER				pharmaceutical		l												
A9529	I131 iodide sol, dx		No		Diagnostic		Х	Х	Х						1		Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE I-131 SODIUM				agent		l	l	l '' l								`		4
1	IODIDE SOLUTION,				3		l												
I	DIAGNOSTIC, PER				Radio-		1	l				l		l		l			
	MILLICURIE				nharmaceutical									<u> </u>					
A9530	I131 iodide sol, rx		No		Diagnostic		Х	Х	Х			l		l			Х		Paper Claim. Send copy of the invoice which includes the NDC billed
I	IODINE I-131 SODIUM				agent		1	l				l		l					
	IODIDE SOLUTION,				5		l												
	THERAPEUTIC, PER				Radio-		l												
A9531	I131 max 100uCi		No		Diagnostic		Х	Х	Х						1		Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE I-131 SODIUM				agent		^`	^`	``								``		- apar alamin additional time introduction in the common
	IODIDE, DIAGNOSTIC,				ago		l												
	PER MICROCURIE (UP				Radio-		l												
	TO 100 MICROCURIES)				nharmaceutical														
A9532	I125 serum albumin, dx		No		Diagnostic		Х	Х	Х								Х]	Paper Claim. Send copy of the invoice which includes the NDC billed
	IODINE I-125 SERUM				agent		1	l				l		l					
I	ALBUMIN,						1	l				l		l					
1	DIAGNOSTIC, PER 5				Radio-		l												
	MICROCURIES				nharmaceutical			<u> </u>	-										l

	1				·														
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	P	NP	MW	МН	нѕ	PO	ОРН	н	F	DC	Special Instructions
A9535	Injection, methylene blue INJECTION, METHYLENE BLUE, 1 ML	Methylene Blue	No		Diagnostic agent Radio-		Х	Х	Х								Х		Closed 1/1/10. CodeTermed
A9536	Tc99m depreotide TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9537	Tc99m mebrofenin TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9538	Tc99m pyrophosphate TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9539	Tc99m pentetate TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO	CA-DTPA ZN-DTPA	No		Diagnostic agent Radio- pharmaceutical		X	Х	X								X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9540	Tc99m MAA TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES		No		Diagnostic agent Radio- pharmaceutical		Х	X	Х								Х		
A9541	Tc99m sulfur colloid TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO	Sulfer Powder- Colloidal	No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9542	In111 ibritumomab, dx INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5	Zevalin	No		Diagnostic agent Radio- pharmaceutical		Х	X	Х								Х		
A9543	Y90 ibritumomab, rx YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP		No		Diagnostic agent Radio- pharmaceutical		Х	Х	х								Х		

Code	Description	Brand Name		NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	РО	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
A9544	I131 tositumomab, dx	Bexxar	No		Diagnostic		Х	Х	X								Х		Closed.
	IODINE I-131				agent														
	TOSITUMOMAB,																		
	DIAGNOSTIC, PER				Radio-														
Δ9545	STUDY DOSE I131 tositumomab, rx	Bexxar	No		Diagnostic		Х	Х	Х								Х		Closed.
7100-10	IODINE I-131	Волла	140		agent		^	^	^								^		olossa.
	TOSITUMOMAB,				agont														
	THERAPEUTIC, PER				Radio-														
	TREATMENT DOSE				nharmaceutical						L								
A9546	Co57/58	Various	No		Diagnostic		Х	Х	Х								Х		
1	COBALT CO-57/58,	Generic			agent														
1	CYANOCOBALAMIN,																		
1	DIAGNOSTIC, PER				Radio-														
1	STUDY DOSE, UP TO 1				pharmaceutical														
A0547	MICROCURIE In111 oxyquinoline		No		Diagnostic		Х	Х	Х								Х		
A3341	INDIUM IN-111		INO		Diagnostic agent		^	^	^								^		
	OXYQUINOLINE,				agent														
	DIAGNOSTIC, PER 0.5				Radio-														
	MILLICURIE				nharmaceutical														
A9548	In111 pentetate		No		Diagnostic		Х	Χ	X								Х		
	INDIUM IN-111				agent														
	PENTETATE,																		
	DIAGNOSTIC, PER 0.5				Radio-														
A9550	MILLICURIE Tc99m gluceptate		No		Diagnostic		Х	Х	Х						1		Х		Paper Claim. Send copy of the invoice which includes the NDC billed
710000	TECHNETIUM TC-99M		110		agent		^	^	^								^		Taper drain. Solid Sopy of the invoice which includes the NES Billed
	SODIUM				agont														
	GLUCEPTATE,				Radio-														
	DIAGNOSTIC, PER				pharmaceutical														
1	STUDY DOSE, UP TO																		
A0551	OF MILLICLIDIES	DMCA	Nia		Diamantic				V						1				
A9551	Tc99m succimer	DMSA	No		Diagnostic		Х	Х	Х								Х		
	TECHNETIUM TC-99M SUCCIMER,	Powder			agent														
	DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
	10 MILLICUPIES				priarriaceutical						لـــــا								
A9552	F18 fdg		No		Diagnostic		Х	Х	Х								Х		
1	FLUORODEOXYGLUCO				agent														
	SE F-18 FDG,																		
1	DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
A9553	Cr51 chromate		No		Diagnostic		Х	Х	Х								Х		
	CHROMIUM CR-51				agent		ı ^	^`	^								^		
1	SODIUM CHROMATE,				3														
	DIAGNOSTIC, PER				Radio-														
1	STUDY DOSE, UP TO				pharmaceutical														
	OEU MICEOCLIBIES				•														

																	1		
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	РО	ОРН	HI	IDT F	DC	Special Instructions
			eu	measure															
A9554	I125 iothalamate, dx IODINE I-125 SODIUM		No		Diagnostic agent		Х	Х	Х								Х		
	IOTHALAMATE,				•														
	DIAGNOSTIC, PER STUDY DOSE, UP TO				Radio- pharmaceutical														
A9555	Rb82 rubidium		No		Diagnostic		Х	Х	Χ								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	RUBIDIUM RB-82, DIAGNOSTIC, PER				agent														
	STUDY DOSE, UP TO				Radio-														
	60 MILLICURIES				pharmaceutical														
A9556	Ga67 gallium GALLIUM GA-67		No		Diagnostic agent		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	CITRATE,																		
	DIAGNOSTIC, PER				Radio-														
A9557	Tc99m bicisate TECHNETIUM TC-99M		No		Diagnostic agent		Х	Χ	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	BICISATE,				•														
	DIAGNOSTIC, PER STUDY DOSE, UP TO				Radio- pharmaceutical														
A9558	Xe133 xenon 10mci		No		Diagnostic		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	XENON XE-133 GAS, DIAGNOSTIC, PER 10				agent														
	MILLICURIES				Radio-														
A9559	Co57 cyano		No		Diagnostic		Х	Х	Х								Х		
	COBALT CO-57 CYANOCOBALAMIN,				agent														
	ORAL, DIAGNOSTIC,				Radio-														
10500	PER STUDY DOSE, UP		NI-		pharmaceutical			V	V								V		
A9560	Tc99m labeled rbc TECHNETIUM TC-99M		No		Diagnostic agent		Х	Х	Х								Х		
	LABELED RED BLOOD CELLS, DIAGNOSTIC,				Radio-														
	PER STUDY DOSE, UP				pharmaceutical														
A9561	TO 30 MILLICURIES Tc99m oxidronate		No		Diagnostic		Х	Х	Х						1		Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	TECHNETIUM TC-99M				agent		``	.,	'										10 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0 100 0
	OXIDRONATE, DIAGNOSTIC, PER				Radio-														
	STUDY DOSE, UP TO				pharmaceutical														
A9562	Tc99m mertiatide TECHNETIUM TC-99M		No		Diagnostic agent		Х	Χ	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
	MERTIATIDE,																		
	DIAGNOSTIC, PER STUDY DOSE, UP TO				Radio- pharmaceutical														
	15 MILLICUPIES				,						l					<u> </u>			

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	нѕ	PC	OPH	1	HI ID	Special Instructions
A9563	P32 Na phosphate SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE		No		Diagnostic agent Radio-		X	Х	Х								X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9564	P32 chromic phosphate CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х	Paper Claim. Send copy of the invoice which includes the NDC billed
A9565	In111 pentetreotide INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER		No		Diagnostic agent Radio-		Х	Х	X								Х	Closed. Paper Claim. Send copy of the invoice which includes the NDC billed
A9566	Tc99m fanolesomab TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х	
A9567	Technetium TC-99m aerosol TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75		No		Diagnostic agent Radio- pharmaceutical		Х	X	х								X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9568	Technetium tc-99m arcitumomab per dose up to 45 millicuries		No		Diagnostic agent Radio-		Х	Х	Х								Х	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		Х	Х	Х								X	Paper Claim. Send copy of the invoice which includes the NDC billed
A9570	Indium IN-111 Labeled Autulogous White Blood Cells, Diagnostic, Per Study Dose		No		Diagnostic agent Radio- pharmaceutical		Х	Х	х								Х	Paper Claim. Send copy of the invoice which includes the NDC billed
A9571	Indium IN-111 Labeled Autulogous Platelets, Diagnostic, Per Study Dose		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х	Paper Claim. Send copy of the invoice which includes the NDC billed

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MH	HS	PO	ОРН	НІ	IDT F	DC	Special Instructions
A9572	Indium IN-111 Pentetreotide, Diagnostic, Per Study Dose, up to 6 Millicuries		No		Diagnostic agent Radio- pharmaceutical		X	X	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9575	Injection, gadoterate meglumine, 0.1ml		No		Contrast agent		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
A9576	Injection, Gadoteridol, (Prohance multipack), per ML		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9577	Injection, Gadobenate Dimeglumine (Multihance), Per ML		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9578	Injection, Gadobenate Dimeglumine (Multihance Multipack), Per ML		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9579	Injection, Gadolinium- Based Magnetic Resonance Contrast Agent, Not Otherwise Classified		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9581	Injection Gadoxetate Disodium, 1ML		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		
A9582	lodine I-123 lobenguane, diagnostic, per study dose, up to 15 Millicuries		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed.
A9583	Injection Gadofosvese T Trisodium, 1 ML		No		Diagnostic agent Radio- pharmaceutical		X	X	Х								Х		

Codo	Description	Brand Name	NDC	NDC unit	Catagory	Convine	۸.	CVH	В	ND	B/IVA/	MIL	пе	BO	OBL	ш	IDT	DC	Special Instructions
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	P	NP	MVV	МН	нъ	PO	OPH	HI	F	DC	Special Instructions
A9584	lodine I-123 loflupane, diagnostic, per study dose, up to 5 Millicuries		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								X		Paper Claim. Send copy of the invoice which includes the NDC billed.
A9585	Injection, gadobutrol, 0.1 ml.		No		Contrast agent		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed.
A9599	Radiopharmaceutical, diagnostic, for beta- amyloid positron emission tomography (pet) imaging, per study dose.		No		Diagnostic agent Radio- pharmaceutical		Х	X	Х								X		Paper Claim. Send copy of the invoice which includes the NDC billed.
A9600	Sr89 strontium STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER		No		Diagnostic agent Radio-		Х	Х	Х								X		Paper Claim. Send copy of the invoice which includes the NDC billed.
A9604	Samarium SM-153 Lexidronam, Therapeutic, per treatment dose, up to		No		Diagnostic agent Radio-		Х	Х	Х								X		Paper Claim. Send copy of the invoice which includes the NDC billed
A9605	Sm 153 lexidronm SAMARIUM SM-153- LEXIDRONAMM,- THERAPEUTIC, PER-50- MILLICURIES	Quadramet	₩		Diagnostic- agent Radio- pharmaceutical		Х	Х	Х								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. Closed 12/31/09. See A9604
A9606	Radium ra-223 dichloride, therapeutic, per microcurie		No		Radio- pharmaceutical		Х	Х	Х										Requires Prior authorization through the UMC. Paper Claim. Send copy of the invoice which includes the NDC billed
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 Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MF	HS	P	0 0	PH	HI	IDT F	DC	Special Instructions
A9700	Contrast Material Supply of injectable contrast material for use in echocardiography, per		No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х									X		Paper Claim. Send copy of the invoice which includes the NDC billed
C0003	Palivizumab, per 50 mg	Svnagis	N/A		Antisera							1		+		-		+	-	Not Covered
	Injection, cerliponase alfa, 1 mg.	Brineura	Yes	UN	Enzymatic	None	Х	Х												Effective 1/1/18. Cost invoice with NDC required. Restricted to ICD-10 E75.4. Minimum age of 3 years.
C9016	Injection, triptorelin pamoate ER, 3.5 mg.	Triptodur	Yes	UN	Gonadotropin	None	Х	Х												Effective 1/1/18. Cost invoice with NDC required. ICD-10 diagnosis restriction of E30.1. Minimum age of 2 years.
C9021	Injection, obinutuzumab, 10 mg.	Gazyva	Yes	ML	Antineoplastic	none	Х	Х												Closed 12/31/14. See J9301 after this date. Effective 4/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 204.10. Minimum age restriction of 16 years.
C9022	Injection, elosulfase alfa, 1 mg.	Vimizim	Yes	ML	Enzymatic	none	Х	Х												Closed 12/31/14. See J1322 after this date. Effective 7/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 277.5. Minimum age restriction of 5 years.
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	Yes	UN	Antineoplastic	none	Х	Х												Effective 1/1/18. Cost invoice with NDC required. Restricted to ICD-10 C92.00 - C92.02. Minimum age of 16 years.
C9025	Injection, ramucirumab, 5 mg.	Cyramza	Yes	ML	Antineoplastic	none	х	х												Closed 12/31/15. See J9308 after this date. Effective 10/1/2015 ICD-10 diagnosis codes C16.0 - C16.9, C18.0 - C18.9, C19, C20, C21.0 - C21.2, C21.8, C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, or C34.80 - C34.82 Effective 4/24/15, ICD-9 restriction of 153.0 - 154.8 added. Effective 12/12/14, ICD-9 diagnosis restriction of 162.0 - 162.8 added. Effective 10/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 151.0 - 151.9. Minimum age
C9026	Injection, vedolizumab, 1 mg.	Entyvio	Yes	UN	Anti-Infective	none	Х	Х												Closed 12/31/15. See J3380 after this date. Effective 10/1/2015 ICD-10 diagnosis codes K50.00, K50.011 - K50.014, K50.018, K50.019, K50.10, K50.111 - K50.114, K50.118, K50.119, K50.80, K50.811 - K50.814, K50.818, K50.819, K50.90, K50.911 - K50.914, K50.918, K50.919, K51.00, K51.011 - K51.014, K51.018, K51.019, K51.20, K51.211 - K51.214, K51.218, K51.219, K51.30, K51.311 - K51.314, K51.318, K51.319, K51.40, K51.411 - K51.414, K51.418, K51.419, K51.50, K51.511 - K51.514, K51.518, K51.519, K51.80, K51.811 - K51.814, K51.818, K51.819, K51.90, K51.911 - K51.914, K51.918 or K51.919 Effective 10/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 555.0 - 556.9.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	мн	HS	D-0	OP	ш	ш	IDT	DC I	Special Instructions
Code	Description	Brand Name	Reguir	of	Category	Limits	OP	OP	Р	NP	IVIVV	IVIT	П	PU	0	_		F	ЫС	Special instructions
			ed	measure														-		
C9027	Injection, pembrolizumab, 1 mg	Keytruda	Yes	UN	Antineoplastic	none	X	х												Closed 12/31/15. See J9271 after this date. of ICD-10 C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.91, or C34.92 added. Effective 10/1/2015 ICD-10 diagnosis codes C00.5, C43.0, C43.10 - C43.12, C43.20 - C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59 - C43.62, C43.70 - C43.72, C43.8, C43.9, C44.00 - C44.02, C44.09, C44.101, C44.102, C44.109, C44.111, C44.112, C44.119, C44.122, C44.129, C44.129, C44.129, C44.129, C44.199, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.310, C44.311, C44.311, C44.311, C44.312, C44.321, C44.322, C44.329, C44.391, C44.391, C44.399, C44.40 - C44.42, C44.49, C44.50, C44.501, C44.501, C44.501, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.702, C44.702, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80 - C44.82, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.80, C44.90, C44.711, C44.712, C44.722, C44.722, C44.729, C44.792, C44.792, C44.793, C44.80 - C44.82, C44.80, C44.90, C4A.4, D03.0, D03.10 - D03.12, D03.20 - D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59 - D03.62, D03.70 - D03.72, D03.8 or D03.9 Effective 1/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 172.0 - 172.9 or 173.0 - 173.9. Minimum age restriciton of 16 years.
C9028	Injection, inotuzumab ozogamicin, 0.1 mg.	Besponsa	Yes	UN	Antineoplastic	none	Х	Х												Effective 1/1/18. Cost invoice with NDC required. Restricted to ICD-10 C91.00 - C91.02. Minimum age of 16 years.
C9113	Inj pantoprazole sodium,	Protonix	N/A		Gastric Reflux, Esophogitis															Not Covered
C9121	Injection, argatroban	Argatroban	N/A		Thrombin Inhibitor															Not Covered
C9131	Injection, ado- traztuzumab emtansine, 1 mg.	Kadcyla	Yes	EA	Anti-neoplastic	none	Х	Х												Closed 12/31/13. See J9354. Effective 7/1/13. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of 16 years.
C9132	Prothrombin complex concentrate (human), per i.u. of factor ix activity	Kcentra	Yes	UN	Coagulation factor		Х	Х												Effective 10/1/2015 ICD-10 diagnosis codes D68.32 or D68.4 Effective 10/1/13. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis code of 286.7. Minimum age restriction of 16 years.
C9133	Factor IX (antihemophilic factor, recombinant), per i.u.	Rixubis	Yes	UN	Anti-hemophilic	none	Х	Х												Closed 12/31/14. See J7200 after this date. Effective 1/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 286.1. Minimum age restriction of 16 years.
C9134	Injection, Antihemophilic factor XIIIA, recombinant	Tretten	Yes	UN	Anti-hemophilic	none	Х	Х												Closed 12/31/14. See J7181 after this date. Effective 7/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 286.3.
C9135	Injection, factor ix (antihemophilic factor, recombinant), per IU	Alprolix	Yes	UN	Anti-hemophilic		Х	Х												Closed 12/31/14. See J7201 after this date. Effective 10/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 286.1.
C9136	Injection, factor viii, fc fusion protein, (recombinant), per IU	Eloctate	Yes	UN	Anti-hemophilic		Х	Х												Closed 3/31/15. See Q9975 after this date. Effective 1/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 286.0. Minimum age restriciton of 2 years.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	-	CAH	Р	NP	MW	МН	HS	РО	OPH	Н	II IDT	DC	Special Instructions
			Requir ed	of measure		Limits	OP	OP									F		
				measure															
C9137	Injection, Antihemophilic factor VIII, recombinant,	Adynovate	Yes	IU	Anti-hemophilic	none	Х	Х											Closed 12/31/16. See J7207 after this date. Effective 4/1/16. Cost invoice with NDC required. Restricted to ICD-10 D66. Minimum age restriction of 12 years.
	PEGylated, 1 IU																		
C9138	Injection, antihemophilia	Nuwig	Yes	IU	Anti-hemophilic	none	Х	Х											Closed 12/31/16. See J7209 after this date. Effective 4/1/16. Cost invoice with NDC required. Restricted
03130	factor VIII, recombinant,	Nuwiq	163	10	Anti-nemophine	none	^	^											to ICD-10 D66. Minimum age restriction of 2 years.
C0120	1 IU Injection, factor IX,	Idelvion	Yes	IU	Anti-hemophilic		Х	Х									_		Closed 12/31/16 See J7202 after this date. Effective 10/1/16. Cost invoice with NDC required. Restricted
C9139	albumin fusion protein,	ideivion	res	10	Anti-nemophilic		^	^											to ICD-10 diagnosis D67.
	recombinant, 1 IU																		
C9140	Injection, factor VIII (antihemophilic factor,	Afstyla	Yes	IU	Anti-hemophilic		Х	Х											Effective 1/1/17. Cost invoice with NDC required. Restricted to ICD-10 diagnosis D66.
	recombinant), 1 IU																		
C9232	Injection, idursulfase	Elaprase	N/A		Metabolic														Closed 12/31/07. See J1743 Effective 1/1/08
					Enzyme Replacement														
C9233	Injection, ranibizumab	Lucentis	N/A		neovascular- Age related														Closed 12/31/07 - remove from J3490 list. See J2778 effective 1/1/08
					Macular														
C9234	Inj, alglucosidase alfa	Myozyme	N/A		Degeneration Metabolic														Closed 12/31/07 See J0220 effective 1/1/08
					Enzyme Replacement														
C9235	Injection, panitumumab	Vectibix	N/A		Colorectal														Closed 12/31/07 See J9303 effective 1/1/08
C9236	Injection, Eculizumab 10				Cancer										1		-		Closed 12/31/07 See J1300 effective 1/1/08
C9239	ma Injection, temsirolimus, 1	Torisel	Yes	UN	Anti-neoplastic		Х	Х	Х										Opened 1/1/08. Closed 12/31/08. Cost invoice required with ICD-9 diagnosis of 189.0-189.9, advanced renal
	mq.				·														cell carcinoma See J9330.
C9240	Injection, ixabepilone, 1	Ixempra	Yes	UN	Anti-neoplastic		Х	Х	Х										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
C9245	Injection, romiplostim, 10	Nplate	Yes	UN															Closed 12/31/09. See J2796.
C9246	mca. Injection, gadoxetate	Eovist													1		-		
C9248	disodium, per ml. Injection, clevidipine	Cleviprex															-		
	butyrate, 1 mg.																		
C9249	Injection, certolizumab pegol, 1 mg.	Cimzia	Yes	UN	TNF blocker														Closed 12/31/09. See J0718.
C9250	human plasma ,fibrin	Artiss																	
C9251	sealant, 2 ml. Injection, C1 esterase	Cinryze	Yes	UN	C1 protein								1		+	t	+		Closed 12/31/09. See J0598.
C9252	inhibitor (human), 10 U Injection, plerixafor, 1	Mozobil	Yes	ML	inhibitor Hematopoietic						-	_	 		+	-	_		Closed 12/31/09. See J2562.
	mg.										ļ	ļ				1	_		
C9253	Injection, temozolomide, 1 mg.	Temodar	Yes	UN															Closed 12/31/09. See J9328.
C9254	Injection, lacosamide, 1	Vimpat	Yes	ML	Anti-convulsive		Х	Х											Effective 10/1/2015 ICD-10 diagnosis codes G40.001, G40.009, G40.011, G40.019, G40.101, G40.109,
	mg.					day													G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801- G40.804, G40.811- G40.814, G40.821-
																			G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01,
																			G40.B09, G40.B11 or G40.B19 Effective 1/1/10. Cost invoiice with NDC is required with claim. ICD-9 restriction 345.00 - 345.91. Approved
		<u> </u>	L		l		L	1	<u> </u>	<u> </u>	1	<u> </u>	1			1		<u> </u>	47 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

											T				1		1		
Code	Description	Brand Name	NDC	NDC unit of	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	РО	ОРН	Н	II ID		C Special Instructions
			Requir ed	measure		Limits	UP	UP										1	
			eu	illeasure															
C9255	Injection, paliperidone	Invega	Yes	SOL=ML	Anti-psychotic	234 units	Х	Х											Closed 12/31/10. See J2426. Effective 1/1/10. Cost invoice with NDC is required with claim. ICD-9
00050	palmitate, 1 mg.	Sustenna	V	E 4	A 12		· ·	V									_	+	restriction 295.00 - 295.95. Approved for age 18 and above. See J3490 for coverage of other providers.
C9256	Injection, dexamethasone	Ozurdex	Yes	EA	Anti- inflammatory		Х	Х											Closed 12/31/10. See J7312. Effective 1/1/10. Cost invoice with NDC is required with claim. ICD-9 restriction 362.83 and 362.35, or 362.83 and 362.36. Approved for age 16 and above. See J3490 for
	intravitreal, implant, 0.1				IIIIaiiiiiatory														coverage of other providers.
	ma																		
C9257	Injection, bevacizumab,	Avastin	Yes	SOL=ML	Anti-neoplastic	20 u. per	Х	Х											Effective 10/1/2015 ICD-10 diagnosis codes E08.311, E08.319, E08.321, E08.329, E08.331, E08.339,
	0.25 mg.					month													E08.341, E08.349, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E10.311,
																			E10.319, E11.311, E11.319, E11.329, E11.339, E11.349, E11.359, E13.311, E13.319, H34.811 - H34.813, H34.819, H34.813 - H34.831, H34.839, H34.9, H35.051- H35.053, H35.059, H35.071 - H35.073, H35.079,
																			H35.20 - H35.23, H35.32, H35.351 - H35.353, H35.359, H35.723, H35.729, H35.81, H35.82, or H40.89
																			Opthalmologists use J3490. Effective 1/1/10. ICD-9 restriction 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.
C9258	Telavancin HCl., inj., 10	Vibativ	Yes	UN	Anti-Infective	None	Х	Х											Closed 12/31/10. See J3095. Effective 4/1/10. Cost invoice with NDC required with claim. ICD-9 restriction
	mg.																		of 680.0 - 686.9 and 041.0 - 041.9. Minimum age restriction of 18 years. See J3490 for coverage of other
C0250	Pralatrexate, inj., 1mg.	Falatina	Yes	ML	Anti- neoplastic	None	Х	Х							-			-	providers. Closed 12/31/10. See J9307. Effective 4/1/10. Cost invoice with NDC is required with claim. ICD-9
C9259	Praiatrexate, inj., 1mg.	Folotyn	Yes	ML	Anti- neoplastic	None	Α.	X											restriction of 202.70 - 202.78. Minimum age restriction of 18 years. See J3490 for coverage of other
																			providers
C9260	Ofatumumab, inj., 10 mg.	Arzerra	Yes	ML	Anti-neoplastic	200 u. Daily	Х	Х											Closed 12/31/10. See J9302. Effective 4/1/10. Cost invoice with NDC is required with claim. ICD-9
																			restriction of 204.10 - 204.12. Minimum age restriction of 18 years. See J3490 for coverage of other
C9261	Ustekinumab, inj., 1 mg.	Stelara	N/A		Anti-neoplastic												-	+	Not covered.
	Fludarabine phosphate,	Oforta	N/A		Anti-metabolite														Not covered.
00000	oral, 1 mg.	12 11 11		• • • •									-		-		_	_	
C9263	Injection, ecallantide 1 mg	Kalbitor	Yes	ML	Hematological	30 u. daily	Х	Х											Closed 12/31/10. See J1290 after this date. Effective 4/1/10. Cost invoice with NDC is required with claim. ICD-9 restriction of 277.6. Minimum age restriction of 16 years. See J3490 for coverage of other providers.
	mg																		10D-9 restriction of 277.6. Williamum age restriction of 16 years. See 33490 for coverage of other providers.
C9264	Injection, tocilizumab, 1	Actemra	Yes	ML	Immunologic	Maximum	Х	Х											Closed 12/31/10. See J3262. Effective 7/1/10. Cost invoice with NDC requried with claim. ICD-9 restriction
	mg.					servicd limit													of 714.0 - 714.2. Minimum age restriction of 16 years.
						of 800 u.													
C9265	Injection, romidepsin, 1	Istodax	Yes	UN	Antineoplastic	None	Х	Х											Closed 12/31/10. See J9315. Effective 7/1/10. Cost invoice with NDC required with claim. ICD-9 restricton
	ma.																_	_	of 202.10 - 202.28. Minimum age restriction of 18.
C9266	Injection, Collagenase	Xiaflex	Yes	UN	Enzymatic	None	Х	Х											Closed 12/31/10. See J0775. Effective 7'/1/10. Cost invoice with NDC required with claim. ICD-9
	clostridium histolyticum, 0.1 mg.																		restriction of 728.6. Minimum age restriction of 18 years.
C9267	Injection, von Willebrand	Wilate	Yes	UN	Coagulation	None	Х	Х											Closed 12/31/10. See J7184. Effective 7/1/10. Cost invoice with NDC required with claim. ICD-9 restriction
	factor complex(human),				factor														of 286.4. Minimum age restriction of 5 years.
	per 100 IU																		
COOCC	Conssisin notes	Outcass	V	UN	Apollessie	1 noteb ===		V					-		-	<u> </u>	_	+	Closed 43/24/40 See 17225 Effective 7/4/40 Cost invales with NIDC required with plain 10D 0.15 march
C9268	Capsaicin patch	Qutenza	Yes	UN	Anallgesic	1 patch per 90 days	Х	Х					1						Closed 12/31/10. See J7335. Effective 7/1/10. Cost invoice with NDC required with claim. ICD-9 diagnosis restriction of 053.19. Minimum age restriction of 18 years.
C9269	Injection, C-1 Esterase	Berinert	Yes	UN	Protein C-1	Maximum	Х	Х					1		1		-	\top	Closed 12/31/10. See J0597. Effective 10/1/10. Cost invoice with NDC required with claim. ICD-9
	inhibitor (human), 10 u.				inhibitor	service limit							1	1	1				restriction of 277.6. Minimum age restriction 4 years and above.
						28 u. daily													
C9270	Injection, Immune globulin, IV, non-	Gammaplex	N/A		Immune globulin										1				Not covered.
	lyophilized (e.g. liquid),													1	1				
	500 mg.																		
C9271	Injection, velaglucerase	Vpriv	Yes	UN	Enzymatic	Maximum	Х	Х											Closed 12/31/10. See J3385. Effective 10/1/10. Cost invoice with NDC required with claim. Restricted to
1	alfa, 100 u.					service limit													ICD-9 diagnosis of 272.7. Minimum age restriction of 4 years.
						1650 u.													
						monthiv				_			-		1	-			

0	December the co	D I N	NDO	NDO'	0-1	0			_	ND					OBL		LID		Non-stationary days
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	AC OP	CAH	Р	NP	MW	WH	HS	РО	ОРН	"	וטון ו F		Special Instructions
			ed	measure		Lilling	"	"									-	1	
						L	L.,												
C9272	Injection, denosumab, 1 mg.	Prolia Xgeva	Yes	ML	Osteoporotic	Maximum service limit	Х	Х											Closed 12/31/11. Effective 10/1/10. Cost invoice with NDC required with claim. ICD-9 diagnosis restriction of 733.01.
	mg.	Ageva				of 60 u. twice													01753.01.
						yearly													
C9273	Sipuleucel-T, minimum of	Provenge																	Not covered. See Q2043.
	50 millioin autologous	ŭ																	
	cells, including all																		
	preparatory procedures,																		
	per infusion																		
C9274	Crotalidae polyvalent	Crofab						-	-				1					╂	Not covered.
03214	immune fab (ovine), 1	Citiab					l											1	TYOU GOVERGE.
	vial																		
C9276	Injection, cabazitaxel, 1	Jevtana	Yes	ML	Antineoplastic	None	Х	Х											Closed 12/31/11. See J9043. Effective 1/1/11. Cost invoice with NDC required with claim. ICD-9 restriction
	mg.																		of 185.0.
C9277	Injection, alglucosidase	Lumizyme	Yes	UN	Enzymatic	None	Х	Х											Closed 12/31/11. See J0221. Effective 1/1/11. Cost invoice with NDC required with claim. ICD-9 restriction
	alfa, 1 mg.																		of 271.0. Minimum age restriction of 8 years.
C9278	Injection,	Xeomin	N/A																Not covered. See Q2040.
00070	incobotulinimtoxins, 1 u		NI/A															-	Not sourced
C9279	Injection, ibuprofen, 100		N/A																Not covered.
C9280	Injection, eribulin	Halaven	Yes	ML	Antineoplastic	8 u. in 21	Х	Х											Closed 12/31/11. See J9179. Effective 4/1/11. Cost invoice with NDC required with claim. ICD-9 restriction
00200	mesylate, 1 mg.	ridia voii	. 00		7 ii iii ioopiaoiio	days		, ,											of 174.0 - 175.9 or 198.81. Minimum age restriction of 18 years.
	,					1													
C9281	Injection, pegloticase, 1	Krystexxa	Yes	ML	Hyperuricemic	16 u. monthly	Х	Х											Closed 12/31/11. See J2507. Effective 4/1/11. Cost invoice with NDC required with claim. ICD-9
	mg.																		restriction of 274.0 - 274.89. Minimum age restriction of 18 years.
C9282	Injection, cetaroline	Teflaro	Yes	UN	Antibiotic	12 units per	Х	Х											Closed 12/31/11. See J0712. Effective 4/1/11. Cost invoice with NDC required with claim. ICD-9 restriction
	fosamil, 10 mg.					dose													of 041.00 - 041.89 or 482.0 - 482.89. Minimum age restriction of 18 years.
C0204	laiaatiaa isiliasuusab 4	Vanioni	Vaa	UN	Antinonaloutio	400										-			Olerand 40/04/44
C9284	Injection, ipilimumab, 1 mg.	Yervoy	Yes	UN	Antineoplastic	400 units per 21 days	Х	Х											Closed 12/31/11. See J9228. Effective 7/1/11. Restricted to ICD-9 diagnosis of 154.2, 154.3, 172.0 - 172.9, 184.0 - 184.4, 187.1 - 187.9, 196.0 - 196.9, 197.0 - 197.8, 198.0 - 198.8. Minimum age restriction of
	mg.					21 days													16 years.
																			, '
C9285	Patch, lidocaine, 70 mg.	Synera	Yes	UN	Anallgesic	None	Х	Х										Ť	Effective 7/1/11.
	& tetracaine, 70 mg.	-					l											1	
								L.,					<u> </u>					1	
C9286	Injection, belatacept, 250	Nulojix	Yes	UN	Immunosuppres		Х	Х										1	Closed 12/31/12. See J0485 after this date. Effective 10/1/11. Must submit V42.0 with claim. Minimum
	mg.				sive	maximum													age restriction of 18 years.
C9287	Injection, brentuximab	Adcetris	Yes	UN	Antineoplastic	180 units per	Х	Х										╁	Closed 12/31/12. See J9042 after this date. Effective 1/1/12. Cost invoice with NDC required with claim.
	vedotin, 1 mg.					day	l											1	ICD-9 restriction of 200.60 - 200.68 or 201.00 - 201.98. Minimum age restriction of 18 years.
						•													, in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second
C9289	Injection, asparaginase	Erwinaze	Yes	UN	Antineoplastic	None	Х	Х										1	Closed 12/31/12. See J9019 after this date. Effective 4/1/12. Cost invoice with NDC requried with claim.
	erwinia chrysanthemia,					1	1			l								1	ICD-9 restriction of 204.00 - 204.02.
	1000 U.							<u> </u>					<u></u>						
			•	•	•	•		-				_	•	•		_	•		

Code	Description	Brand Name	NDC	NDC unit	Catagony	Service	AC	CAH	Р	NP	MW	МН	це	РО	ОРН	ui lir	OT I	Cler	agaid Instructions
Code	Description	Brand Name	Requir ed	of measure	Category	Limits	OP	OP	P	NP	IVIVV	IVITI	нѕ	Po	OPA		F	C Sp	pecial Instructions
C9291	Injection, aflibercept, 2 mg.	Eylea	Yes	ML	neovascular- Age related Macular Degeneration	2 units weekly	Х	Х											losed 6/30/12. See Q2046 after this date. Effective 4/1/12. Cost invoice with NDC requried with claim. D-9 restriction of 362.52. Minimum age restriction of 16 years.
C9292	Injection, pertuzumab, 10 mg.	Perjeta	Yes	ML	Antineoplastic	84 units per 21 days	Х	Х											losed 12/31/13. See J9306. Effective 10/1/12. Cost invoice with NDC required with claim. ICD-9 agnosis restriction of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of 16 years.
C9294	Injection, taliglucerase alfa, 10 units	Elelyso	Yes	UN	Enzymatic	82 units per 14 days	Х	Х											losed 12/31/12. See J3060. Effective 1/1/13. Cost invoice with NDC required with claim. ICD-9 diagnosis striction of 272.7. Minimum age restriction of 16 years.
C9295	Injection, carfilzomib, 1 mg	Kyprolis	Yes	UN	Antineoplastic	None	Х	Х											losed 12/31/13. See J9047. Effective 1/1/13. Cost invoice with NDC required with claim. ICD-9 diagnosis striction of 203.02. Minimum age restriction of 16 years.
C9296	Injection, ziv-aflibercept, 1 mg	Zaltrap	Yes	ML	Antineoplastic	550 units per 14 days	Х	Х											losed 12/31/13. See J9400. Effective 1/1/13. Cost invoice with NDC required with claim. ICD-9 diagnosis striction of 153.0 - 153.9, 154.0, 154.1, or 154.8. Minimum age restriction of 16 years.
C9297	Injection, omacetazine mepesuccinate, 0.01 mg.	Synribo	Yes	UN	Antineoplastic	None	Х	Х											losed 12/31/13. See J9262. Effective 4/1/13. Cost invoice with NDC required with claim. ICD-9 diagnosis striction of 205.10 - 205.12. Minimum age restriction of 16 years.
C9298	Injection, ocriplasmin, 0.125 mg.	Jetrea	Yes	ML	Ophthalmic	None	Х	Х											losed 12/31/13. See J7316. Effective 4/1/13. Cost invoice with NDC required with claim. ICD-9 diagnosis striction of 379.27. Minimum age restriction of 16 years.
C9399	Unclassified drugs or biolog	Misc Drugs	N/A															No	ot Covered
C9441	Injection, ferric carboxymaltose, 1 mg	Injectafer	yes	ML	Iron supplement	none	Х	Х											losed 6/30/14. See Q9970 after this date. Effective 1/1/14. Cost invoice with NDC required. Restricted ICD-9 diagnosis of 280.1 - 280.9. Minimum age restriction of 16 years.
C9442	Injection, belinostat, 10 mg	Beleodaq	Yes	UN	Antineoplastic		Х	Х										co Ef	losed 12/31/15. See J9032 after this date. Effective 10/1/2015 ICD-10 diagnosis indes C84.40 - C84.49 (Fective 11/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 202.7. inimum age restriction of 16 years.
C9443	Injection, dalbavancin HCl, 10 mg.	Dalvance	Yes	UN	Anti-infective		Х	Х										dia L0 L0 L0 L0 L0 L0 L0 L0	losed 12/31/15. See J0875 after this date. Effective 10/1/2015 ICD-10 agnosis codes B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1, L02.01 - L02.03, L02.11 - L02.13, L02.211 - 102.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239, L02.31 - L02.33, L02.411 - 102.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436, L02.439, L02.511, L02.512, L02.519, 102.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.631, L02.631, L02.621, L02.622, 102.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821, L02.828, L02.831, L02.838, L02.91 - 102.93, L03.011, L03.012, L03.019 - L03.022, L03.029, L03.031, L03.032, L03.039, L03.041, L03.042, 103.049, L03.111 - L03.3116, L03.119, L03.121 - L03.126, L03.129, L03.211, L03.212, L03.221, L03.222, 103.311 - L03.317, L03.331, L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L03.331 - L0

Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	РО	OPI	1	HI II	DT	DC Special Instructions
	-		Requir ed	of measure		Limits	OP	OP										F	
			eu	measure															
C9444	Injection, oritavancin, 10	Orbactiv	Yes	UN	Anti-infective		Х	Х					-						Closed 12/31/15. See J2407 after this date. Effective 10/1/2015 ICD-10
	mg																		diagnosis codes B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1, L02.01 - L02.03, L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239, L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.236, L02.239, L02.31 - L02.33, L02.411 - L02.512, L02.522, L02.529, L02.529, L02.539, L02.431, L02.436, L02.439, L02.511, L02.512, L02.519, L02.521, L02.522, L02.529, L02.531, L02.539, L02.611, L02.612, L02.619, L02.621, L02.622, L02.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821, L02.828, L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019 - L03.022, L03.029, L03.031, L03.032, L03.039, L03.041, L03.042, L03.049, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129, L03.211, L03.212, L03.221, L03.222, L03.311 - L03.317, L03.319, L03.321 - L03.327, L03.329, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02, L05.91, L05.92, L08.0, L08.81, L08.82, L08.89, L08.9, L88. L92.8, L98.0 or L98.3
																			Effective 1/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 680.0 - 686.9.
C9445	Injection, C-1 Esterase inhibitor (human), 10 u.	Ruconest	Yes	EA	Enzymatic		Х	Х											Closed 12/31/15. See J0596 after this date. diagnosis codes D81.810 or D84.1 Effective 4/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 277.6. Minimum age restriciton of 13 years.
C9449	Injection, blinatumomab, 1 mcg.	Blincyto	Yes	EA	Antineoplastic		X	X											Closed 12/31/15. See J9039 after this date. diagnosis codes C91.00 - C91.02 Effective 4/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 204.00 - 204.02. Minimum age restriction of 13 years.
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg.	lluvien	Yes	EA	Anti- inflammatory		х	х											Closed 12/31/15. See J7313 after this date. diagnosis codes E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.65, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.334, E11.351, E11.351, E11.359, E11.36, E11.39, E11.36, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.344, E13.349, E13.354, E13.359, E13.36 or E13.39 Effective 4/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 250.50-250.53.
C9451	Injection, peramivir, 1 mg.	Rapivab	Yes	ML	Anti-influenza	600 units per day	X	X											Closed 12/31/15. See J2547 after this date. diagnosis codes J09.X1 - J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81 or J11.89 Effective 4/1/15. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 487.0 - 487.8 or 488.01 - 488.89. Minimum age restriction of 18 years.
C9452	Injection, ceftolozane/tazobactam 1.5 G.	Zerbaxa	Yes	EA	Anti-infective		Х	Х											Closed 12/31/15. See J0695 after this date. NDC required with claim. Minimum age restriction of 18 years. Effective 4/1/15. Cost invoice with

0 - 1 -	December (1 am	D 1 N	NDO	NDO!r	0-1	0				ND				T 54	. Т.	DII I	1	ını		On colol by Great Cons
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	AC OP	CAH	Ρ.	NP	MW	МН	HS	P	0 0	PH	н	F	DC	Special Instructions
			ed	measure		Lillits	0,	"										•		
C9453	Injection, nivolumab 1 mg.	Opdivo	Yes	ML	Antineoplastic	none	x	x												Closed 12/31/15. See J9299 after this date. Effective 10/1/15 ICD-10 diagnosis codes C00.5, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.20, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C43.59, C43.11, C43.12, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C.43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.202, C44.209, C44.201, C44.201, C44.201, C44.201, C44.201, C44.301, C44.301, C44.310, C44.311, C44.311, C44.319, C44.329, C44.399, C44.301, C44.301, C44.301, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44.311, C44
C9455	Injection, siltuximab 10 mg.	Sylvant	Yes	EA	Monoclonal antibody	none	Х	Х												Closed 12/31/15. See J2860 after this date. Effective 7/1/15. Cost invoice with NDC required with claim. Restricted to diagnosis of ICD-9 785.6 or ICD-10 R59.0, R59.1, or R59.9. Minimum age restriction of 16 years.
C9456	Injection, isavuconazonium sulfate, 1 mg.	Cresemba vial	Yes	EA	Anti-Infective	none	Х	Х												Closed 12/31/15. See J1833 after this date. Effective 10/1/15. Cost invoice with NDC required with claim. Restricted to diagnosis of ICD-10 B44.0, B44.1, B44.2, B44.7, B44.89, B44.9. Minimum age restriction of 18 years.
C9472	Injection, talimogene laherparepvec, 1 M PFU	Imlygic	Yes	ML	Anti-neoplastic	none	Х	Х												Closed 12/31/16. See J9325 after this date. Effective 4/1/16. Cost invoice with NDC required with claim. Minimum age restriction of 16 years.
C9473	Injection, mepolizumab, 1mg.	Nucala	Yes	EA	Monoclonal antibody	none	Х	Х												Closed 12/31/16. See J2182 after this date. Effective 4/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 J45.50. Minimum age restriction of 12 years.
C9474	Injection, irinotecan liposome, 1 mg.	Onivyde	Yes	ML	Anti-neoplastic	none	Х	Х												Closed 12/31/16. See J9205 after this date. Effective 4/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9. Minimum age restriction of 16 years.
C9475	Injection, necitumumab 1 mg.	Portrazza	Yes	ML	Anti-neoplastic	800 units daily	Х	Х												Closed 12/31/16. See J9295 after this date. Effective 4/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 diagnosis C34.01, C34.02, C34.11, C34.12, C34.2, C34.31, C34.32, C34.81, C34.82, C34.91, C34.92, C38.4, C78.01, C78.02. Minimum age restriction of 16 years.
C9476	Injection, daratumumab, 10 mg.	Darzalex	Yes	ML	Anti-neoplastic	210 units dailiy	Х	Х												Closed 12/31/16. See J9145 after this date. Effective 7/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 C90.02. Minimum age restriction of 16 years.
C9477	Injection, elotuzumab, 1 mg.	Empliciti	Yes	UN	Anti-neoplastic	None	Х	Х												Closed 12/31/16. See J9176 after this date. Effective 7/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 C90.00, C90.01, C90.02. Minimum age restriction of 16 years.
C9478	Injection, sebelipase alfa, 1 mg.	Kanuma	Yes	ML	Metabolic Enzyme Replacement	None	Х	Х												Closed 12/31/16. See J2840 after this date. Effective 7/1/16. Cost invoice with NDC required with claim.
C9479	Injection, ciprofloxacin otic, 6 mg.	Otiprio	Yes	ML	Anti-Infective	None	Х	Х												Closed 12/31/16. See J7342 after this date. Effective 7/1/16. Cost invoice with NDC required with claim.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	ND	MW	МН	ше	PO	OPH	1	ai lin	TID	Special Instructions
Code	Description	Dianu Name	Requir	of	Category	Limits	OP	OP	F	NF	IVIVV	IVIT	пэ			' '	F		S Special instructions
			ed	measure															
C9480	Injection, trabectedin, 0.1 mg.	Yondelis	Yes	EA	Anti-neoplastic	None	Х	Х											Closed 12/31/16. See J9352 after this date. Effective 7/1/16. Cost invoice with NDC required with claim. Restricted to ICD-10 C49.9. Minimum age restriction of 16 years.
	ing.																		Restricted to ICD-10 C49.9. Williamidit age restriction of 16 years.
C9481	Injection, reslizumab, 1	Cinqair	Yes	ML	Anti-asthmatic	None	Х	Х											Closed 12/31/16 See J2786 after this date. Effective 10/1/16. Cost invoice with NDC required. Restricted
	mg.																		to ICD-10 J45.50. Minimum age of 18 years.
C9483	Injection, atezolizumab,	Tecentriq	Yes	ML	Anti-Infective	120 units	Х	Х											Closed 12/31/17. See J9022 after this date. Effective 10/18/16, approved ICD-10 diagnosis of C34.00 -
	10 mg.					daily.													C34.92. Effective 10/1/16. Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2, C65.9, C66.1, C66.2,
																			C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0. Minimum age
																			restriction of 16 years.
C9484	Injection, eteplirsen 10	Exondys 51	Yes	ML	Genetic therapy	none	Х	Х											Closed 12/31/17. See J1428 after this date. Effective 4/1/17. Cost invoice with NDC required.
	mg.																		
C9485	Injection, oloratumab 10	Lartruvo	Yes	ML	Antineoplastic	none	Х	Х											Closed 12/31/17. See J9285 after this date. Effective 4/1/17. Cost invoice with NDC required.
	mg.																		
C9487	Ustekinumab, IV injection, 1 mg.	Stelara	Yes	ML	Antipsoriatic	none	Х	Х											Closed 6/30/17. See Q9989. Effective 4/1/17. Cost invoice with NDC required. Restricted to ICD-10 L30.5, L40.0 - L40.4, L40.50 - L40.54, L40.59, L40.8, L40.9, L41.0, L41.1, L41.3 - L41.5, L41.8, L41.9, L42,
	injection, i mg.																		L44.0, L44.8, L45 or L94.5.
C9490	Injection, bezlotoxumab	Zinplava	Yes	ML	Anti-Infective	none	Х	Х										+	Effective 10/1/17, ICD-10 diagnosis restriction modified to A04.71 or A04.72.
	10 mg.	·																	Effective 7/1/117. Restricted to ICD-10 diagnosis A04.7. Minimum age restriction of 18 years.
C9491	Injection, avelumab, 10	Bavencio	Yes	ML	Antineoplastic	None	Х	Х					1			+	+		Closed 12/31/17. See J9023 after this date.
	mg.																		Effective 10/1/17. Cost invoice with NDC required. Restricted to ICD-10 of C4A.0, C4A.10 - C4A.12, C4A.20
																			- C4A.22, C4A.30 - C4A.39, C4A.4, C4A.51 - C4A.59, C4A.60 - C4A.62, C4A.70 - C4A.72, C4A.8, C4A.9; C65.1, C65.2, C66.1, C66.2, C67.0 - C67.9, C68.0, C68.8. Minimum age of 12 years.
C9492	Injection, durvalumab, 10	Imfinzi	Yes	ML	Antineoplastic	None	Х	Х							-	+	-	+	Effective 2/16/18, ICD-10 C33, C34.01, C34.02, C34.11, C34.12, C34.2, C34.31, C34.32, C34.81, C34.82,
	mg.																		C34.91, C34.92 added. Effective 10/1/17.
																			Cost invoice with NDC required. Restricted to ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0 - C67.9, C68.0,
00100		5 "	.,			00 ': 1 "											_		C68.8. Minimum age of 16 years.
C9493	Injection, edaravone, 1 mg.	Radicava	Yes	ML	Antineoplastic	60 units daily	Х	Х											Effective 10/1/17. Cost invoice with NDC required. Restricted to ICD-10 G12.21. Minimum age of 16 years.
	-																	_	
C9494	Injection, ocrelizumab, 1 mg.	Ocrevus	Yes	ML	Multiple sclerosis	600 units per day	Х	Х											Closed 12/31/17. See 2350 after this date. Effective 10/1/17. Cost invoice with NDC required. Restricted to ICD-10 G35.
	9.				00.0.00.0	uuy													Zindano (di n) (i) Cocci ini dice mini (De (denoni) (denoni) (de (de (de occi)) (de occi)
G9020	Rimantadine HCL 100mg	Flumadine	N/A		Antiviral														Not Covered
	oral										ļ			ļ					
G9033	Amantadine HCL oral brand	Symmetrel	N/A		Parkinsons Disease														Not Covered
G9034	Zanamivir, inh pwdr,	Relenza	N/A		Antiviral														Not Covered
G9035	brand Oseltamivir phosp, brand	Tamiflu	N/A		Antiviral			-					+	<u> </u>	1	-	-	+	Not Covered
											<u> </u>			<u> </u>					
G9036	Rimantadine HCL, brand	Flumandine	N/A		Antiviral														Not Covered
J0120	Injection tetracycline up	Achromycin	Yes	UN	Antibiotic	4 per day	Х	Х	Х	Χ									
	to 250mg	Sumycin Panmycin													1				
		r annivon										•		•	-1			- 1	

0.4	December 11 and	D 1 N	NDO	NDO!r	0-1	0	100		_	ND.	Lagran			_ no	Loni			D.T.	20 On a stall to street to a
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	PO	OPI	' '		DT L	OC Special Instructions
			ed	measure		Lillito	0.	01									'	•	
10400	laisation aboutly 40mm	Diagonia	Vee	UN	Canadatrania	Ness	V	V	~							-	_	_	Effective 40/4/2045 ICD 40 diagnosis and CC4
JU128	Injection abarelix 10mg	Plenaxis	Yes	UN	Gonadotropin	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis code C61 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	Orencia	Yes	UN	Anti-rheumatic	100 units	Х	Х	Х	Х									Effective 10/1/2015 ICD-10 diagnosis codes M05.00, M05.011, M05.012, M05.019, M05.021, M05.022,
	mg					every 2 weeks													M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119,
						2 Weeks													M05.001, M05.002, M05.009, M05.071, M05.072, M05.079, M05.09, M05.101, M05.111, M05.122, M05.121, M05.122, M05.121, M05.131, M05.132, M05.132, M05.131, M05.132, M05.131, M05.132, M05.131, M05.132, M05.131, M05.132, M05.133, M05.134, M05.142, M05.142, M05.143, M05.151,
																			M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.30, M05.60,
																			M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641,
																			M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739,
																			M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.761, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05.769, M05
																			M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842,
																			M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M06.071, M06.072, M06.079, M06.1,
																			M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.811, M06.812,
																			M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849,
																			M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879 or M06.9
10420	Injection abciximab 10mg	ReoPro	N/A		Antiplatelet												_	_	New code effective 1/1/07. ICD-9 codes 714.0-714.2 or 714.81 required on claim form.
30130	Injection abdiximab Torng	Reorio	IN/A		Antiplatelet														Not Covered
J0131	Injection,		N/A																Not Covered
	acetaminophen, 10 mg.																		
J0132	Injection, acetylcysteine,	Acetadote	Yes	ML	Antidote	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes T39.012A, T39.014A, T39.014D, T39.014S, T39.092A,
	100 mg	Mucomyst																	T39.094A, T39.094D, T39.094S, T39.1X1A -T39.1X4A, T39.2X2A, T39.2X4A, T39.2X4D, T39.2X4S,
																			T39.311A, T39.311D, T39.311S, T39.312A, T39.312D, T39.312S, T39.313A, T39.313D, T39.313S, T39.314A, T39.314D, T39.314S, T39.392A, T39.394A, T39.394D, T39.394S, T39.4X2A, T39.4X4A,
																			T39.4X4D, T39.4X4S, T39.8X2A, T39.8X4A, T39.92xA, T39.94xA, T40.0X2A, T40.0X4A, T40.0X4D,
																			T40.0X4S, T40.1X2A, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X2A, T40.2X4A, T40.2X4D, T40.2X4S,
																			T40.3X2A, T40.3X4A, T40.3X4D, T40.3X4S, T40.4X2A, T40.4X4A, T41.1X2A, T41.202A, T41.292A,
																			T41.3X2A or T41.42xA ICD-9 codes required on claim form: 965.4, E850.4, E935.4, E950.0, E962.0, E980.0
																			Codes required on claim form. 965.4, E650.4, E555.4, E550.0, E562.0, E560.0
J0133	Injection, acyclovir, 5mg	Zovirax	Yes	PWD=UN	Antiviral	None	Х	Х	Х	Х									Nurse practitioner added 1/1/09.
10125	Injection adalimumab	Humira	N/A	SOL=ML	Anti-rheumatic								-		-		_	_	Not Covered
30135	20mg	пинна	IN/A		Anti-meumatic														INOT COVERED
J0150	Injection adenosine 6mg	Adenoscan	Yes	ML	Anti-arrhythmic	None													Not Covered
.10151	Injection, adenosine for	Adenocard Adenocard	Yes	ML	Diagnostic	None	Х	Х	Х	-	1		+	1	1	+	٠,	Х	Closed 12/31/14. See J0153 after this date. Effective 1/1/14.
100.01	diagnostic use, 1 mg		. 55		Agent		^	^`		l							'	``	SISSEE LEST, 174, GOO OF FOURTH WHICH WHICH EMOCRYC I/ I/ 174.
	(Not to be used to report																		
	any adenosine																		
	phosphate compounds,																		
J0152	Injection adenosine for	Adenocard	Yes	PWD=UN	Diagnostic	None	Х	Х	Х									Х	Closed 12/31/13. See J0151. Replaces J0151. Use only for stress testing. Separate billing when test
Ь—	diaa, use 30ma		l	SOL=ML	Agent					<u> </u>	1							L	provided in physician's office or IDTF. Adults only.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	н	IDT F	DC	Special Instructions
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	Adenocard	Yes	ML	Diagnostic Agent	None	Х	Х	Х								Х		Effective 1/1/15.
J0170	Injection adrenalin epi- nephprine up to 1ml ampule	Epipen Adrenalin Chloride, SusPhrine	Yes	ML	Respiratory	1 per day	Х	Х	Х	Х									Closed 12/31/10. See J0171 after this date.
J0171	Injection, epinephrine, 0.1 MG.	Adrenalin	Yes	ML	Antidote	None	Х	Х	Х	Х									New code effective 1/1/11.
J0178	Injection, aflibercept, 1 mg	Eylea	Yes	ML	neovascular- Age related Macular Degeneration	4 units per week	X	X							X				Effective 10/1/16, ICD-10 diagnosis codes E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412, E10.3413, E10.3511, E10.3512, E10.3513, E11.3211, E11.3212, E11.3213, E11.3311, E11.3312, E11.3313, E11.3411, E11.3412, E11.3412, E11.3413, E11.3511, E11.3512, E11.3513, H34.8110, H34.8111, H34.8112, H34.8122, H34.8130, H34.8131, H34.8132, H34.8190, H34.8311, H34.8312, H34.8310, H34.8311, H34.8322, H35.3221, H35.3221, H35.3221, H35.3222, H35.3223, H35.3231, H35.3232, H35.3233 added. diagnosis codes E10.311, E10.321, E10.331, E10.341, E10.351, E11.311, E11.321, E11.331, E11.341, E11.351, H34.811, H34.812, H34.813, H34.839, H35.32 or H35.81 Effective 10/6/14, ICD-9 diagnosis restriction of 362.83 and 362.36 added. Effective 7/29/14, ICD-9 diagnosis restriction of 162 years
J0180	Injection agalsidase beta 1mg	Fabrazyme	Yes	UN	Enzyme	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes E75.21, E75.22, E75.240 - E75.243, E75.248, E75.249, E75.3, E77.0, E77.1, E77.8, or E77.9 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	Х	Х	Х										
J0200	Injection alatroflaxacin mesylate 100mg	Trovan IV Trova-floxacin	N/A		Antibiotic														Not Covered
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Yes	ML	Anti-schlerotic	none	Х	Х	Х										Effective 1/1/16. Restricted to diagnosis ICD-10 G35. Minimum age restriction of 17 years.
J0205	Injection alglucerase 10U	Ceredase	Yes	ML	Enzyme	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes E75.21, E75.22, E75.240 - E75.243, E75.248, E75.249, E75.3, E77.0, E77.1, E77.8, or E77.9
J0207	Injection amifostine 500ma	Ethyol	Yes	UN	Anti-neoplastic	None	Х	Х	Х										
J0210	Injection methyldopate HCl up to 250mg	Aldomet Aldoril	Yes	ML	Anti- hypertensive	None	Х	Х	Х										
J0215	Injection alefacept 0.5mg	Amevive	Yes	UN	Monoclonal Antibody	30 units per week X 12 weeks in 6 month period	Х	Х	Х										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	Х	Х	Х										New code effective 1/1/08. Replaces C9234.
J0221	Injection, alglucosidase alfa, 10 mg.	Lumizyme	Yes	UN	Enzymatic	none	Х	Х	Х							Х			Effective 10/1/2015 ICD-10 diagnosis codes E74.00 - E74.04 or E74.09 Effective 8/1/14, minimum age restriction removed. Effective 1/1/12. Restricted to ICD-9 diagnosis 271.0. Minimum age restriction of 8 years

															1				
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	PO	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
10050	laisation alaba 1	Dralastia C	Vaa	LINI	Alaba 4	000			V					-					Coming limit adjusted unusual 40/4/40
JU256	Injection alpha 1	Prolastin-C	Yes	UN		800 u. weekly	Х	Х	Х										Service limit adjusted upward, 10/1/10.
	proteinase inhibitor human 10mg	Aralast Zemaira			antitrypsin														
J0257	Injection, alpha-1	Glassia	Yes	UN	Enzymatic	820 units per	Х	Х	Х							Х			Effective 10/1/2015 ICD-10 diagnosis codes J43.0 - J43.2, J43.8 or J43.9
00201	proteinase inhibitor	Gladdia	100	011	Liizyiiiatio	week	^	^	^							^			Effective 1/1/12. Restricted to ICD-9 diagnosis 492.8. Minimum age restriction of 16 years.
	(human), 10 MG					WOOK													Ellective (7772. Restricted to 100-5 diagnosis 452.0. William age restriction of 16 years.
J0270	Injection alprostadil	Caverject	Yes	PWD=UN	Pro-staglandin	None	Х	Χ	Χ										Not for self administration. IV only
	1.25mcg	Muse Prostin		SOL=ML															
		VR Pediatric																	
J0275	Alprostadil urethral	Muse	N/A		Pro-staglandin														Not Covered
	suppository																		
J0278	Injection, amikacin	Amikin	Yes	PWD=UN	Antibiotic	None	Χ	Х	Х	Χ				Х			1 T		Nurse practitioner added 1/1/09.
	sulfate, 100 mg			SOL=ML															
J0280	Injection aminophyllin up	Phyllocontin	Yes	PWD=UN	Broncho-dilator	None	Х	Х	Х						1			Х	
L	to 250mg			SOL=ML										<u> </u>	ļ				
J0282	Injection, amiodarone	Cordarone	Yes		Anti-arrhythmic		Х	Х											Effective 2/1/16, coverage added for OP hospitals.
	HCI 30 mg													<u> </u>					
J0285	Injection amphotericinB	Abelcent,	Yes	UN	Anti-fungal	None	Х	Х	Х										
	50mg	Amphocin,																	
10007	Inication combataviainD	Fungizonef	Vaa	ML	Anti funnal	Ness			V					-					
J0287	Injection amphotericinB lipid complex 10mg	Abelcet	Yes	IVIL	Anti-fungal	None	Х	Х	Х										
10200	Injection amphotericinB	Amphotec	Yes	UN	Anti-fungal	None	Х	Х	Х										
30200	cholesteryl sulfate com-	Amphotec	163	ON	Anti-Turigai	None	^	^	^										
	plex 10mg																		
J0289	Injection amphotericinB	Ambisome	Yes	UN	Antibiotic	None	Х	Χ	Χ										
	liposome 10mg.																		
J0290	Injection ampicillin	Totacillin-N	Yes	UN	Antibiotic	None	Х	Х	Χ	Χ								Х	
	sodium 500mg.	Omnipen-N																	
J0295	Injection ampicillin	Unasyn	Yes	UN	Antibiotic	None	Х	Χ	Х	Χ									
	sodium sulbactam																		
	sodium 1.5a																		
J0300	Injection amobarbital up	Amytal	Yes	UN	Anti-convulant	None	Х	Х	Х										
	to 125mg.													<u> </u>					
J0330	Injection succinylcholine	Anectine	Yes	PWD=UN	Neuro-muscular	None	Х	Х	Х										
	chloride up to 20mg.	Quelicin		SOL=ML	blocker		1	l						1	1	l			
10240	Injection enidulaturata	Sucostrin	Voc	UN	Anti-fungal	200 units per			Х	Х			-	-	+		\vdash	-	New code effective 4/4/07. Nurse practitioner added 4/4/00
JU348	Injection, anidulafungin, 1 mg	Eraxis	Yes	UN	Anti-iungal		Х	Х	^	٨					1				New code effective 1/1/07. Nurse practitioner added 1/1/09.
10350	Injection anistreplase	Eminase	N/A		Thrombolytic	day	 	 	\vdash				1	 	1		\vdash	-	Not Covered
30330	30H	Limiase	13/73	1	agent		1	l						1	1	l			INC. COVOICE
J0360	Injection hydralazine HCI	Apresoline	Yes	PWD=UN	Anti-	None	Х	Х	Х					t	1		H		
00000	up to 20mg	, .p. 000 iii 10	100	SOL=ML	hypertensive	140110	^	_ ^	_ ^						1				
J0364	Injection, apomorphine	Apokyn	Yes	PWD=UN	Dopamine	20 units per	Х	Х	Х	Х				1	1				Effective 10/1/2015 ICD-10 diagnosis codes G20 or G21.4
1	HCI, 1 ma	1		SOL=ML	Agonist	dav	1			•				1	1				New code effective 1/1/07. ICD-9 code 332.0 required on claim form. Nurse practitioner added 1/1/09.
J0365	Injection, aprotonin,	Trasylol	N/A		Blood Product														Not covered.
	10.000kiu				Derivative														
J0380	Injection metaraminol	Aramine	Yes	PWD=UN	Adrenergic	None	Х	Х	Х				1	1	1		ΙŢ		
	bitartrate 10mg			SOL=ML	agonist									<u> </u>					
J0390	Injection chloroquine HCI	Aralen	N/A	1	Anti-infective		1	1						1	1				Not Covered
L.	up to 250mg						<u> </u>	<u> </u>	\vdash					<u> </u>	1		L, I		
J0395	Injection arbutamine HCI	GenESA	Yes	UN	Thrombolytic	None	Х	Х	Х					1	1	l	Х		
10.400	1 ma	A Lane	N1/A		agent		 	 	┝		-		!	1	1		\vdash	-	New and affective 4/4/00. Not reviewed. Can DOC above
J0400	Injection, Aripiprazole IM,	Abilify	N/A		Atypical anti-		l								1				New code effective 1/1/08. Not covered. See POS pharmacy.
	0.25 ma			L	psychotic		<u> </u>	l						1	1				

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	ОРН	Н	IDT F	DC	Special Instructions
J0401	Injection, aripiprazole,	Abilify	N/A		Atypical anti-														New code effective 1/1/14. Not covered. See POS pharmacy.
J0456	extended release, 1 mg Injection azithromycin	Maintena Zithromax	Yes	UN	psychotic Antibiotic	1 per day	Х	Х	Х										
J0460	500 ma. Injection atropine sulfate up to 0.3ma	AtroPen	Yes	ML	Anti-cholenergic	3 per day	Х	Х	Х	Х									Closed 12/31/09. See J0461.
J0461	Injection, atropine sulfate, 0.01 mg.	AtroPen	Yes	ML	Anti-cholenergic	None	Х	Х	Х	Х									Effective 1/1/10.
J0470	Injection dimercaprol	BAL in oil	Yes	ML	Antidote	None	Х	Х	Х										
J0475	Injection baclofen 10mg	Lioresal	Yes	PWD=UN SOL=ML	Skeletal muscle relaxant	4 per day	Х	Х	Х									Х	Effective 10/1/2015 ICD-10 diagnosis codes G04.1, G40.401, G40.409, G40.411, G40.419, G80.0 - G80.2, G80.4, G80.8 - G81.14, G82.20 - G82.22, G82.50 - G82.54, G83.0, G83.10 - G83.14, G83.20 - G83.24, G83.30 - G83.34, G83.4, G83.5, G83.81 - G83.84, G83.89, G83.9, I63.50, I63.511, I63.512, I63.519, I63.522, I63.529, I63.531, I63.532, I63.539, I63.541, I63.542, I63.549, I63.59, R25.0 - R25.3, R25.8 or R25.9 ICD-9 diagnosis of 342.1 to 342.10, 342.11, 342.12, 343.0 - 344.9, 345.60 - 345.61, 434.91, or 781.0 must be
J0476	Injection baclofen 50mcg	Lioresal for intrathecal trial	Yes	ML	Skeletal muscle relaxant	1 per week	Х	Х	Х									Х	For intrathecal trial only.
J0480	Injection, basiliximab, 20 mg	Simulect	N/A		Immuno- suppressant														Not Covered
J0485	Injection, belatacept, 1	Nulojix	Yes	UN	Immuno-	1350 units	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes Z48.22 or Z94.0
J0490	Injection, belimumab, 10	Benlysta	Yes	UN	suppressant Immunlologic	dailv 260 units per month	Х	Х	Х							Х			Effective 1/1/13. Must be billed with V42.0. Minimum ane restriction of 18 years. Effective 10/1/2015 ICD-10 diagnosis codes M32.0, M32.10 - M32.15, M32.19, M32.8 or M32.9 Effective 11/1/2. Restricted to ICD-9 diagnosis 710.0. Minimum and restriction of 16 years.
	Injection dicyclomine HCI Injection 20mg	Bentyl Antispas Dilomine Dibent DiSpaz	Yes	PWD=UN SOL=ML	Anti-cholenergic	None	Х	Х	Х										Effective WWT. Restricted to 100-9 diadriosis / 10.0. Millimidin add festilication of 10 years.
	Injection benztropine mesylate 1mg	Cogentin	Yes	PWD=UN SOL=ML	Anti-cholenergic	None	Х	Х	Х	Х		Х							
	Injection bethanechol chloride up to 5mg	Urecholine Mytonachol	Yes	UN	Cholenergic	None	Х	Х	Х										
	Injection penicillinG benzathine & penicillinG procaine up to 600K U	Bicillin CR	Yes	ML	Antibiotic	None	Х	Х	Х	Х									Closed12/31/09. See J0559.
	Injection penicillinG benzathine & penicillinG procaine up to 1.2m U	Bicillin CR	Yes	ML	Antibiotic	None	Х	Х	Х	Х									Closed 12/31/09. See J0559.
	Injection penicillin G benzathine & penicillinG procaine up to 2 4m U	Bicillin CR	Yes	ML	Antibiotic	None	Х	Х	Х	Х									Closed 12/31/09. See J0559.
	Injection, penicillin G benzathine & penicillin G procaine, 100,000 U.	Bicillin CR	Yes	ML	Antibiotic	none	Х	Х	Х	Х						Х			Effective 1/1/11.
	Injection, penicillin G benzathene and penicillin G procaine, 2500 U	Bicillin CR	Yes	ML	Antibiotic	none	Х	Х	Х	Х						Х			Closed 12/31/10. See J0558 after this date. Original effective date, 1/1/10. Deny with ICD-9 diagnosis of 090.0 - 097.9
	Injection penicillinG benzathine up to 600K U	Bicillin LA Permapen	Yes	ML	Antibiotic	None	Х	Х	Х	Х									Closed 12/31/10. See J0561 after this date.

					r -				-										-1-
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI			C Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
J0561	Injection, penicillin G	Bicillin LA	Yes	ML	Antibiotic	None	Х	Х	Х			_	1			Х	+	+	New code effective 1/1/11.
30301	benzathine, 100,000 U.	Permapen	163	IVIL	Antibiotic	None	^	^	^							^			New Code effective 1/1/11.
J0565	Injection, bezlotoxumab,	Zinplava	Yes	ML	Anti-infective	None	Х	Х	Х	Х			1			1	+	+	Effective 1/1/18. Restricted to ICD-10 A04.71, A04.72. Minimum age of 18 years.
00000	10 ma.	Ziripiava	100	IVIL	7 and amounto	140110		^		_ ^									Elloware 1,776. Resulted to 165 to 764.71,764.72. William age of 16 years.
J0570	Buprenorphine implant,	Probuphine	Yes	ML	Anti-	Eight units			Х									1	Effective 1/1/17. Restricted to ICD-10 diagnosis F11.20, F11.21, F11.229, F11.259, F11.23, F11.93.
	74.2 mg				dependence	yearly													Minimum age of 16 years.
10574	ŭ	0.1.	.,								<u> </u>					<u> </u>		+-	5
J05/1	Buprenorphine, oral, 1	Subutex	Yes	EA	Anti-	24 units daily													Effective 7/1/17. Covered entities are Mental Health Clinic & Mental Health Rehabilitation.
	mg.				dependence														
J0572	Buprenorhpine/Naloxone	Suboxone	Yes	EA	Anti-	3 units daily													Effective 7/1/17. Covered entities are Mental Health Clinic & Mental Health Rehabilitation.
	, oral, 2 mg./0.5 mg.				dependence														
10574	Buprenorhpine/Naloxone	Suboxone	Yes	EA	Anti-	3 units daily							+			1	+	+	Effective 7/1/17. Covered entities are Mental Health Clinic & Mental Health Rehabilitation.
30374	, oral, 8 mg./2 mg.	Suboxone	163	LA	dependence	3 units daily													Effective 7/1/17. Covered efficies are identification of wentar nearth Kenabilitation.
					dependence														
J0583	Injection bivalirudin 1mg	Angiomax	Yes	UN	Anti-coagulant	None	X	Х											0
J0585	Botulinum toxin type A	Botox	Yes	UN	Neuro-muscular	none	Х	Х	Х									+	See previous webpage for Botulinim Code Coverage and diagnoses.
00000	per unit.	Botox		0.1	blocker	110110	, ,		, ·										Prior authorization required. Contact Kepro Healthcare at 800-346-8272 or 304-343-9663.
	por arma				Diocito:														Effective 1/1/07. CPT codes 31513, 31570, 31571, 43201, 43236, 46505, 52287, 64616, 64617, 64614,
																			CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN CARAN
J0586	Injection,	Dysport	Yes	UN	Neuro-muscular	none	Х	Χ	Х										See previous webpage for Botulinim Code Coverage and diagnoses.
	abobotulinumtoxinA, 5 U				blocker														Prior authorization required. Contact Kepro Healthcare at 800-346-8272 or 304-343-9663
																			Effective 1/1/10. CPT codes 31513, 31570, 31571, 43201, 43236, 46505, 64616, 64617, 64614, 64640,
									L.,		-		_			<u> </u>	_	4	64642 64644 64645 64646 64647 64660 64662 or 67245 must be billed on claim form
J0587	Botulinum toxin type B	Myobloc	Yes	ML	Neuro-muscular	none	Х	Х	Х										See previous webpage for Botulinim Code Coverage and diagnoses.
	per 100 U				blocker														Prior authorization required. Contact Kepro Healthcare at 800-346-8272 or 304-343-9663
																			Effective 1/1/07. CPT codes 31513, 31570, 31571, 43201, 43236, 46505, 64616 , 64617 , 64614, 64640,
10500	Injection,	Xeomin	Yes	UN	Neuro-muscular	none	Х	Х	Х				+			1	+	+	See previous webpage for Botulinim Code Coverage and diagnoses.
30300	incobotulinimtoxin A, 1	Acomin	103	OIV	blocker	Hone		^	^										Prior authorization required. Contact Kepro Healthcare at 800-346-8272 or 304-343-9663
	unit				DIOCKEI														Effective 1/1/12. CPT codes 31513, 31570, 31571, 43201, 43236, 46505, 64616, 64617, 64614, 64640,
	ariit																		64642, 64643, 64644, 64645, 64646, 64647 , 64650, 64653 or 67345 must be billed on claim form. Minimum
																			age restriction of 5 years.
L.									<u> </u>		<u> </u>					<u> </u>		_	
J0592	Injection buprenorphine	Buprenix	Yes	PWD=UN	Analgesic	6 per day	Х	Х	Х		1					1			
10504	HCl 0.1ma Injection, busulfan, 1 mg	Dug: If a	V	SOL=ML	narcotic	Ness	V	~	Х		 	1	1-	1	+	1		+	New code offective 1/4/07
	Injection, busulfan, 1 mg Injection butorphanol	Busulfex Stadol	Yes Yes	ML PWD=UN	Alkylating agent Analgesic	None None	X	X	X	-	1	1	+	1	+	1	+	+	New code effective 1/1/07.
10090	tartrate 1mg	Stadul	168	SOL=ML	narcotic	None	^	^	^				1						
.10596	Injection, c1 esterase	Ruconest	Yes	UN	Enzymatic	None	Х	Х	Х	-	1	1	+	1	+	1	+	+	Effective 1/1/16. Restricted to ICD-10 D81.810, D84.1. Minimum age restriction of 13 years.
30330	inhibitor (recombinant),	raconost	169	JIN	Liizyillalic	140116	^	^	^		1					1			Endours 1, 1, 10. Restricted to 100-10 bot. 010, bot. 1. Willimitalin age restriction of 13 years.
	10 units												1						
L			.						<u> </u>		<u> </u>	<u> </u>				1			
J0597	Injection, C-1 esterase	Berinert	Yes	UN	C1 protein	Maximum	Х	Х	Х		1					Х			Effective 10/1/2015 ICD-10 diagnosis codes D81.810 or D84.1
	inhibitor (human), 10 U.				inhibitor	service limit							1						Update to service limit, effective 1/1/11 . New code effective 1/1/11. Restricted to ICD-9 diagnosis 277.6.
10500	Inication Od	Ciar	V	1181	C4 ===1=1=	280 u. dailv				.,	1	1	+	1	+		+	+	Restricted to age 16 and above
J0598	Injection, C1 esterase	Cinryze	Yes	UN	C1 protein	none	Х	Х	X	Х	1					X			Effective 10/1/2015 ICD-10 diagnosis codes D81.810 or D84.1
	inhibitor (human), 10 U				inhibitor								1						Service limit update, effective 4/1/11. Code effective 1/1/10. Restricted to ICD-9 diagnosis 277.6. Restrict
10600	Injection edetate calcium	Calcium	Yes	PWD=UN	Antidote	None	Х	Х	Х		!		+	1	+	\vdash	-	+	to age 16 and above
30000	disodium up to 1000mg.	Disodium	169	SOL=ML	Antidote	140116	^	^	^		1					1			
	alsocially up to 1000ling.	Versenate,		JOL=IVIL									1						
		Calcium											1						
		Calcium											1						
		EU114	•		•				•	•	•	•		•		•	_	•	•

			T						_								1		
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
								L							<u> </u>		-		
J0606	Injection, etelcalcetide,	Parsabiv	Yes	ML	Parathyroid	None	Х	Х	Х	Х									Effective 1/1/18. Restricted to ICD-10 N25.81. Minimum age of 16 years.
10040	0.1 mg.	IZ-lai-ata		1.15.	Electrol de	Maria		V					-				-	-	
J0610	Injection calcium gluco-	Kaleinate	Yes	UN	Electrolyte	None	Х	Х											
10630	nate 10ml Injection calcium glycer-	Calphosan	Yes	ML	Supplement Electrolyte	1 per day	Х	Х	Х				+				1	1	
	ophosphate & calcium	Calphosan	165	IVIL	Supplement	i pei day	^	^	^										
	lactate 10ml				Supplement														
.10630	Injection calcitonin	Miacalcin	N/A		Antidote														Not covered.
00000	salmon up to 400 U	Caalcimar	14//		7 ti tidoto														, and developed.
J0636	Injection calcitrol 0.1mcg	Calcijex	Yes	ML	Vitamin, fat	30 per day	Χ	Χ	Х									Х	
	,				soluble	- 1	l											1	
J0637	Injection caspofungin	Cancidas	Yes	UN	Anti-fungal	14 per day	Χ	Χ	Х										
	acetate 5mg			1	3.5		1					l	1	1	1	1		1	
J0638	Injection, canakinumab,	llaris	Yes	UN	Interleukin-	Maximum	Х	Χ	Х							Х			Code closed 10/31/13. Refer to Pharmcy Point of Sale. New code effective 1/1/11. Restricted to ICD-9
	1 mg.				1beta blocker	service limit													diagnosis 708.2. Restricted to age 4 and above.
	•					150 u. daily													
J0640	Injection Leucovorin	Wellcovorin	Yes	PWD=UN	Antidote	25 per day	X	X	Х										
	calcium 50mg			SOL=ML															
J0641	Injection, Levoleucovorin	Fusilev	Yes	UN	Folate analog		Х	X	Х										Physician added to covered providers, effective 1/1/10. New code effective 1/1/09.
	calcium, 0.5 mg.																		
	Injection mepivacine	Carbocaine	Yes	ML	Local Anesthetic	1 per day	Х	X	Х										
	HCL 10ml.	Polocaine																	
10000		Isocaine HCL	.,	DIAME LINE													_		
	Injection cefazolin	Ancef	Yes	PWD=UN	Antibiotic	None	Х	Х	Х	Х								Х	
	sodium 500mg.	Kefzol		SOL=ML															
10000	Injection cefepime HCL	Zolicef Maxipime	Yes	UN	Antibiotic	8 per day	Х	Х	Х	Х							+		
J0092	500ma	Maxipime	165	UN	ATIUDIOUC	o per day	^	^	^	^									
J0694	Injection cefoxitin sodium	Mefoxin	Yes	PWD=UN	Antibiotic	1 per day	Х	Х	Х	Х									
00004	1a	Wichoxiii	100	SOL=ML	71111111111111	i per day	_ ^	^		^									
J0695	Injection, ceftolozane 50	Zerbaxa	Yes	UN	Antibiotic	None	Х	Х	Х	Х									Effective 1/1/16. Minimum age of 18 years.
	mg and tazobactam 25																		
	mg																		
	•	D b.t.		DIA/D LIN	A ('b-11'-	0		V					-				-		
J0696	Injection ceftriaxone	Rocephin	Yes	PWD=UN	Antibiotic	8 per day	Х	Х	Х	Х	Х							Х	
J0697	sodium 250 mg. Injection sterile	Kefurox	Yes	SOL=ML PWD=UN	Antibiotic	2 per day	Х	Х	Х	Х			1					Х	
	cefuroxime sodium	Zinacef	165	SOL=ML	ATIUDIOUC	∠ per uay	_ ^	^	_ ^	^								_^	
	750ma	Zillacei		30L=IVIL			l												
J0698	Cefotaxime sodium per g	Claforan	Yes	PWD=UN	Antibiotic	1 per day	Х	Х	Х	Х			1		†		1	Х	
30000	z z z z z z z z z z z z z z z z z z z	J.a.J.a.i		SOL=ML	,	. po. day	^`	``	l ^`	``								``	
J0702	Injection betamethasone	Celestone	Yes	ML	Anti-	9 per day	Х	Х	Х	Х				Х			1		
	acetate &	Soluspan			inflammatory	. ,				1		l	1		1	1		1	
	betamethasone sodium	×=-======					l												
	phosphate 3mg						<u> </u>		L_	<u> </u>		L	<u></u>	<u> </u>		L	L		
J0704	Injection bemethasone	Adbeon	Yes	UN	Anti-	2 per day	Χ	Χ	Χ	Χ	Χ			Х					
	sodium phosphate 4mg.				inflammatory														
J0706	Injection caffeine citrate	Cafcit	Yes	PWD=UN	Analeptic	None	Х	Х	Х										
	5 mg			SOL=ML											<u> </u>				
	Injection cephapirin	Cefadyl	Yes	UN	Antibiotic	1 per day	Х	X	Х			l	1	1	1	1		Х	
	sodium up to 1g							<u> </u>					1		 	L		<u> </u>	
	Injection, ceftaroline	Teflaro	Yes	UN	Antibiotic	120 units per	Х	Х	Х	Х		l	1	1	1	Х		1	Effective 10/1/2015 ICD-10 diagnosis codes A48.1, A49.02, A49.1 - A49.3, A49.8, B95.0, B95.1 - B95.5,
	fosamil, 10 mg.			1		day	1					l	1	1	1	1		1	B95.61, B95.62, B95.7, B95.8, B96.0, B96.1, B96.20 - B96.23, B96.29, B96.3 - B96.7, B96.81, B96.89, J14,
				1			1					l	1	1	1	1		1	J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3 - J15.6 or J15.8
$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$			1	L	I		<u> </u>		<u> </u>					<u> </u>			1		Effective 1/1/12 Postricted to ICD 0 diagnosis 0/1 00 - 0/1 90 or /92 0 - /92 90

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	MF	н Н	S F	PO	ОРН	НІ	IDT F	DC	Special Instructions
	Injection ceftazidime 500 mg Injection, ceftazidime and avibactam, 0.5 q/0.125 q	Ceptaz Fortaz Tazidime Avycaz	N/A Yes	UN	Antibiotic Antibiotic	None	X	X	X	X										Not Covered Effective 1/1/16. Minimum age of 18 years.
J0715	Injection ceftizoxime	Ceflzox	Yes	PWD=UN	Antibiotic	2 per day	Х	X	Х	X										
	sodium 500 mq Injection, certolizumab	Cimzia	Yes	SOL=ML UN	TNF blocker	400 units per	X	X		X										Effective 10/1/2015 ICD-10 diagnosis codes K50.00, K50.011 - K50.014, K50.018, K50.019, K50.10,
	pegol, 1 mg					day														K50.111 - K50.114, K50.118, K50.119, K50.80, K50.811 - K50.814, K50.818, K50.819, K50.90, K50.911 - K50.914, K50.918, K50.919, M05.001, M05.011, M05.012, M05.019, M05.021, M05.029, M05.031, M05.032, M05.039, M05.041, M05.024, M05.09, M05.031, M05.032, M05.039, M05.041, M05.024, M05.09, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.01, M05.111, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.629, M05.631, M05.6171, M05.179, M05.30, M05.60, M05.611, M05.612, M05.621, M05.622, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.711, M05.712, M05.719, M05.719, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.831, M05.832, M05.769, M05.811, M05.812, M05.811, M05.812, M05.821, M05.821, M05.829, M05.831, M05.832, M05.762, M05.769, M05.811, M05.842, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M06.071, M06.072, M06.079, M06.11, M06.211, M06.212, M06.219, M06.221, M06.229, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.242, M06.242, M06.259, M06.259, M06.261, M06.262, M06.269, M06.271, M06.271, M06.852, M06.859, M06.861, M06.862, M06.863, M06.861, M06.862, M06.862, M06.869, M06.871, M06.872, M06.879, M06.894, M06.851, M06.862, M06.862, M06.863, M06.871, M06.872, M06.874, M06.811, M06.812, M06.852, M06.862, M06.869, M06.871, M06.872, M06.879, M06.894, M06.851, M06.862, M06.869, M06.871, M06.872, M06.879, M08.401, M08.411, M08.412, M08.411, M08.412, M08.412, M08.422, M08.429, M08.421, M06.802, M06.803, M08.401, M08.411, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.412, M08.4141, M08.4141, M08.4141, M08.4141, M
J0718	Injection, certolizumab	Cimzia	Yes	UN	TNF blocker	400 units per day	Х	Х	Х	Х							Х			Closed 12/31/13. See J0717. Effective 1/1/10. Restricted to ICD-9 diagnosis 555.0 - 555.9 or 714.0 - 714.9 Restrict to age 18 and above
		Chloromycetin Sodium Succinate	Yes	UN	Antibiotic	None	Х	Х	Х											
J0725	Injection, chorionic gonadotropin per 1000 USP units	Novarel Profasi Pregnyl	Yes	UN	Gonadotropin	10 per day	Х	Х	Х											Not for fertility treatment and diagnosis. Restricted to female, maximum age of 21 years. Service limit updated, effective 11/1/09.
	Injection clonidine HCI 1mg	Catapres Duraclon	Yes	PWD=UN SOL=ML	Alpha Adrenergic Agonist	None	Х	Х	Х											
	Injection cidofovir 375mg Injection cilastatin sodium imipenem 250	Vistide Primaxin	Yes Yes	ML UN	Anti-viral Anti-infective	None None	X	X	X	Х									Х	
	ma. Injection ciprofloxacin for IV infusion 200mq	Cipro Ciloxan	Yes	ML	Antibiotic	None	Х	Х	Х	Х										
	Injection codeine phosphate 30mg	Phenaphen with codeine	Yes	PWD=UN SOL=ML	Analgesic narcotic	None	Х	Х	Х											
J0760	Injection colchicine 1mg		Yes	PWD=UN SOL=ML	Anti-gout	None	Х	Х	Х											

			T = =						_								1		
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	РО	OPH	l HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
L							L.,										<u> </u>		
J0770	Injection colistimethate	Coly-Mycin M	Yes	UN	Antibiotic	None	Х	Х	Х										
10775	sodium up to 150mg. Injection, collagenase,	VC 0											ļ		-		-	-	
J0775	clostridium histolyticum,	Xiaflex	Yes	UN	Enzymatic	None	Х	Х	Х	Х									Effective 10/1/2015 ICD-10 diagnosis code M72.0
	0.01 mg.																		New code effective 1/1/11. Restricted to ICD-9 diagnosis 728.6 Restricted to ages 18 years and above.
10700	Injection	Commonica	Yes	PWD=UN	Antiemetic	None	Х	Х	Х	Х									
30760	prochlorperazine up to	Compazine	165	SOL=ML	Antiemetic	None	^	^	^	^									
	10mg	Compa-Z Contrazine		3OL=IVIL															
.10795	Injection, corticorelin	ACTHREL	Yes		Diagnostic														New code effective 1/1/06. Bundled into service.
00700	ovine triflutate, 1 mcg	NOTTIKEE	100		Agent														New State Circulate 177766. Building Strike.
J0800	Injection corticotropin up	Cortrosyn	Yes	ML	Diagnostic	None			Х								Х		
	to 40U	ACTH	1		Agent				l								1		
1		Acthar	l		, .go														
J0833	Injection, cosyntropin,				Diagnostic														Not covered.
	NOS, 0.25 mg.				Agent														
J0834	Injection, cosyntropin,	Cortrosyn	Yes	UN	Diagnostic	3 per day	Х	Х	Х	Х						Х			Diagnosis restrictions removed, effective 1/1/12. Code opened 1/1/10. Restricted to ICD-9 diagnosis
	(Cortrosyn), 0.25 mg.	·			Agent														255.41 - 255.42.
J0835	Injection cosyntropin	Cortrosyn	Yes	UN	Diagnostic	3 per day			Х								Х		Closed 12/31/09. See J0833 & J0834.
	0.25mg				Agent														
J0840	Injection, crotalidae	CroFab																	Not covered.
	polyvalent immune fab																		
	(ovine), up to 1 gram																		
J0850	Injection cytomegalovirus	CytoGam	N/A		Immune globulin														Not covered.
	immune globulin IV																		
	(human) per vial																		
10975	Injection, dalbavancin,	Dalvance	Yes	UN	Antibiotic	none	Х	Х	Х										Effective 1/1/16. Restricted to diagnosis ICD-10 B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1 - L02.03,
30073	5mg	Dalvarice	165	ON	Antibiotic	Horie	^	^	^										L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239,
	Sing																		L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436, L02.439,
																			L02.511, L02.512, L02.519, L02.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.611, L02.612,
																			L02.619, L02.621, L02.622, L02.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821, L02.828,
																			L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019, L03.021, L03.022, L03.029, L03.031,
																			L03.032, L03.039, L03.041, L03.042, L03.049, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129,
																			L03.211, L03.212, L03.221, L03.222, L03.311 - L03.316, L03.317, L03.319, L03.321 - L03.326, L03.327,
																			L03.329, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02,
																			L05.91, L05.92, L08.0, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0 or L98.3. Minimum age of 16 years.
1			l																
1			l																
1			l																
1			l																
.10272	Injection daptomycin	Cubicin	Yes	UN	Antibiotic	4 units per	Х	Х	Х				1	1	l		1	1	Maximum dose 4 units per day X 14 days. Adults only.
30070	1mg.	Oubiciii	163	011	AHUDIOUG	day X 14	^	_ ^	_^										Maximum acco 4 anno por day A 14 days. Addits only.
1	·····g.		l			day X 14													
J0881	Injection, darbepoetin	Aranesp	Yes	ML	Colony	None	Х	Х	Х	Х									Effective 10/1/2015 ICD-10 diagnosis codes N18.6 (End Stage Renal Disease)
	alfa, 1 mcg(non-ESRD				stimulating														Exclude ICD-9 585.6(End Stage Renal Disease). Nurse practitioner added 1/1/09.
	use)		<u> </u>	<u> </u>	factor		L	<u> </u>	L	L					Ш.		L	L	
J0882	Injection, darbepoetin	Aranesp	Yes	ML	Colony	None	Х	Х	Х	Χ								Х	Effective 10/1/2015 ICD-10 diagnosis codes N18.6 (End Stage Renal Disease)
	alfa, 1 mcg(for ESRD on	,	l		stimulating														ICD-9 585.6(End Stage Renal Disease) needed on claim form. Nurse practitioner added 1/1/09.
	dialysis)				factor														,
J0883	Injection, argatroban, 1		l				1										1		Effective 1/1/17. Not covered.
	ma (for non-ESRD use)																		
	· · · · · · · · · · · · · · · · · · ·		_				_	_		_								_	

0.4.	B	Brand Name	NDO	NDO'r	0-1	0 1	140	0411		ND	2000		1		Lonu		IDT	DO	On a let the tweeters
Code	Description	Brand Name	NDC	NDC unit	Category	Service	_	CAH	Р	NP	IVIVV	IVIH	нъ	РО	OPH	HI	וטו	DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
10001																			
J0884	Injection, argatroban, 1																		Effective 1/1/17. Not covered.
	mg (for ESRD on																		
10005	dialvsis) Injection, epoetin alfa,	F	Yes	ML	Calanii	None	Х	Х	Х	Х									Effective 40/4/2015 ICD 40 diagnosis and a N40 C (Fod Chara Danel Diagnos)
J0885		Epogen,	res	IVIL	Colony	None	^	^	^	^									Effective 10/1/2015 ICD-10 diagnosis codes N18.6 (End Stage Renal Disease)
	1000 units(for non-ESRD	Procrit			stimulating														Exclude ICD-9 585.6(End Stage Renal Disease). Nurse practitioner added 1/1/09.
10006	use) Injection, epoetin alfa,	Epogen,	Yes	ML	factor Colony	None	Х	Х	Х	Х					+			V	Closed 12/31/15. See Q4081. Effective 10/1/2015 ICD-
30000	1000 units(for ESRD on	Procrit	163	IVIL	stimulating	None	^	^	_ ^	^									
		Prociii			factor														10 diagnosis codes N18.6 (End Stage Renal Disease)
	dialysis)				lactor														ICD-9 585.6(End Stage Renal Disease) needed on claim form. Nurse practitioner added 1/1/09.
J0887	Injection, epoetin beta, 1	Mircera	Yes	ML	Erythropoieton	none												Χ	Effective 1/1/15. Include diagnosis of ICD-9 585.6 or ICD-10 N18.6.
	mcq. (ESRD use)				Stimulating														•
	3 (1 11)				agent														
J0888	Injection, epoetin beta, 1	Mircera	Yes	ML	Erythropoieton	none												Χ	Effective 1/1/15. Exclude diagnosis of ICD-9 585.6 or ICD-10 N18.6.
	mcg. (non-ESRD use)				Stimulating														•
	,				agent														
J0890	Injection, peginesatide,	Omontys	Yes	ML	Erythropoieton	None												X	Voluntary Drug Recall: Effective 2/24/13, until further notice. Effective 1/1/13.
	0. 1 mg				Stimulating														Restricted to ICD-9 diagnosis of 285.21 and 585.6. Minimum age restriction of 16 years.
	, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second				agent														3
J0894	Injection, decitabine, 1	Dacogen	Yes	UN	Anti-neoplastic	None	Х	Х	Х										New code effective 1/1/07.
	mg																		
J0895	Injection deferoxamine	Desferal	Yes	UN	Antidote	12 per day	Х	Х	Х									Х	
	mesvlate 500ma																		

					•				_		T	T					1			
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	PC	OPI	1	HI	IDT	Specia	al Instructions
			ed	measure		Lillius	UF	UF										-		
			eu	illeasure																
J0897	Injection, denosumab, 1	Prolia	Yes	ML	Osteoporotic	120 units per	Χ	Х	Х	Х							Х		Effecti	ve 10/1/2015 ICD-10 diagnosis codes
	mg.	Xgeva				27 days													C34.80	pspital and Physician restricted to: C33, C34.00, C34.01, C34.02, C34.10 - C34.12, C34.2, C34.30 - 0, C34.81, C34.82, C34.90 - C34.92, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, 12, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229,
																			C50.31	12, C50.113, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.511, C50.512, C50.511, C50.522, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621, C50.621,
																			C50.92	22, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, 21, C50.922, C50.929, C61, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C73, C79.51, C79.52 and dentified for Nurse Practitioners below.
																			For Nu	urse Practitioner and Home infusion restricted to: M48.50xA - M48.58xA, M80.00xA, M80.00xD, 0xG, M80.00xK, M80.00xP, M80.00xS, M80.011A, M80.012A, M80.019A, M80.021A, M80.022A,
																			M80.02	29A, M80.031A, M80.032A, M80.039A, M80.041A, M80.042A, M80.049A, M80.051A, M80.052A, 59A, M80.061A, M80.062A, M80.069A, M80.069D, M80.069G, M80.069K, M80.069P, M80.071A,
																			M80.81	72A, M80.079A, M80.08xA, M80.80xA, M80.80xD, M80.80xG, M80.80xK, M80.80xP, M80.80xS, 11A, M80.812A, M80.819A, M80.821A, M80.822A, M80.829A, M80.831A, M80.832A, M80.839A,
																			M80.86	41A, M80.842A, M80.849A, M80.851A, M80.852A, M80.859A, M80.861A, M80.861D, M80.861G, 61K, M80.861P, M80.862D, M80.862D, M80.862P, M80.869P, M80.869D, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.869P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P, M80.86P
																			M84.40	000A, M84.40xD, M84.40xG, M84.40xK, M84.40xP, M84.40xS, M84.411A, M84.412A, M84.419A, 21A, M84.422A, M84.429A, M84.431A - M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.434A, M84.444A, M84.446A, M84.451A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.454A, M84.
																			M84.45	52A, M84.453A, M84.454A, M84.459A, M84.461A - M84.464A, M84.469A, M84.469S, M84.471A, 71S, M84.472A, M84.472S, M84.473A, M84.473D, M84.473S, M84.474A - M84.479A, M84.48xA,
																				0xA, M84.50xD, M84.50xG, M84.50xK, M84.50xP, M84.50xS, M84.511A, M84.512A, M84.519A, 21A, M84.522A, M84.529A, M84.531A - M84.534A, M84.539A, M84.541A, M84.542A, M84.549A,
																			M84.60	50A - M84.553A, M84.559A, M84.561A - M84.564A, M84.569A, M84.571A - M84.576A, M84.58xA, 0xA, M84.60xD, M84.60xG, M84.60xK, M84.60xP, M84.60xS, M84.611A, M84.612A, M84.619A,
																			M84.65	21A, M84.622A, M84.629A, M84.631A - M84.634A, M84.639A, M84.641A, M84.642A, M84.649A - 53A, M84.659A, M84.661A - M84.664A, M84.669A, M84.669S, M84.671A - M84.676A or M84.68xA te limit updated, 3/13/14. Effective 1/1/12. Restricted to 162.0 - 162.9, 174.0 - 174.9, 175.0 - 175.9,
																			185, 18	8.0., 189.1, 193, 198.5, 73.01 - 733.19 for Hospital and Physician . Restricted to ICD-9 diagnosis - 733.19 only for Nurse Practitioner and Home infusion.
																				. Son o sing to made a decision and removement
J0900	Injection testosterone enanthate & estradiol valerate up to 1cc	Andro-Estro 90-4 Androgyn LA	Yes	UN	Androgen	1 every 3 weeks	Х	Х	Х				1						Female	e only.
J0945	Injection brompherinamine maleate10mg	ND Stat	Yes	PWD=UN SOL=ML	Respiratory agent	1 per day	Х	Х	Х											
J0970	Injection estradiol	Delestrogen	Yes	PWD=UN	Contraceptive	1 every 3	Х	Х	Х	Х			\dagger		1				Female	e only.
	valerate up to 40mg	Estradiol LA Valergen Estra-I		SOL=ML		weeks														
J1000	Injection depoestradiol cyplonate up to 5mg	Estradiol Cypionate	Yes	PWD=UN SOL=ML	Hormonal Replacement	1 per 3 weeks	Х	Х	Х	Х									Female	e only.
		Estra-D Estra-Cyp																		

		,			1										,				·
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
J1020	Injection	DepoMedrol	Yes	UN	Anti-	None	Х	Х	Χ	Χ				Χ					
	methylprednisolone	·			inflammatory														
	acetate 20mg				,														
J1030	Injection	DepoMedrol	Yes	PWD=UN	Anti-	None	Х	Х	Χ	Χ				Х					
	methylprednisolone	MPrednisol		SOL=ML	inflammatory														
	acetate 40mg	Rep-Pred																	
J1040	Injection	DepoMedrol	Yes	ML	Anti-	None	Х	Х	Χ	Χ				Х					Podiatrist added as covered provider, effective 1/1/10.
	methylprednisolone	Medralone			inflammatory														
	acetate 80mg	Prednisol			"" and "" and ""														
	acetate domg	RedPred																	
J1050	Injection,	Depo-Provera	Yes	ML	Contraceptive	None	Х	Х	Х	Х	Х		1		1				Effective 1/1/13.
3.000	medroxyprogesterone				23		^`	l ^`	``	•	^`		1		1				Total
I	acetate. 1 mg		l				1	l				1			1	1			
J1051	Injection	Depo-Provera	Yes	ML	Contraceptive	20 per day	Х	Х	Х				1		1				Closed 12/31/12. See J1050 after this date. Female only.
3.00	medroxyprogesterone				23	_0 po. day	^`	^`	``										
I	acetate 50mg																		
J1055	Injection	Depo-Provera	Yes	ML	Contraceptive	1 per day	Х	Х	Х	Х	Х		1		1				Closed 12/31/12. See J1050 after this date. Female only.
31000	medroxyprogesterone	2 spo 1 10 tota	100	IVIL	Contidooptive	. por day	^`	^	^	^	\ \ \								State 120 / 12. Coo 5 1000 arter tille date. I emale omy.
I	acetate 150 mg		l				1	l				1			1	1			
.11056	Injection	Lunelle	Yes	ML	Contraceptive	1 per day	Х	Х	Х	Х	Х		1		1 -		+		Female only.
0 1000	medroxyprogesterone	Luilelle	163	IVIL	Johnacephive	i pei uay	^	_ ^	^	Λ	_ ^	1			1				ornaio orny.
1			l				1	l				1			1	1			
I	acetate/estradiol																		
.11060	Injection testosterone	Depo-	Yes	ML	Androgen	1 per	Х	Х	Х				1		1 -		+		Female only.
31000	cypionate & estradiol	Testadiol	103	IVIL	Androgen	3 weeks	^	^	^										Terrate only.
	cypionate & estradior	Andro/Fem				3 weeks													
11070	Injection testosterone	Depo-	Yes	PWD=UN	Androgen	Male only.	Х	Х	Х	Х							1		Closed 12/31/14. See J1071 after this date. Service limit removed 1/1/13. Nurse practitioner added
31070	cypionate up to 100mg	Testosterone	163	SOL=ML	Androgen	wate only.	^	_ ^	^	^									1/1/09.
	cypionate up to roomg			30L=IVIL															ir ros.
11071	Injection, testosterone	Depotest Depo-	Yes	PWD=UN	Androgen	Male only.	Х	Х	Х	Х							+	· ·	Effective 1/1/15.
31071			165	SOL=ML	Androgen	iviale of ity.	^	^	^	^								^	Ellective 1/1/15.
	cypionate, 1mg	Testosterone		SOL=IVIL															
		Depotest																	
I			l				1	l				1			1	1			
J1080	Injection testosterone	Depo-	Yes	ML	Androgen	1 per week	Х	Х	Х	Х			1		1				Closed 12/31/14. See J1071 after this date. Male only. Nurse practitioner added 1/1/09.
	cypionate 1cc 200mg	Testosterone				. p	l ^`	``	l '` l			1			1	1			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	-,	Depotest	1	I			1	1				1			1				
I		Andro-Cyp																	
I		200																	
J1094	Injection dexamethasone	Dalalone LA	Yes	PWD=UN	Anti-	20 per day	Х	Х	Х				1	Х	1				
0.354	acetate 1mg	Jaiaiono LA	. 55	SOL=ML	inflammatory	_0 por day	l ^`	l ^	(`)			1		_ ^	1	1			
	accidio illig		1	JOL-IVIL	amaninatory		1	1				1			1				
J1100	Injection dexamethosone	Cortastat	Yes	ML	Anti-	None	Х	Х	Х	Х			1	Х	1				Service limit removed, effective 1/1/11.
1	sodium phosphate 1mg	Dalalone	. 55		inflammatory		l ^`	l ^	(`)			1		_ ^	1	1			
	oodium phosphate mily	Daidione	l		ii ii iai ii ii iai ii i		1	l				1			1	1			
							L		\sqcup			<u> </u>	1	<u> </u>	1		\perp		
J1110	Injection	DHE 45	Yes	PWD=UN	Anti-migraine	3 per day	X	Х	Х										
	dihydroergotamine		l	SOL=ML			1	l				1			1	1			
	mesvlate 1mg						<u> </u>		لببا			<u> </u>	1	<u> </u>	1		ш		
J1120	Injection acetazolamide	Diamox	Yes	UN	Glaucoma	None	X	Х	Х										
	sodium up to 500mg						<u> </u>						1	<u> </u>	1		\perp		
J1130	Injection, diclofenac																		Effective 1/1/17. Not covered. See pharmacy POS.
	sodium, 0.5 mg																		
J1160	Injection digoxin up to	Lanoxin	Yes		Anti-arrhythmic	None	Х	Х	Х			1	1		1	1	1]	1	
	0.5 ma			SOL=ML															

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	і Інѕ	P	0 10	PH	н	IDT	DC	Special Instructions
Code	Description		Requir	of	Category	Limits	OP	OP	-	INF	10100	IVII	1113	-	۲۱۰			F	ВС	Special ilistructions
			ed	measure		Lilling	٥.	٥.										•		
			-																	
J1162	Injection, digoxin immune	Digibind,	Yes	UN	Antidote	10 vials	Х	Χ	Χ											Effective 10/1/2015 ICD-10 diagnosis codes T36.0X2A, T36.0X2D, T36.0X2S, T36.0X4A, T36.0X4D,
	fav (ovine), per vial	Digifab																		T36.0X4S, T36.1X2A, T36.1X4A, T36.2X2A, T36.2X2D, T36.2X2S, T36.2X4A, T36.2X4D, T36.2X4S,
																				T36.3X2A, T36.3X2D, T36.3X2S, T36.3X4A, T36.3X4D, T36.3X4S, T36.4X2A, T36.4X2D, T36.4X2S,
																				T36.4X4A, T36.4X4D, T36.4X4S, T36.5X2A, T36.5X2D, T36.5X2S, T36.5X4A, T36.5X4D, T36.5X4S,
																				T36.6X2A, T36.6X2D, T36.6X2S, T36.6X4A, T36.6X4D, T36.6X4S, T36.7X2A, T36.7X2D, T36.7X2S,
																				T36.7X4A, T36.7X4D, T36.7X4S, T36.8X2A, T36.8X4A, T36.92xA, T36.94xA, T37.0X2A, T37.0X2D,
																				T37.0X2S, T37.0X4A, T37.0X4D, T37.0X4S, T37.1X2A, T37.1X2D, T37.1X2S, T37.1X4A, T37.1X4D,
																				T37.1X4S, T37.2X2A, T37.2X2D, T37.2X2S, T37.2X4A, T37.3X2A, T37.3X4A, T37.4X2A, T37.4X2D, T37.4X2S, T37.4X4A, T37.4X4D, T37.4X4S, T37.5X2A, T37.5X2D, T37.5X2S, T37.5X4A, T37.5X4D,
																				T37.5X4S, T37.8X2A, T37.8X2D, T37.8X2S, T37.8X4A, T37.8X4D, T37.8X4S, T37.92xA, T37.92xD,
																				T37.92xS, T37.94xA, T37.94xD, T38.0X2A, T38.0X2D, T38.0X2S, T38.0X4A, T38.0X4D, T38.0X4S,
																				T38.1X2A, T38.1X4A, T38.2X2A, T38.2X4A, T38.3X2A, T38.3X4A, T38.4X2A, T38.4X2D, T38.4X2S,
							l			l	1		1			- 1				T38.4X4A, T38.4X4D, T38.4X4S, T38.5X2A, T38.5X4A, T38.6X2A, T38.6X4A, T38.7X2A, T38.7X4A,
																				T38.802A, T38.804A, T38.812A, T38.814A, T38.892A, T38.894A, T38.902A, T38.904A, T38.992A,
																				T38.994A, T40.5X2A, T40.5X2D, T40.5X2S, T40.5X4A, T40.5X4D, T40.5X4S, T40.602A, T40.602D,
																				T40.602S, T40.604A, T40.604D, T40.604S, T40.692A, T40.692D, T40.692S, T40.694A, T40.694D,
																				T40.694S, T41.0X4A, T41.1X4A, T41.204A, T41.294A, T41.3X4A, T41.44xA, T41.5X4A, T42.0X2A, T42.0X2D, T42.0X2S, T42.0X4A, T42.0X4D, T42.0X4S, T42.1X2A, T42.1X2D, T42.1X2S, T42.1X4A,
																				T42.1X4D, T42.1X4S, T42.2X2A, T42.2X2D, T42.2X2S, T42.2X4A, T42.2X4D, T42.2X4S, T42.5X2A,
																				T42.5X2D, T42.5X2S, T42.5X4A, T42.5X4D, T42.5X4S, T42.6X2A, T42.6X4A, T42.72xA, T42.74xA,
																				T42.8X2A, T42.8X2D, T42.8X2S, T42.8X4A, T42.8X4D, T42.8X4S, T44.0X2A, T44.0X4A, T44.1X2A,
																				T44.1X2D, T44.1X2S, T44.1X4A, T44.2X2A, T44.2X2D, T44.2X2S, T44.2X4A, T44.2X4D, T44.2X4S,
																				T44.3X2A, T44.3X4A, T44.4X2A, T44.4X2D, T44.4X2S, T44.4X4A, T44.5X2A, T44.5X2D, T44.5X2S,
																				T44.5X4A, T44.6X2A, T44.6X2D, T44.6X2S, T44.6X4A, T44.6X4D, T44.6X4S, T44.7X2A, T44.7X2D,
																				T44.7X2S, T44.7X4A, T44.7X4D, T44.7X4S, T44.8X2A, T44.8X2D, T44.8X2S, T44.8X4A, T44.902A,
																				T44.902D, T44.902S, T44.904A, T44.904D, T44.904S, T44.992A, T44.992D, T44.992S, T44.994A,
																				T45.0X2A, T45.0X4A, T45.1X2A, T45.1X4A, T45.2X2A, T45.2X2D, T45.2X2S, T45.2X4A, T45.2X4D, T45.2X4S, T45.3X2A, T45.3X2D, T45.3X4A, T45.3X4D, T45.3X4S, T45.4X2A, T45.4X2D,
																				T45.4X2S, T45.4X4A, T45.4X4D, T45.4X4S, T45.512A, T45.512D, T45.512S, T45.514A, T45.514D,
																				T45.514S, T45.522A, T45.522D, T45.522S, T45.524A, T45.602A, T45.604A, T45.612A, T45.612D,
																				T45.612S, T45.614A, T45.614D, T45.614S, T45.622A, T45.622D, T45.622S, T45.624A, T45.624D,
																				T45.624S, T45.692A, T45.694A, T45.7X2A, T45.7X2D, T45.7X2S, T45.7X4A, T45.7X4D, T45.7X4S,
																				T45.8X2A, T45.8X2D, T45.8X2S, T45.8X4A, T45.8X4D, T45.8X4S, T45.92xA, T45.92xD, T45.92xS,
																				T45.94xA, T45.94xD, T45.94xS, T46.0X1A, T46.0X1D, T46.0X1S, T46.0X2A, T46.0X3A, T46.0X4A,
																				T46.0X5A, T46.0X5S, T46.1X1A, T46.1X1D, T46.1X1S, T46.1X2A, T46.1X2D, T46.1X2S, T46.1X3A,
																				T46.1X4A, T46.1X4D, T46.1X4S, T46.2X1A, T46.2X1D, T46.2X1S, T46.2X2A, T46.2X3A, T46.2X4A, T46.3X1A, T46.3X1D, T46.3X1S, T46.3X2D, T46.3X2S, T46.3X4A, T46.3X4D, T46.3X4S,
																				THE AVAN THE AVAD THE AVAC THE AVAN THE AVAD THE AVAC THE AVAN THE AVAC
J1165	Injection phenytoin	Dilantin	Yes		Anti-convulsant	None	Х	Х	Х											
J1170	sodium 50mg Injection hydromorphone	Dilaudid	Yes	SOL=ML PWD=UN	Analgesic	12 units	Х	Х	Х				-	+						
31170	up to 4ma	Dilaudiu	169	SOL=ML	narcotic	per day	^	^	^											
J1180	Injection dyphylline up to	Lufyllin	Yes	PWD=UN	Broncho-dilator	None	Х	Х	Х											
L	500ma	Diler		SOL=ML			L.,				1			1					<u> </u>	
J1190	Injection dexrazoxane	Zinecard	Yes	UN	Cardio-	None	Х	Х	Χ	l			1							
J1200	HCI per 250ma Injection	Benadryl	Yes	PWD=UN	protective Agent Anti-histamine	None	Х	Х	Χ	Х	1	-	-	1	-	\dashv		-	 	
0.200	diphenhydramine HCl up	Solidaryi	100	SOL=ML	, motamine	140110		^	^	\ \ \										
	to 50ma.																		<u> </u>	
J1205	Injection chlorothiazide	Diuril Sodium	Yes	UN	Anti-	None	Х	Х	Х	Х										
11212	sodium 500ma Injection DMSO di-	Rimso	Yes	ML	hypertensive	1 per day			Х		1			-		-+			<u> </u>	Effective 40/4/2045 ICD 40 diagnosis codes N20 40 or N20 44
J1212	methylsulfoxide 50%,	KIIIISU	162	IVIL	Anti- inflammatory	1 per day	Х	Х	^											Effective 10/1/2015 ICD-10 diagnosis codes N30.10 or N30.11 ICD-9 code 595.1 required on claim form.
	50 ml				imaminatory															100-3 code 555.1 required on claim form.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	РО	OPH	н	Int	חר	Special Instructions
Code	Description	Dianu Name	Reguir	of	Category	Limits	OP	OP		INF	IVIVV	IVIII	по	FU	UPH	п	F	100	Special instructions
			ed	measure		Lillits	OF	OF									"		
			eu	illeasure															
14000		5 1 1 1 1101	.,	DIA/D LINE													-	-	
J1230	Injection methadone HCI	Dolphine HCL	Yes	PWD=UN	Analgesic	None	Х	Х	Х										
11240	up to 10mg Injection dimenhydrinate	Dramamine	N/A	SOL=ML	narcotic Antiemetic								1			-	+	-	Not Covered
31240	up to 50ma	Diamanine	IN/A		Antiemetic														Not Covered
J1245	Injection dipyridamole 10	Persantine	Yes	PWD=UN	Antiplatelet	None	Х	Х	Х								Х		
	mg			SOL=ML															
J1250	Injection dobutamine HCI	Dobutrex	Yes	PWD=UN	Adrenergic	None	Х	Х	Х								Х		
	250mg.			SOL=ML	agonist									<u> </u>			<u> </u>	4	
J1260	Injection dolasetron	Anzemet	Yes	ML	Antiemetic	None	Х	Х	Х										
11265	mesylate 10mg Injection, dopamine Hcl,	Hydrochlor-	Yes	PWD=UN	Adrenergic	None	Х	Х	Х	Х					-	-	+	-	Nurse practitioner added 1/1/09.
31203	40ma	ide Intorpin	165	SOL=ML	agonist	None	^	^	^	^									Nuise practitioner added 1770s.
J1267	Injection, Doripenem, 10	Doribax	Yes	UN	Antibiotic	limited to 18	Х	Х											New code effective 1/1/09. Approved for maximum dose of 1500 mg. administered over 24 hours.
	mg.					vears or older													4,7
	· ·					,													
J1270	Injection doxercalciferol	Hectorol	Yes	ML	Vitamin D	20 per day	Х	Х	Х									Х	
	1mca.				analog		L.,	ļ.,	L.,					-			4	4	
J1290	Injection, ecallantide 1	Kalbitor	Yes	ML	Hematological	30 u. daily	Х	Х	Х	Х						Х			Effective 10/1/2015 ICD-10 diagnosis codes D.81.810 or D84.1
	mg.																		Effective 6/1/14, minimum age restriction modified to 12 years. New code effective 1/1/11. Restricted to
11300	Injection, Eculizumab 10	Soliris	Yes	ML	Monoclonal	None	Х	Х	Х				_	<u> </u>			+	+	ICD-9 diagnosis 277.6 Restricted to age 16 and above Effective 10/1/2015 ICD-10 diagnosis codes D59.3, D59.5, D59.6 or D59.8
31300	mg	Soliris	163	IVIL	Antibody	None	^	^	^										ICD-9 diagnosis codes expanded to include 283.11, effective 10/1/11. New code effective 1/1/08.
	ing				Antibody														Replaces C0236 ICD-9 code 283.2 required on claim form
J1320	Injection amitriptyline HCI	Elavil	Yes	PWD=UN	Anti-depressant	1 per day	Χ	Χ	Х	Χ		Х							
	up to 20mg	Enovil		SOL=ML															
J1322	Injection, elosulfase alfa,	Vimizim	yes	ML	Enzymatic	None	Х	Х	Х										Effective 1/1/15. Restricted to ICD-9 277.5. Minimum age restriction of 5 years.
	1mg																		
J1324	Injection, enfuvirtide, 1	Fuzeon	N/A		Fusion inhibitor														Not covered. Refer to Pharmacy Point of Sale.
	ma								<u> </u>								<u> </u>		
J1325	Injection epoprostenol	Flolan	Yes	UN	Prostaglandin	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes I10, I27.0 - I27.2, I27.81, I27.82, I27.89 or I27.9
J1327	0.5ma. Injection eptifibatide 5mg	Integrillin	Yes	ML	A stiplotolot	None	Х	Х									+	-	Requires ICD-9 code 416.XX on claim form.
J1321	injection eptilibatide sing	integriiin	165	IVIL	Antiplatelet	None	^	^											
J1330	Injection ergonovine	Ergotrate	Yes	PWD=UN	Antimigraine	None	Х	Х	Х								+	1	
0.000	maleate up to 0.2mg	Maleate		SOL=ML	granio		^`	^`	^`									1	
J1335	Injection ertapenem	Invanz	Yes	UN	Antibiotic	None	Х	Х	Х										
	sodium 500mg								<u> </u>								1_	1_	
J1364	Injection erythromycin		Yes	UN	Antibiotic	4 per day	Х	Х	Х									1	
11200	lactobionate 500 mg	Dolootrog	NI/A		Contracentina			-	1			-	1	1	-	1	+	+	Net Covered
J 1380	Injection estradiol	Delestrogen	N/A		Contraceptive		l											1	Not Covered
	valerate up to 10mg	Estradiol Gynogen					1	l	1		l	l	1	1					
J1390	Inection estradiol	Delestrogen	Yes	ML	Contraceptive	None	Х	Х	Х	Х	Х								Female only.
	valerate up to 20mg	Dioval																	
		Estradiol																	
		Gynogen					1	l	1		l	l	1	1					
		Valergan					1	l	1		l	l	1	1					
11.440	Injection actroson	Fetra I	Voo	UN	Estrogon	1 per dev			Х	-			+	-	-		+	+	Fomalo only
J1410	Injection estrogen conjugated 25mg	Premarin IV	Yes	UN	Estrogen Derivative	1 per day	Х	Х	^									1	Female only.
J1428	Injection, eteplirsen, 10	Exondys 51	Yes	ML	Genetic therapy	None	Х	Х	1	1			1	1	1	1	1	1	Effective 1/1/18. As of 6/1/18, contact Kepro at 800-346-8272 for prior authorization requests.
	ma.		L		apy		L.	L.	L	<u></u>	L_	L	L	L			L	1	
J1430	Injection, ethanolamine	Ethatrolin	Yes	ML	Sclerosing	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes I85.00, I85.01, I85.10, I85.11, I86.0 - I86.3, I86.8, K92.0 -
	oleate, 100 mg				Agent		l											1	K92.2 or N43.3
							l	l	<u> </u>			l		<u> </u>			1		ICD-9 code 456 XX 578 XX or 603 9 on claim form

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	нѕ	PO	OPH	Н	II ID1		Special Instructions
J1435	Injection estrone 1mg	Theelin Aqueous Estone 5	N/A		Hormonal Replacement														Not Covered
J1436	Injection etidronate disod ium 300mg	Didronel	Yes	ML	Bone Restorative Agent	None	Х	Х	Х										
J1438	Injection etanercept 25ma	Enbrel	Yes	PWD=UN SOL=ML	Anti-rheumatic	2 per day	Х	Х	Х										
J1439	Injection, ferric carboxymaltose, 1mg	Injectafer	Yes	ML	iron therapy	none	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes D50.0, D50.1, D50.8, D50.9, D53.8 or D64.9 Effective 1/1/15. Restricted to ICD-9 diagnosis of 280.0 - 280.9. Minimum age restriction of 16 years.
J1440	Injection filgrastim (G-CSF) 300mcg	Neupogen	Yes	ML	Colony stimulating factor	5 per day	Х	Х	Х										Closed 12/31/13. See J1442.
J1441	Injection filgrastim (G- CSF) 480mcg	Neupogen	Yes	ML	Colony stimulating factor	2 per day	Х	Х	Х										Closed 12/31/13. See J1442.
J1442	Injection, filgrastim (g- csf), excludes biosimilars, 1 microgram	Neupogen	Yes	ML	Colony stimulating factor	1500 units per day	Х	Х	Х										Effective 1/1/14.
J1446	Injection, tbo-filgrastim, 5 micrograms	Granix	Yes	ML	Colony stimulating factor	140 units per day	Х	Х	Х									Х	Closed 12/31/15. See J1447 after this date. diagnosis codes D70.0 - D70.4, D70.8 or D70.9 Effective 1/1/14 Restricted to ICD-9 diagnosis of 288.00 - 288.09 Minimum age restriction of 16 years
J1447	Injection, tbo-filgrastim, 1 microgram	Granix	Yes	ML	Colony stimulating factor	700 units per day	Х	Х	Х									Х	
J1450	Injection fluconazone 200ma	Diflucan	Yes	PWD=UN SOL=ML	Antifungal	None	Х	Х	Х										
J1451	Injection, fomepizole, 15 mg	Antizol	Yes	ML	Antidote	None	X	X	X										Effective 10/1/2015 ICD-10 diagnosis codes T46.2X4S, T51.0X2A - T51.0X4A, T51.1X1A, T51.1X1D, T51.1X1S, T51.1X1A, T51.1X4A, T51.2X2A - T51.2X4A, T51.3X2A - T51.3X4A, T51.8X2A, T51.9X4A, T51.9X4A, T52.0X2A - T52.0X4A, T52.1X1A - T52.2X1A, T52.2X1A - T52.2X4A, T52.3X1A - T52.3X4A, T52.4X1A - T52.4X4A, T52.3X1A - T52.3X4A, T52.4X1A - T52.4X4A, T52.3X1A - T52.3X4A, T52.4X1A - T52.4X4A, T52.3X1A - T52.9X4A, T53.1X4A, T53.2X2A, T53.2X4A, T53.3X2A, T53.3X4A, T53.4X2A, T53.0X2A, T53.0X4A, T53.1X2A, T53.1X4A, T53.2X2A, T53.2X4A, T53.3X2A, T53.3X4A, T53.4X2A, T53.4X4A, T53.6X2A, T53.6X4A, T56.1X2A, T56.5X2A, T56.5X2A, T56.5X2A, T56.5X2A - T56.5X4A, T56.6X2A - T56.6X4A, T56.5X2A - T56.5X4A, T56.6X2A - T56.6X4A, T56.5X2A - T56.5X4A, T56.6X2A - T56.6X4A, T56.5X2A - T56.5X4A, T56.6X2A - T56.6X4A, T56.7X2A - T56.7X4A, T56.812A - T56.814A, T56.892A - T56.894A, T57.9X3A, T57.9X3A, T57.9X3A, T57.9X4A, T56.92XA - T56.94XA, T60.0X3A - T61.02XA - T61.04XA, T61.12XA - T61.14XA, T61.772A - T61.774A, T61.784A, T61.8X2A - T61.8X4A, T62.2X2A - T62.0X4A, T62.0X2A - T62.0X4A, T62.1X2A - T62.1X4A, T62.2X2A - T62.2X4A, T62.8X2A - T62.8X4A, T63.02A - T63.004A, T63.002A - T63.004A, T63.002A - T63.004A, T63.002A - T63.004A, T63.002A - T63.004A, T63.002A - T63.004A, T63.002A - T63.004A, T63.02A - T63.004A, T63.02A - T63.004A, T63.02A - T63.004A, T63.02A - T63.004A, T63.302A - T63.304A, T63.302A - T63.304A, T63.312A - T63.314A, T63.32A - T63.324A, T63.32A - T63.394A, T63.302A - T63.304A, T63.412A - T63.414A, T63.422A - T63.344A, T63.32A - T63.344A, T63.422A - T63.424A, T63.42A - T63.344A, T63.42A - T63.514A, T63.32A - T63.594A - T63.594A, T63.42A - T63.44A, T63.42A - T63.344A, T63.42A - T63.44A, T63.42A - T63.44A, T63.42A - T63.514A, T63.52A - T63.594A, T63.594A - T63.44A, T63.42A - T63.44A, T63.42A - T63.44A, T63.42A - T63.44A, T63.42A - T63.63.44A, T63.42A - T63.594A, T63.63AA, T63.63AA, T63.63AA - T63.63AA, T63.63AA, T63.42A - T63.63AA, T63.63AA, T63.592A - T63.594A, T63.64A, T63.64A, T63.63AA, T63.63AA, T63.64A, T63.64A, T63.64A, T63.63AA, T

<u> </u>				L. 1.					_		T		1					-1-	
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н			C Special Instructions
			Requir	of		Limits	OP	OP									F	1	
			ed	measure															
							L.,	L.,							L.,	1		_	
J1452	Injection omivirsen	Vitravene	Yes	ML	Anti-viral		Х	Х							Х				
	sodium intraocculur 1.65mg.																		
J1453	Injection, fosaprepitant, 1	Emend	Yes	UN	Anti-emetic		Х	Х	Х					-	1	1		1	New code effective 1/1/09.
000	ma.	2		0.1	7 4141 01110410				,,										11011 0000 01100010 11 11001
J1455	Injection foscarnet	Foscavir	Yes	ML	Anti-viral	None	Χ	Χ	Χ										
	sodium 1000mg																		
J1457	Injection gallium nitrate	Ganite	N/A		Anti-														Not Covered
14.450	1 ma	Negleman	V	ML	hypercalcemic	Nana	V		V							1			F(forther 40/4/004F10D 40 the words and the F70 04 F70 00 F70 4 F70 040 F70 044 F70 040 F70 000
J 1458	Injection, galsulfase, 1	Naglazyme	Yes	IVIL	Enzyme	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes E76.01 - E76.03, E76.1, E76.210, E76.211, E76.219, E76.22, E76.29, E76.3, E76.8 or E76.9
	mg				replenisher														
																			New code effective 1/1/07. Given weekly based on weight. Age restricted to 5 years and older. ICD-9 code
J1459	Injection, immune	Privigen	Yes	SOL=ML	Immune globulin		Х	Х											New code effective 1/1/09.
	globulin, IV,				,														
	nonlyophilized(liquid),																		
14.400	500 ma		.,													1			
J1460	Injection gamma globulin IM 1cc	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х										
J1470	Injection gamma globulin	Gamastan Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х					 	1	+		-	
31470	IM 2cc	Gamastan	163	IVIL	illilliane globalli	i pei day	_ ^	^	^										
J1480	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х										
	IM 3cc	Gamastan			Ţ														
J1490	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х										
14500	IM 4cc	Gamastan	.,													1			
J1500	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х										
.11510	IM 5cc Injection gamma globulin	Gamastan Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х				1			1	+	+	
01010	IM 6cc	Gamastan	100	IVIL	irriirriarie giobaiirr	i pei day	_ ^	^	^										
J1520	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Χ	Χ	Χ										
	IM 7cc	Gamastan																	
J1530	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х										
11540	IM 8cc Injection gamma globulin	Gamastan Gammar	Yes	ML	Immuno alobulio	1 par day	Х	Х	Х							1		-	
J 1540	Injection gamma globulin IM 9cc	Gamastan	res	IVIL	Immune globulin	1 per day	^	^	^										
J1550	Injection gamma globulin	Gammar	Yes	ML	Immune globulin	1 per day	Х	Х	Х							1	+	+	
	IM 10cc	Gamastan			J		''												
J1555	Injection, immune	Cuvitru	Yes	ML	Immune globulin	None	Х	Х	Х										Effective 1/1/18. Restricted to D83.0 - D83.9. Minimum age of 2 years.
1	globulin (cuvitru), 100 mg		1				1	l	1	l		l		1	1	1			
14550	laisatian inservas	Divisors	NI/A				-	ļ	-		1		1	-	-	1	-	_	New and offering 4/4/4. Not County Constant POC
J 1556	Injection, immune globulin, 500 mg	Bivigam	N/A				1	l	1	l		l		1	1	1			New code effective 1/1/14. Not Covered. See pharmacy POS.
J1557	Injection, immune	Gammaplex	Yes	ML	Immune globulin	none	Х	Х	Х						1	X	-	+	Effective 10/1/2015 ICD-10 diagnosis codes D69.3, D80.0 - D80.9, D81.0 - D81.2, D81.4, D81.6, D81.7,
3.007	globulin, intravenous,	_ 3ap.ox			a.io giobaliii		^`	^`	^`							``			D81.89, D81.9, D82.0, D82.1, D83.0, D83.1, D83.2, D83.8 or D83.9
1	non-lyophilized (e.g.		1				1	l	1	l		l		1	1	1			Effective 3/8/13, new ICD-9 diagnosis restriction of 287.31 added. Effective 1/1/12. Restricted to ICD-9
	liquid) 500 mg															1			diagnosis 279.00 - 279.2
J1559	Injection, immune	Hizentra	N/A				1	l	1	l		l		1	1	1			Not covered. Refer to Pharmacy Point of Sale.
11560	globulin, 100 mg Injection gamma globulin	Gammar	Yes	ML	Immuno aloh::!:-	E par da:			Х	Х			1	1	1	1	-	+	
01000	Injection gamma globulin	Gammar Gamastan	res	IVIL	Immune globulin	5 per day	Х	Х	^	^		l		1	1	1			
J1561	Injection, immune	Gamunex-C	Yes	ML	Immune globulin	None	Х	Х							1	1			New code effective 1/1/08. Replaces Q4092.
1	globulin,		1	1	3		1		1	l		l		1	1	1			,
	(Gamunex/Gamunex-		1				1	l	1	l		l		1	1	1			
1	C/Gammaked),		1				1	l	1	l		l		1	1	1			
	nonlyophilized (e.g.,		l				İ												
	liquid), 500 mg		l				İ												
					ı l			•				_			1				

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	HI	IDT F	DC	Special Instructions
J1562	Injection, immune globulin, subcutaneous, 100 ma		N/A		Immune globulin														Not covered.
J1565	Injection RSV immune globulin IV 50mg	RespiGam	Yes	ML	Immune globulin	None	Х	Х	Х	Х									Closed effective 4/01/08.
	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune Gammagard S/D	Yes	UN	Immune globulin	None	Х	Х	Х										Effective 1/1/09.
	Injection, immune globulin, IV, lyophilized, 500ma		Yes	ML	Immune globulin	None	Х	Х	Х										Closed effective 12/31/07.
	Octagam injection, immune globulin, (Octagam) IV, non- lyophilized (i.e., liquid),	Octagam	Yes	ML	Immune globulin	None	Х	Х	Х										Physician added as covered provider, effective 1/1/16. New code effective 1/1/08. Replaces Q4087.
	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Gammagard	Yes	ML	Immune globulin	None	Х	Х	х										New code effective 1/1/08. Replaces Q4088. Approved for physician billing, effective 1/1/08.
J1570	Injection ganciclovir sodium 500ma	Cytovene	Yes	UN	Anti-viral	None	Х	Х	Х										
J1571	HepaGam B Injection - Injection, hepatitis B immune globulin (HepaGam B) IM 0.5m	Hepagam B	Yes	ML	Immune globulin	None	Х	Х											New code effective 1/1/08. Replaces Q4090.
	Fiebogamma Injection - Injection, immune globulin (Flebogamma), IV, non-lypohilized (e.g.,	Flebogamma	Yes	ML	Immune globulin	None	Х	Х											New code effective 1/1/08. Replaces Q4091.
J1573	Injection, Hepatitis B immune globulin (Hepagam B) IV 0.5 m.	Hepagam B	Yes	ML	Immune globulin	None	Х	Х											New code effective 1/1/08.
J1580	Injection Garamycin gentamicin up to 80mg	Gentamine Sulfate Jenamicin	Yes	ML	Antibiotic	None	Х	Х	Х									Х	
J1590	Injection gatifloxacin 10	Tequin Zymar	Yes	ML	Antibiotic	40 per day	Х	Х	Х										
J1595	Injection glatiramer	Copaxone	N/A		Multiple Sclerosis														Not Covered
J1599	injection, immune globulin, intravenous, non-lyophilized(liquid), NOS, 500 mg.	N/A	N/A																Not Covered
J1600	Injection gold sodium thiomalate up to 50mg	Aurolate Mvochrvsine	Yes	PWD=UN SOL=ML	Anti-rheumatic	None	Х	Х	Х										

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	нѕ	PC	OPI	П	ні Іі	DT	oc	Special Instructions
			Requir	of		Limits	OP	OP										F		
			ed	measure																
							.,							<u> </u>						
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Yes	ML	TNF blocker	300 units per month	×	×	X	X										Effective 10/1/2015 ICD-10 diagnosis codes M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.031, M05.032, M05.039, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.069, M05.061, M05.069, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.30, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.661, M05.661, M05.664, M05.661, M05.661, M05.669, M05.671, M05.672, M05.699, M05.691, M05.691, M05.691, M05.692, M05.693, M05.794, M05.793, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.794, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M05.894, M06.294, M06.294, M06.294, M06.294, M06.294, M06.295, M06.295, M06.294, M06.294, M06.894, M06.894, M06.894, M06.894, M06.894, M06.894, M06.894, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M06.8954, M
J1610	Injection glucagon HCI	Glucagon	Yes	UN	Antidote	None	Х	Х	Х											Martin 4/4/4 Postilated to IOD 0 discossis 7/44 0 Minimum one restriction of 40 years
J1620	Injection gonadorelin HCI 100mca	GlucaGen Factrel Lutrepulse	Yes	UN	Gonadotropin	None	Х	Х	Х										١	Not for fertility treatment and diagnosis.
J1626	Injection granisetron HCI 100mcq	Kytril	Yes	ML	Antiemetic	20 per day	Х	Х	Х											
J1630	Injection haloperidol up to 5mg	Haldol	Yes	PWD=UN SOL=ML	Anti-psychotic	2 per day	Х	Х	Х	Х		Х							N	Nurse practitioner added 1/1/09.
J1631	Injection haloperidol decanoate 50mg	Haldol Decanoate 50	Yes	ML	Anti-psychotic	1 per day	Х	Х	Х	Х		Х							Ν	Nurse practitioner added 1/1/09.
J1640	Injection, hemin, 1mg	Panhematin	Yes	UN	Enzyme inhibitor	None	Х	Х	Х										E	Effective 10/1/2015 ICD-10 diagnosis codes E70.20, E70.21, E70.29, E70.30, E70.310, E70.311, E70.318 - E70.321, E70.328 - E70.331, E70.338, E70.339, E70.39, E70.5, E70.8, E70.9, E80.0, E80.1, E80.20, E80.21, E80.29, P70.8, P72.0, P72.2, P72.8, P74.5, P74.6, P74.8 or P84
J1642	Injection heparin sodium (heparin lock flush) 10U.	HepLock HepLock U/P	Yes	PWD=UN SOL=ML	Anti-coagulant	5 per day)	X			THE THE TAX TO BE A TO BE A TO BE A TO BE THE WHITE OF THE THE THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TENTE OF THE TEN
J1644	Injection heparin sodium 1000U	Heparin Sodium Liqusemin Sodium	Yes	PWD=UN SOL=ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	X	Х	Х	Х										Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime. Nurse practitioner added 1/1/09.
J1645	Injection dalteparin sodium 2500IU	Fragmin	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	Х	Х	Х	Х									F	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	Х	Х	Х	X									F	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J1652	Injection fondaparinux sodium 0.5 mg	Atrixtra	Yes	ML	Anti-coagulant	1 unit X 7 consecutive days - lifetime	Х	Х	Х	Х									F	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.

J1655 Injection tinzaparin Innohep Yes ML Anti-coagulant 1 unit X 7 consecutive days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days - lifetime days	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime. Cost Invoice required with claim form X X X Closed 12/31/12. See J7178 after this date. Effective 1/1/10. Restricted to ICD-9 diagnosis 286.3 or 286.6.
Sodium 1000 IU. Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days - lifetime Consecutive days	X X Closed 12/31/12. See J7178 after this date. Effective 1/1/10. Restricted to ICD-9 diagnosis 286.3 or 286.6. Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes 009.211 - 009.213, 009.219, 047.00, 047.9, 047.02, 047.03, 047.1, 047.9, 060.00, 060.02, 060.03. Effective 11/1/2. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
sodium 1000 IU. J1670 Injection tetanus immune globulin human up to 2501 J1675 Injection, histrelin Vantas Yes UN Gonadotropin 1 per year X X X X X J J J J Y S J J J Y S J J J Y S J J J Y S J J J Y S J J J J	X
globulin human up to 2501 J1675 Injection, histrelin acetate. 10mcq J1680 Injection, human fibrinogen concentrate, 100 ma. J1700 Injection hydrocortisone sodium phosphate up to 10mm J1720 Injection hydrocortisone sodium succinate up to 10mm J1725 Injection diazoxide up to 300ma J1730 Injection diazoxide up to Hyperstat IV Yes PWD=UN SOL=ML hydrocyprogesterone caproate, 1 mg. J1740 Injection ibandronate sodium, 1 mg J1740 Injection ibandronate sodium, 1 mg J1740 Injection ibutilide furnarate 1 mg J1741 Injection, idandronate sodium, 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 mg. 2 m	X Closed 12/31/12. See J7178 after this date. Effective 1/1/10. Restricted to ICD-9 diagnosis 286.3 or 286.6. Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - 009.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 11/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
Content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the cont	X Closed 12/31/12. See J7178 after this date. Effective 1/1/10. Restricted to ICD-9 diagnosis 286.3 or 286.6. Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - 009.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 11/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
Jifford Injection, human RiaSTAP Yes UN Antifibrinolytic none X X X X X X X X X	X Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes 009.211 - 009.213, 009.219, 047.00, 047.9, 047.02, 047.03, 047.1, 047.9, 060.00, 060.02, 060.03. Effective 1/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one- fifth invoice amount.
J1700 Injection hydrocortisone Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate Acetate	Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - O09.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 11/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
J1710 Injection hydrocortisone sodium phosphate up to SOL=ML SOL=ML SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML SOL=ML Inflammatory SOL=ML Inflammatory SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML SOL=ML	Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - O09.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 1/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
Jingetion hydrocortisone sodium succinate up to 100ma Jingetion, hydroxyprogesterone caproate, 1 mg. Jingetion diazoxide up to 300ma Jingetion, hydroxyprogesterone caproate, 1 mg. Jingetion, hydroxyprogesterone caproate, 1 mg. Jingetion diazoxide up to 300ma Jingetion, hydroxyprogesterone caproate, 1 mg. Jingetion diazoxide up to 300ma Jingetion diazoxide up to 300ma Jingetion, ibandronate sodium, 1 mg Jingetion, ibandronate sodium, 1 mg Jingetion ibutilide Jingetion ibutilide Corvert Yes ML Anti-arrhythmic None X X X X X X X X X	Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - O09.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 11/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
J1725 Injection, hydroxyprogesterone caproate, 1 mg. Makena Yes ML 250 u. weekly X X X X X X X X X	Effective 10/1/2015 ICD-10 diagnosis codes O09.211 - O09.213, O09.219, O47.00, O47.9, O47.02, O47.03, O47.1, O47.9, O60.00, O60.02, O60.03. Effective 1/1/12. Restricted to ICD-9 diagnosis 644.0 - 644.2 or V23.41. Cost invoice with NDC required with claim. Minimum age restriction of 16 years. Service limit of 250 units weekly at 16 - 36 weeks gestation. Please note: If product on cost invoice indicates a multi-dose vial, then reimbursement will be one-fifth invoice amount.
300mg SOL=ML hypertensive SOL=ML hypertensive SOL=ML hypertensive SOL=ML hypertensive SOL=ML hypertensive SOL=ML Bisphosphonate 3 units every X X X X X X X X X	Effective 40/4/2045 ICD 40 diagnosis andes M94 0 M94 6 or M94 9
J1740 Injection, ibandronate sodium, 1 mg Boniva Yes PWD=UN SOL=ML Bisphosphonate 3 units every X X X X X X X X X	Effective 40/4/2015 ICD 40 diagnosis codes M91 0 M91 C or M91 0
tumarate 1mg J1743 Injection, idursulfase 1 Elaprase Yes ML Metabolic None X X X X mg Enzyme Replacement None 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. Nurse practitioner added 1/1/09
J1743 Injection, idursulfase 1 Elaprase Yes ML Metabolic Enzyme Replacement Structure Replacement Elaprase Yes UN Anti-rheumatic None X X X X X X X X X	ACTION 17 (7 M
J1745 Injection, infliximab, excludes bio-similar, 10 Remicade Yes UN Anti-rheumatic None X X X	New code effective 1/1/08. Replaces Q9232.
mg.	
J1750 Injection, iron dextran, Infed Yes ML iron salt None X X X X Dexferrum	X New code effective 1/1/09. Nurse practitioner added 1/1/09.
17551 Injection, iron dextran Infed Yes ML Iron salt None X X X X I Infection, Iron Dexferrum	Code closed effective 6/30/08. See Q4098.
J1752 Injection, iron dextran Infed Yes ML Iron salt None X X X X 2267, 50 mg Dexferrum	Code closed effective 6/30/08. See Q4098.
11756 Injection iron sucrose Venofer Yes ML Iron 1000 mg. per X X X 1mg IV supplement 13 days, effective 2/1/16	
J1785 Injection imiglucerase Cerezyme Yes UN Enzyme None X X X Der unit	X X Home infusion provider added, effective 4/1/12.

																	1	1	
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	Р	NP	MW	МН	HS	PO	ОРН	Н	IDT F	DC	Special Instructions
J1786	injection, imiglucerase, 10 units	Cerezyme	Yes	UN	Enzyme	Maximum service limit 1650 u. monthly	Х	Х	Х							Х			Effective 10/1/2015 ICD-10 diagnosis codes E75.21, E75.22, E75.240 - E75.243, E75.248, E75.249, E75.3, E77.0, E77.1, E77.8, or E77.8, by E75.3, E77.0, E77.1, E77.8, or E77.8, or E77.8, or E77.8, or E77.8, or E77.8, or E78.249, E75.240 - E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.240 - E75.243, E75.248, E75.249, E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240 - E75.240
J1790	Injection droperidol up to 5ma	Inapsine	Yes	PWD=UN SOL=ML	Antiemetic	1 per day	Х	Х	Х										
J1800	Injection propranolol HCl	Inderal	Yes	PWD=UN SOL=ML	Anti-anginal	None	Х	Х	Х										
J1810	Injection droperidol & fentanyl cit-rate up to 2ml	Innovar	Yes	UN	Antiemetic	None	Х	Х	Х										
J1815	Injection insulin 5U	Humalog Humulin Lispo	Yes	ML	Anti-diabetic	20 per day	Х	X	Х	X									Effective 10/1/2015 ICD-10 diagnosis codes E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39 - E10.44, E10.49, E10.51, E10.529, E10.59, E10.610, E10.618, E10.620 - E10.622, E10.628, E10.630, E10.630, E10.638, E10.649, E10.66, E10.69, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39 - E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620 - E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.332, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39 - E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620 - E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8 or E13.9
J1817	Insulin for administration thru insulin pump per 50	Humalog	N/A		Anti-diabetic														Not Covered
J1825	Injection interferon beta 1a 33mcg	Avonex	N/A		Biological Response Modulator														Not covered. Refer to Pharmacy Point of Sale.
J1826	Injection, interferon beta- 1a, 30 mcg.	Avonex Rebif	N/A		Biological Response Modulator														Not covered. Refer to Pharmacy Point of Sale.
J1830	Injection interforon beta 1b 0.25mg	Betaseron	N/A		Biological Response Modulator														Not covered. Refer to Pharmacy Point of Sale.
J1833	Injection, isavuconazonium, 1 mg	Cresemba vial	Yes	UN	Anti-Infective	None	Х	Х	Х										Effective 1/1/16. Restricted to diagnosis ICD-10 B44.0, B44.1, B44.2, B44.7, B44.89, B44.9, B48.4. Minimum age of 18 years.
J1835	Injection itraconazole 50 mg.	Sporanox	Yes	UN	Anti-fungal	None	Х	Х	Х										
J1840	Injection kanamycin sulfate up to 55mg	Kantrex Klebcil	Yes	PWD=UN SOL=ML	Antibiotic	None	Х	Х	Х										
J1850	Injection kanamycin sulfate up to 75mg	Kantrex Klebcil	Yes	UN	Antibiotic	None	Х	Х	Х										
J1885	Injection ketoralac tro- methamine 15mg	Toradol	Yes	PWD=UN SOL=ML	Analgesic	None	Х	Х	Х	Х				Х				Х	
J1890	Injection cephalothin sodium up to to 1g	Cephalothin Sodium Keflin	Yes	N/A	Antibiotic	None	Х	Х	Х										

<u> </u>				L. 1.					_		T			1				-1	
Code	Description	Brand Name	NDC	NDC unit	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	РО	ОРН	Н	I IDT		C Special Instructions
			Requir ed	of measure		Limits	OP	OP											
			ea	measure															
.11930	Injection, lanreotide, 1	Somatuline	Yes	UN	Somatostatic		Х	Х					1				-	+	Effective 10/1/2015 ICD-10 diagnosis codes C25.4, C7A.010 - C7A.012, C7A.019 - C7A.026, C7A.029,
0.000	mg.	Depot		0.1	agent		,,	, ,											C7A.092 - C7A.096, D13.7, D3A.010 - D3A.012, D3A.019 - D3A.026, D3A.029, D3A.092 - D3A.096, E22.0
	3				3.														or E34.4
																			New ICD-9 diagnoses added, effective 12/16/14. Full range includes 157.4, 209.00 - 209.03, 209.10 -
																			209.17, 209.23 - 209.27, 209.40 - 209.43, 209.50 - 209.57, 209.63 - 209.67, 211.7, 253.0. New code
																			effective 1/1/09.
J1931	Injection laronidase 0.1	Aldurazyme	Yes	ML	Enzyme	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes E76.01 - E76.03, E76.1, E76.210, E76.211, E76.219, E76.22,
	mg	-																	E76.29, E76.3, E76.8 or E76.9
14040				DIA/D LINE	A .:													4-	ICD-9 code 277.5 required on claim form
J1940	Injection furosemide up to 20mg.	Lasix Furomide	Yes	PWD=UN SOL=ML	Anti- hypertensive	None	Х	Х	Х	Х									
	to zonig.	Fuldifilde		30L=IVIL	Diuretic														
J1942	Injection, aripiprazole				1210101107														Effective 1/1/17. Not covered. See pharmacy POS.
	lauroxil, 1 mg																		
J1945	Injection, lelpirudin, 50	Refludan	Yes	UN	Anti-coagulant	None	Х	Х	Х										
.11950	ma Injection leuprolide	Lupron Depot	Yes	UN	Anti-neoplastic	None	Х	Х	Х									╁	
01000	acetate 3.75mg.	Eupron Dopot	100	011	7 tha ricopiastic	140110	^	^	^										
J1953	Injection, levetiracetam,	Keppra	Yes	UN	Anti-epileptic	limited to 16	Х	Х	Х										New code effective 1/1/09.
	10 mg.					years or older													
11055	Injection levocarnitine1g.	Carnitor	N/A		Nutritional										-		-	+	Not Covered
31333	injection levocamitine rg.	Carrillor	IN/A		Supplement														Not covered
J1956	Injection, levofloxacin,	Levaquin	Yes	ML	Antibiotic	3 per day	Х	Х	Х										
	250 mg.																		
J1960	Injection levorphanol	Levo	Yes	PWD=UN	Analgesic	1.5 per day	Х	Х	Х										
.11980	tartrate up to 2mg Injection hyoscyamine	Dromoran Levsin	Yes	SOL=ML PWD=UN	narcotic Anti-cholenergic	2 per day	Х	Х	X	Х								╁	
01000	sulfate up to 0.25mg.	LCVOIII	100	SOL=ML	, and onolonorgio	2 per day	^	^	^	^									
J1990	Injection	Librium	N/A		Benzodiazepine														Not Covered
	chlordiazepoxide HCL up																		
12001	to 100ma. Injection lidocaine HCI IV	Xylocaine	Yes	PWD=UN	Anti-arrhythmic	None	Х	Х					+				-	+	
J2001	infusion 10mg	Aylocalile	165	SOL=ML	Anti-annyminic	None	^	^											
J2010	Injection lincomycin HCI	Lincocin	Yes	PWD=UN	Antibiotic	None	Χ	Х	Х	Х									
	up to 300ma			SOL=ML							ļ			ļ	ļ	<u> </u>		\perp	
J2020	Injection linezolid 200 mg	Zyvox	Yes	ML	Antibiotic	6 per day	Х	Х	Х		l	1			1				
.12060	Injection lorazepam 2mg	Ativan	Yes	PWD=UN	Anti-anxiety	2 per day	Х	Х	Х	Х		Х				1	-	_	Nurse practitioner added 1/1/09.
32000	mjootion iorazepam zmy	Auvan	169	SOL=ML	Anti-analety	2 per uay	^	^	^	_ ^	1	_ ^			1			1^	Trained produtional added 1/1/00.
J2150	Injection mannitol in 25%	Osmitrol	Yes	PWD=UN	Diuretic	None	Χ	Χ	Х	Х									Nurse practitioner added 1/1/09.
	in 50ml			SOL=ML															
J2170	Injection, mecasermin, 1	Increlex	N/A		Insulin-like														Not covered.
.12175	ma Injection meperidine HCI	Demerol	Yes	PWD=UN	growth factor Analgesic	2 per day	Х	Х	Х	Х						1	-	+	Nurse practitioner added 1/1/09.
02173	per 100ma	Domeror	163	SOL=ML	narcotic	2 por day	^	^	^	_ ^	1	1			1				reaction procession added in moti
J2180	Injection meperidine &	Mepergan	Yes	ML	Analgesic	2 per day	Х	Х	Х	Х									
	promethazine HCI up to				combo narcotic										1				
J2182	50ma	Nucala	Yes	UN	Anti nothmetic	None	Х	Х	Х	Х	<u> </u>	-	-	1	1	!	-	+	Effective 12/12/17, ICD-10 diagnosis M30.1 added. Effective
J2 182	Injection, mepolizumab, 1 mg	inucaia	res	UN	Anti-asthmatic	None	^	^	^	^					1				1/1/17. Restricted to ICD-10 diagnosis M30.1 added.
.12185	Injection meropenem 100	Merrem	Yes	UN	Antibiotic	None	Х	Х	Х	Х	1	 	1	1	1		+	+	Nurse practitioner added 1/1/09.
02100	ma	WOULD	163	511	, a tablotic	140116	^	^	^	_ ^	1	1			1				reaction added in moti
										•	•	•		•	-	•			

Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requir ed Requ										-										-1-
2017 Population	Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI			C Special Instructions
1,270				Requir	of		Limits	OP	OP									F		
				ed	measure															
	J2210	Injection	Methergine	Yes	ML	Ergot alkaloid &	1 per day	Х	Х	Χ										
2226 Pineston, resolution Vest U.N. Available Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest		methylergonovine	_			derivative														
2226 Pineston, resolution Vest U.N. Available Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest Vest		maleate up to 0.2mg.																		
	J2248	Injection, micafungin	Mycamine	Yes	UN	Anti-fungal	150 units per	X	Х	Х	X									New code effective 1/1/07. Nurse practitioner added 1/1/09.
							day													
Section minrore located Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Primacol V Pri	J2250	Injection midazolam HCI	Versed	N/A		Benzodiazepine														Not Covered.
2256 Injunction Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry Ministry		per 1mg				·														
	J2260	Injection milrinone lactate	Primacor	Yes	ML	Enzyme	None	X	Х	Х										
		5ma				-														
	J2265	Injection, minocycline	Minocin	N/A										1						Not covered.
	J2270		Roxanol	Yes	ML	Analgesic	5 per day	X	Х	Х	Х			1						Nurse practitioner added 1/1/09.
2274 Injection, morphine substant (1967) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2																				
Ves	J2271	Injection morphine	Roxanol	Yes			None	Х	Х	Х										Closed 12/31/14. See J2274 after this date.
Safeta Preservative-New February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February February Feb						narcotic														
Saffac, preservative-free For optical infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathecation infrathec	J2274	Injection, morphine	-	Yes	ML		None	X	Χ	Χ									Х	Effective 1/1/15. Must be billed with CPT 62310, 62311, 62318, 62319, 62360, 62361, 62362, 62365,
Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description						narcotic														62367, 62368, 62369, or 62370,
us, 1-0ng 2278 Injection, proprihile self-ise sulfund (fight) 1000 1000 1000 1000 1000 1000 1000 10				l																
		•		l																
Substate (preservative fee PF		. 0	A atrace !	V	N.41	Analaaa'a	Na							-		1		+		Classed 40/04/44. Can 19974 after this date
				res	ML		None	Х	X	X			l			1			1 ×	Glosed 12/31/14. See J22/4 after this date.
1/2278 Injection, accordation, Print Yes ML Analpseic Max. 20 per X X X X X X X X X						narcotic														
	10070					A 1 1 -	M 00							-	-		-	-	-	
1/2280 Injection moxificacion Avelox Yes ML Antibiolic 5 per day X X X X X X X X X	J2278		Prialt	Yes	ML	Analgesic		Х	Х	Х										
100 mg 1200 Injection natural pulses in performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	10000										.,			1	ļ	-		-	-	
1,2300 Injection naturophie HCl Nubain Yes PWD=UN Analgesic Sper fay X X X X X X X X X	J2280		Avelox	Yes	ML	Antibiotic	5 per day	Х	Х	Х	Х									
Der 10ma	10000		NI. d t.		DIA/D LIN	A 1 1 -	0 1							1	-		-	-	-	News and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
1/2310	J2300		Nubain	Yes			6 per day	×	Х	X	Х									Nurse practitioner added 1/1/09.
J2315 Injection, natifiexone, depot form, 1 mg ReVia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol Revia, Vivitrol	10040		Maraaa	Vaa			Nana	V			~			-	1			-	-	Numer propriities as added 4 (4 (0)
1,2315 Injection, naltravone, depot form, 1 mg Pepade, ReVia, Vivitrol Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 1 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 3 mg Pepade, depot form, 4 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 mg Pepade, depot form, 2 m	J2310	,	Narcan	res		Antidote	None	^	^	^	^									Nurse practitioner added 1/1/09.
depot form, 1 mg	12215		Donada	Voc		Onioid recentor	200 unito nor	~	~	~			~	1	1		1	-	1	Figurity ANAIDME ICD 40 diagnosis andre 540.00 540.04 or 540.000
Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java Java				165	UN			^	^	^			^							
decanoate up to 50mo, bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bo		depot form, 1 mg	Revia, Vivitroi			antagonist	4 weeks													New code effective 1/1/07. ICD-9 code 303.XX required on claim form.
decanoate up to 50mo, bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bolin bo	12220	Injection pandrolone	Docadure	Voc	DW/D=LIN	Anabolic storaid	1 per week	V		V				1	-	1	1	+	+	
Jacaba Injection nandrolone decanoate up to 100mg. Decadurabolin Hybolin 320			165		Anabolic steroid	i pei week	_ ^	^	^											
decanoate up to 100mg. Hybolin Decandate Decaduraboli Ves ML Anabolic steroid 1 per week X X X X X Decandate up to 200mg n Neo-burabolic Number of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the progr	12221			Voc		Anabolic storoid	1 per wook	V	У	V	—	—	<u> </u>	+		1		+	- v	,
J2322 Injection nandrolone decanoate up to 200mg				162		A I I ADOIL STEIDIG	i bei week	^	^	^			l			1			1^	`
J2322 Injection, Natalizumab 1 mg		uecanoate up to 100mg.		l	30L=IVIL															
decanoate up to 200mg			Hypolin	1									l			1				
decanoate up to 200mg	12322	Injection nandrolone	Decaduraboli	Yes	MI	Anaholic steroid	1 ner week	Y	У	Y				1	!	1	1	+	+	
J2323 Injection, Natalizumab 1 Tysabri Yes ML Leukocyte Adhesion Inhibitor J2325 Injection, nesiritide, 0.1mg J2326 Injection, nusinersen 0.1 Spinraza Yes SOL=ML Genetic therapy None X X X X X X X X X X X X X X X X X X X		,		163	IVIL	, masone steroid	i pei week	_ ^	^	^										
J2323 Injection, Natalizumab 1 mg		uecanoate up to 200mg		1									l			1				
mg Adhesion Inhibitor J2325 Injection, nesiritide, 0.1mg Ves UN Vasodilator None X X X UN Vasodilator None X X X Effective 10/1/2015 ICD-10 diagnosis codes I50.20, I50.21, I50.23, I50.30, I50.31, I50.33, I50.40 - I50.43, or I50.9 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 objection, nusinersen 0.1 Spinraza Yes SOL=ML Genetic therapy None X X J2326 Injection, ocrelizumab, 1 Ocrevus Yes ML Multiple Solerosis daily Multiple Sclerosis daily J2353 Injection octreotide depot Sandostatin Yes UN Antidiarrheal None X X X J2354 Injection octreotide depot Sandostatin Yes UN Antidiarrheal None X X X	12322	Injection Natalizumah 1		Voc	MI	Leukocyte	None	Y	Y	Y				1		+	1	+	+	New code effective 1/1/08 Replaces O4079
J2325 Injection, nesiritide, 0.1 mg Injection, nesiritide, 0.1 mg Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator Vasodilator V	JZJZJ	•	i yəabii	162	IVIL		NULLE	^	^	^			l			1				Now code enective 1/1/00. Inaplaces Q40/3.
Jacob Injection, nesiritide, O.1mg Natrecor Yes UN Vasodilator None X X		my		1									l			1				
0.1mg or I50.9 ICD-9 code 428.0, 428.21, 428.23, 428.30, 428.31, 428.33, 428.40, 428.41, or 428.43 required on on 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 observation for ISO.9 Injection, nusinersen 0.1 Spinraza Yes SOL=ML Genetic therapy None X X S Effective Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original Form Note for Original For	12325	Injection nesiritide	Natrecor	Yes	LIN		None	X	X							 	1		+	Effective 10/4/2015 ICD-10 diagnosis codes ISD 20 ISD 21 ISD 23 ISD 30 ISD 31 ISD 23 ISD 40 ISD 42
J2326 Injection, nusinersen 0.1 Spinraza Yes SOL=ML Genetic therapy None X X X Effective 1/1/18. Contact Kepro at 800-346-8272 for prior authorization requests. J2350 Injection, ocrelizumab, 1 Ocrevus Yes ML Multiple Sclerosis daily Solution octreotide depot Sandostatin Yes UN Antidiarrheal None X X X X X X X X X X X X X X X X X X X			Natiocol	163	0,1	v asounator	140116	_ ^	^											
J2326 Injection, nusinersen 0.1 Spinraza Yes SOL=ML Genetic therapy None X X Solution of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of the spin of t	1 1	o. mg		1	I			1								1	1		1	
ma. J2350 Injection, ocrelizumab, 1 Ocrevus Yes ML Multiple 600 units X X X X				1									l			1				TOD-5 COUR 420.U, 420.ZU, 420.ZI, 420.Z3, 420.3U, 428.31, 428.33, 428.4U, 428.41, OF 428.43 required on
ma. J2350 Injection, ocrelizumab, 1 Ocrevus Yes ML Multiple 600 units X X X X	J2326	Injection, nusinersen 0.1	Spinraza	Yes	SOL=MI	Genetic therapy	None	Х	Х					1				1	1	Effective 1/1/18. Contact Kenro at 800-346-8272 for prior authorization requests
mg. Sclerosis daily labeled labeled Sandostatin Yes UN Antidiarrheal None X X X X I I I I I I I I I I I I I I I	32323	mn	Op1020	1 . 55	001-IVIL	Jones and app			()				l			1				2 2 3 3 Contact representation of the prior authorization requests.
mg. Sclerosis daily labeled labeled Sandostatin Yes UN Antidiarrheal None X X X X I I I I I I I I I I I I I I I	J2350	Injection, ocrelizumah 1	Ocrevus	Yes	ML	Multiple	600 units	Х	Х	Х									1	Effective 1/1/18. Restricted to ICD-10 G35. Minimum age of 16 years.
J2353 Injection octreotide depot Sandostatin Yes UN Antidiarrheal None X X X X	32000	•	20.0.43					^`	``	``										and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
	105	ŭ		L.,			•	, .	ν.	,,,				1		 		-	+	
Itorm for IM 1mg			Sandostatin	Yes	UN	Antidiarrheal	None	Х	Х	Х			l			1				
		torm tor IM 1mg		l .				1								1	<u> </u>			

				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_		T		1					-1	
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н	םון וו	TD	C Special Instructions
			Requir ed	of measure		Limits	OP	OP											
			eu	measure															
12254	Injection onctreotide non-	Sandostatin	Yes	ML	Antidiarrheal	1 unit X 7	Х	Х	Х		<u> </u>		1			-	-	-	For IV route only. Physician reimbursement for administration is limited to 1 unit X 7 consecutive days per
	depot form for SQ or IV 25 mcg	Sanuostatiii	163	IVIL	Antidiamieai	consecutive days - lifetime	^	^	^										lifetime.
J2355	Injection oprelvekin 5 mg	Neumega	Yes	UN	Platelet growth factor	2 per day	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes D69.51 or D69.59 ICD-9 code 287.4 required on claim form.
	Injection omalizumab 5 mg.	Xolair	Yes	UN	Anti-asthmatic	None	Х	Х	Х										Effective 7/6/16, Minimum age restriction of 6 years. 10/1/2015 ICD-10 diagnosis codes J44.0, J44.1, J44.9, J45.20 - J45.22, J45.30 - J45.32, J45.40 - J45.42, J45.50 - J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 or L50.1 Effective 3/21/14, ICD-9 diagnosis of 708.1 added. ICD-9 code 493.XX required on claim form. For children: the first dose may be split into 2 doses the first week.
J2358	Injection, olanzapine,	Zyprexa	Yes	UN	Antipsychotic	Maximum	Х	Х	Х	Х		Х				Х			Effective 10/1/2015 ICD-10 diagnosis codes F20.0 - F20.3, F20.5, F20.81, F20.89, F20.9 or F25.9
	long-acting, 1 mg.	Relprevv				service limit 405 u. monthly													New code effective 1/1/11. Restricted to ICD-9 diagnosis 295.00 - 295.95. Restricted to age 18 and above.
J2360	Injection orphenadrine citrate up to 60 mg.	Norflex	Yes	PWD=UN SOL=ML	Muscle relaxant	1 per day	Х	Х	Х										
J2370	Injection phenylephrine HCl up to 1ml	Neo- Synephrine	Yes	ML	Adrenergic agonist	1 per day	Х	Х	Х										
	Injection chloroprocaine HCI 30ml	Nesacaine Nesacaine MPF	Yes	ML	Local Anesthetic	1 per day	Х	Х	Х										
J2405	Injection ondansetron HCl 1ma	Zofran	Yes	PWD=UN SOL=ML	Antiemetic	32 per day	Х	Х	Х										
J2407	Injection, oritavancin, 10	Orbactiv	Yes	UN	Antibiotic	None	Х	Х	Х							1	+		Effective 1/1/16. Restricted to diagnosis ICD-10 B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1 - L02.03,
	mg																		L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236, L02.239, L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436, L02.439, L02.511, L02.512, L02.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.611, L02.612, L02.619, L02.621, L02.622, L02.629, L02.631, L02.639, L02.811, L02.818, L02.821, L02.828, L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019, L03.021, L03.022, L03.029, L03.031, L03.032, L03.039, L03.034, L03.042, L03.042, L03.044, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129, L03.211, L03.212, L03.221, L03.222, L03.331 - L03.316, L03.317, L03.319, L03.321 - L03.326, L03.327, L03.329, L03.811, L03.818, L03.891, L03.896, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02, L05.91, L05.92, L08.0, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0 or L98.3. Minimum age of 18 years.
	Injection oxymorphone HCl up to 1 mg	Numorphan	Yes	ML	Analgesic- narcotic	9 per day	Х	Х	Х										
	Injection, palifermin, 50 mcg	Kepivance Keratinocyte	Yes	UN	Growth factor	None	Х	Х	Х										3 days before + 3 days after chemo.
	Injection, paliperidone palmitate extended release, 1 mg.	Invega Sustenna	Yes	ML	Antipsychotic	Maximum service limit 234 u. daily	Х	Х	Х			Х					Х		Effective 10/1/2015 ICD-10 diagnosis codes F20.0 - F20.3, F20.5, F20.81, F20.89, F20.9 or F25.9 New code effective 1/1/11. Restricted to ICD-9 diagnosis 295.00 - 295.95. Restricted to age 18 and above.
J2430	Injection, pamidronate disodium 30 mg	Aredia	Yes	PWD=UN SOL=ML	Antidote	None	Х	Х	Х										
J2440		Para-Time SR	N/A		Vasodilator														Not covered
	Injection oxytetracycline HCl up to 50 ma	Terramycin	Yes	UN	Antibiotic	4 per day	Х	Х	Х										

Code	Description	Brand Name	NDC	NDC unit	Catagoni	Corning	۸.	CALL	Р	NP	IMW	/ М	ы Г	e I	РО	OBL	יט	lip:	OC Special Instructions
Code	Description	Brand Name	Requir	of	Category	Service Limits	AC OP	CAH		NP	IVIVV	IVI	Н	٥	70	OPH	HI	F	OC Special Instructions
			ed	measure			J .	•.										-	
12460	Injection palonesetron	Aloxi	Yes	ML	Antiemetic	None	Х	Х	Х				-	-				-	Effective 10/1/2015 ICD-10 diagnosis codes C00.0 - C00.9, C01, C02.0 - C02.9, C03.0, C03.1, C03.9,
32403	HCI 25mcg	Aloxi	163	IVIL	Antiemetic	None	_ ^	_ ^	^										C04.0, C04.1, C04.8, C04.9, C05.0 - C05.2, C05.8, C05.9, C06.0 - C06.2, C06.80, C06.89, C06.9, C07,
																			C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0 - C10.9, C11.0 - C11.3, C11.8, C11.9, C12, C13
																			C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3 - C15.5, C15.8, C15.9, C16.0 - C16.6, C16.8, C16.9,
																			C17.0 - C17.3, C17.8, C17.9, C18.0 - C18.9, C19, C20, C21.0 - C21.2, C21.8, C22.0 - C22.4, C22.7 - C2. C23, C24.0, C24.1, C24.8, C24.9, C25.0 - C25.4, C25.7 - C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31
																			C31.3, C31.8, C31.9, C32.0 - C32.3, C32.8, C32.9, C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.3
																			C34.32, C34.80 - C34.82, C34.90 - C34.92, C37, C38.0 - C38.4, C38.8, C39.0, C39.9, C40.00 - C40.02,
																			C40.10 - C40.12, C40.20 - C40.22, C40.30 - C40.32, C40.80 - C40.82, C40.90 - C40.92, C41.0 - C41.4,
																			C43.0, C43.10 - C43.12, C43.20 - C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59 -
1																		1	C43.62, C43.70 - C43.72, C43.8, C43.9, C44.00 - C44.02, C44.09, C44.101, C44.102, C44.109, C44.111 C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.201, C44.202, C44.20
																			C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.30
																			C44.309, C44.310, C44.311, C44.319 - C44.321, C44.329, C44.390, C44.391, C44.399, C44.40 - C44.42
																			C44.49, C44.500, C44.501, C44.509 - C44.511, C44.519 - C44.521, C44.529, C44.590, C44.591, C44.591, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.691
																			C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.79
																			C44.792, C44.799, C44.80 - C44.82, C44.89 - C44.92, C44.99, C45.0 - C45.2, C45.9, C46.0 - C46.4, C46
																			C46.52, C46.7, C46.9, C47.0, C47.10 - C47.12, C47.20 - C47.22, C47.3 - C47.6, C47.8, C47.9, C48.0 -
																			C48.2, C48.8, C49.0, C49.10 - C49.12, C49.20 - C49.22, C49.3 - C49.6, C49.8, C49.9, C4A.0, C4A.4, C50.011, C50.012, C50.019 - C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.12
																			C50.011, C50.012, C50.019 - C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.12
																			C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.52
																			C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.81
																			C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.0, C51.1, C5
																			C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0 - C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9 C57.00, C57.01, C57.02, C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C57.7 - C57.9, C58, C60.0 -
																			C60.2, C60.8, C60.9, C61, C62.00 - C62.02, C62.10 - C62.12, C62.90 - C62.92, C63.00 - C63.02, C63.10
																			C63.12, C63.2, C63.7 - C63.9, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0 -
																			C67.9, C68.0, C68.1, C68.8, C68.9, C69.00 - C69.02, C69.10 - C69.12, C69.20 - C69.22, C69.30 - C69.3 C69.40 - C69.42, C69.50 - C69.52, C69.60 - C69.62, C69.80 - C69.82, C69.90 - C69.92, C70.0, C70.1,
																			C70.9, C71.0 - C71.9, C72.0, C72.1, C72.20 - C72.22, C72.30 - C72.32, C72.40 - C72.42, C72.50, C72.9
																			C73, C74.00 - C74.02, C74.10 - C74.12, C74.90 - C74.92, C75.0 - C75.5, C75.8, C75.9, C76.0 - C76.3,
																			C76.40 - C76.42, C76.50 - C76.52, C76.8, C77.0 - C77.5, C77.8, C77.9, C78.00 - C78.02, C78.1, C78.2,
																			C78.30, C78.39, C78.4 - C78.7, C78.80, C78.89, C79.00 - C79.02, C79.10, C79.11, C79.19, C79.2, C79.32, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60 - C79.62, C79.70 - C79.72, C79.81, C79.82, C79.89,
																			C79.52, C79.40, C79.49, C79.51, C79.52, C79.60 - C79.62, C79.70 - C79.72, C79.61, C79.62, C79.69, C79.9, C80.0 - C80.2, C81.00 - C81.49, C81.70 - C81.79, C81.90 - C81.98, C82.00 - C82.69, C82.80 -
J2501	Injection paricalcitol 1	Zemplar	Yes	ML	Vitamin D	None	Х	Х	Х					-				-	X Effective 10/1/2015 ICD-10 diagnosis codes N25.0, N25.1, N25.81, N25.89 or N25.9
J2J01	mcg	Zempial	169	IVIL	analog	INUITE	_^	_^	_^									L	ICD-9 code 588.XX required on claim form.
J2503	Injection, pegaptanib	Macugen	Yes	ML	Ophthmalogic	1 every	Х	Х								Х			Effective 10/1/2015 ICD-10 diagnosis code H35.32 plus CPT 67028-RT or 67028-LT required on claim
	sodium, 0.3 mg				Agent	6 weeks												1	form.
J2504	Injection, pegademase	Adagen	Yes	ML	Enzyme	None	Х	Х	Х			1	\vdash	1				1	Effective 10/1/2015 ICD-10 diagnosis codes D80.0 - D80.9, D81.0 - D81.2, D81.4, D81.6, D81.7, D81.8
	bovine, 25 mcg																	1	D81.9, D82.0 - D82.4, D82.8, D82.9, D83.0 - D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3,
1																		1	D89.810 - D89.813, D89.82, D89.89 or D89.9
																			ICD-9 code 279.XX required on claim form. ICD-9 restriction of 279.41 and 279.49 added, effective 10/1/0
J2505	Injection pegfilgrastim	Neulasta	Yes	ML	Colony	1 per day	Х	Х	Х						1			1	
	6mg				stimulating factor													1	
	•				i idi.iiUl			•	•	•	-	-						-	

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	РО	OPH	Н	IDT	DC	Special Instructions
Jour	Description	Brana Name	Requir	of	outegory	Limits	OP	OP	•			•••••		. •	0	•••	F.		Openial modulono
			ed	measure															
J2507	Injection, pegloticase, 1	Krystexxa	Yes	ML	Hyperuricemic	16 units per month	Х	Х	X	X				X		Х			Effective 10/1/2015 ICD-10 diagnosis codes M10.00, M10.011, M10.012, M10.019, M10.021, M10.022, M10.029, M10.031, M10.032, M10.039, M10.041, M10.042, M10.049, M10.051, M10.052, M10.059,
	mg.					month													M10.061, M10.062, M10.069, M10.071, M10.072, M10.079, M10.079, M10.081, M10.111, M10.112, M10.119, M10.121, M10.122, M10.129, M10.131, M10.132, M10.139, M10.141, M10.142, M10.149, M10.151, M10.152, M10.159, M10.161, M10.162, M10.169, M10.171, M10.172, M10.179, M10.139, M10.210, M10.221, M10.219, M10.221, M10.222, M10.229, M10.231, M10.232, M10.239, M10.231, M10.272, M10.279, M10.281, M10.261, M10.261, M10.261, M10.262, M10.231, M10.232, M10.239, M10.271, M10.272, M10.279, M10.28, M10.29, M10.30, M10.311, M10.312, M10.319, M10.321, M10.322, M10.329, M10.331, M10.332, M10.339, M10.341, M10.342, M10.349, M10.351, M10.352, M10.359, M10.361, M10.362, M10.369, M10.371, M10.372, M10.379, M10.38, M10.39, M10.40, M10.411, M10.412, M10.419, M10.421, M10.422, M10.429, M10.431, M10.432, M10.439, M10.441, M10.442, M10.449, M10.451, M10.452, M10.459, M10.461, M10.462, M10.469, M10.471, M10.472, M10.479, M10.48, M10.49, M10.9, M10.400, M11.00x1, M11.0110, M11.0111, M11.0120, M11.0121, M11.0190, M11.0191, M11.0210, M11.0211, M11.00x1, M11.0101, M11.0111, M11.0120, M11.0121, M11.0190, M11.0191, M11.0210, M11.0211, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M11.0391, M
J2510	Injection penicillinG procaine aqueous up to 600K U	Wycillin Pfizerpen AS	Yes	ML	Antibiotic	None	Х	Х	Х										
J2513	Injection, pentastarch, 10% solution, 100 ml	Pentaspan	N/A		Plasma volume														Not covered.
J2515	Injection pentobarbital	Nembutal	Yes		expander Anti-convulsant	10 per day	Х	Х	Х										Not covered effective 12/31/07
J2540	sodium per 50 mg. Injection penicillinG potassium up to 600K U	Pfizerpen	Yes	SOL=ML PWD=UN SOL=ML	Antibiotic	None	Х	Х	Х										
	Injection piperacillin sodium/tazobactam sodium 1g/0.125g (1.125	Zosyn	Yes	PWD=UN SOL=ML	Antibiotic	24 per day	Х	Х	Х										
J2545	Pentamidine isethionate inhalation solution 300mg	Nebupent Pentam 300	N/A		Antibiotic														Not Covered
J2547	Injection, peramivir, 1 mg	Rapivab	Yes	ML	Anti-influenza	600 units daily	Х	Х	Х	Х									Effective 1/1/16. Restricted to diagnosis ICD-10 J09.X1 - J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81 or J11.89. Minimum of 18 years.
J2550	Injection promethazine HCI up to 50mg	Phenergan Prorex-25	Yes	PWD=UN SOL=ML	Antiemetic	6 per day	Х	Х	Х	Х								Х	

					_				_								1		
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
J2560	Injection phenobarbital	Luminal	Yes	PWD=UN	Anti-convulsant	3 per day	Х	Х	Χ										20/mg/kg for status epilepticus.
	sodium up to 120mg	Sodium		SOL=ML															
J2562	Injection, plerixafor, 1	Mozobil	Yes	ML	Hematopoietic	None	Х	Х	Χ							Х			Effective 1/1/15 diagnosis of ICD-9 201.00 - 201.78 added to original diagnosis restriction. Effective
	mg.				·														10/1/15 diagnosis of ICD-10 C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08,
	o .																		C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20,
																			C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32,
																			C81.33, C81.34, C81.35, C81.36, C81.37, C81.38. C81.39, C81.40, C81.41, C81.42, C81.43, C81.44,
																			C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76,
																			C81.77, C81.78, C81.79 added to original diagnosis restriction.
																			Effective 10/1/2015 ICD-10 diagnosis codes C82.07, C82.17, C82.00 - C82.69, C82.80 - C82.99, C83.01-
																			C83.08, C83.10 - C83.19, C83.30 - C83.39, C83.50 - C83.59, C83.70 - C83.99, C84.00 - C84.19, C84.40 -
																			C84.49, C84.60 - C84.79, C84.90 - C84.99, C84.A0 - C84.A9, C84.Z0 - C84.Z9, C85.10 - C85.29, C85.80 -
																			C85.99, C86.0 - C86.4, C86.6, C88.2 - C88.4, C88.8, C88.9, C90.00 - C90.02, C90.10 - C90.12, C90.20 -
			1					l					1			1			
																			C90.22, C90.30 - C90.32, C91.40 - C91.42, C96.0, C96.2, C96.A, C96.9
			1					l					1			1			Effective 1/1/10. Restricted to ICD-9 diagnosis 200.00 - 200.88, 201.00 - 201.98, 202.00 - 202.98, 203.00 -
																			203.82. Must be billed with J1440 (closed, see J1442), J1441 (closed, see J1442), J1442 (added effective
																			1/1/14), or J2505 (granulocyte colony stimulating factor). Restrict to 18 years and above.
10500	Introduce and a decimal	Directo	V		0	4							-			-	+	+	
J2590	Injection oxytocin up to	Pitocin	Yes	ML	Oxytocic agent	4 per day	Х	Х	Х										May increase to maximum 4 units for post partum hemorrhage.
J2597	10U. Injection desmopressin	DDAVP	N/A		Anti-diuretic												+	+	Not Covered
J2597			IN/A		Anti-diuretic														Not Covered
10050	acetate 1mcg	Stimate	Vaa	DWD LIN	۸ ۱:	Ness			~								+	+	
	Injection prednisolone	AK-Pred	Yes	PWD=UN	Anti-	None	Х	Х	Х										
	acetate up to 1ml	Inflammase		SOL=ML	inflammatory														
		Forte																	
		Pediapred																	
		Prelone																	
		Key-Pred																	
		Predcor																	
		Predoject																	
		Predalone	l																
J2670	Injection tolazoline HCI	Priscoline	Yes	PWD=UN	Alpha-	8 per day	Х	Χ	Χ										
	up to 25mg		1	SOL=ML	adrenergic			l					1			1			
	.,		l		blocking agent														
J2675	Injection progesterone	Crinone	Yes	OIL=ML	Progestin	8 per day	Х	Χ	Χ	Χ	Χ								Not for fertility treatment and diagnosis. For menorrhagia, amenorrhea.
	50 mg	Progestasert	L	PWD=UN			L						<u></u>		<u></u>	<u> </u>		<u>L</u>	
J2680	Injection fluphenazine	Prolixin	Yes	OIL=ML	Anti-psychotic	2 per day	Х	Х	Х	Χ		Х						Х	Nurse practitioner added 1/1/09.
	decanoate up to 25mg	Decanoate	1	PWD=UN	. ,			l					1			1		1	
J2690	Injection procainamide	Pronestyl	Yes	PWD=UN	Anti-arrhythmic	None	Х	Х	Χ										Weight based 50mg/kg/day.
	HCl up to 1a	Procanbid		SOL=ML	,		1	l										ĺ	10 11111 11 0 0 119
	Injection oxacillin sodium	Bactocill	Yes	PWD=UN	Antibiotic	None	Х	Х	Х						i –				
	up to 250mg	Prostaphlin	. 55	SOL=ML	,		^	l ^	^`				1			1			
	up to 2001119		l	JOL-IVIL														ĺ	
		PCN	l															ĺ	
		Methyl-phenyl	1					l					1			1			
		Isoxazolyl	1					1					1						
12704	Injection, propofol, 10 mg	Diprivan	Yes	ML	Sedative	none	Х	Х	Χ				 	—	1		+	+	Effective 1/1/15.
32/04	mjection, proporot, 10 mg	Diprivari	165	IVIL	Hypnotic	none	^	_ ^	^										Elective 17713.
12710	Injection neostigmine	Prostigmin	Yes	PWD=UN	Acetychol-	4 per day	Х	Х	Х				-		i	1	+	1	
	methylsulfate up to 0.5	i iosugiiilli	163	SOL=ML		- per uay	^	_ ^	^									ĺ	
				SUI =IVII	inesterase		1	ı						i	1	1	1	1	
				0022	inhibitor														

		•			7														
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI			Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
10700	Injection protamine		Yes	PWD=UN	Antidote for	None	Х	Х	Х				-					+	
J2720	sulfate 10mg		165	SOL=ML	heparin	None	_ ^	^	^										
12724	Injection, Protein C	Ceprotin	Yes	UN	Thrombolytic	None	Х	Х	Х							Х		1	Effective 10/1/2015 ICD-10 diagnosis codes D68.51, D68.59 or D68.62
32124	Concentrate, IV, Human,	Серіоші	163	OIV	agent	140116	^	^	^							^			New code effective 1/1/08. Home Infusion added as provider, effective 1/1/10. Restricted to ICD-9
	10 II J				agent														diagnosis and 290.91
J2725	Injection protirelin 250	Relefact TRH	Yes	PWD=UN	Diagnostic	2 per day	Х	Χ	Х										HAURISIS TRUE 205 AT
	mcq	Thypi-nome		SOL=ML	agent	, ,													
J2730	Injection pralidoxime	Protopam	Yes	UN	Antidote	None	Х	Х	Χ										
	chloride up to 1a	Chloride																	
J2760	Injection phentolamine	Regitine	N/A		Diagnostic	1 per day													Not covered
	mesvlate up to 5mg				agent										<u> </u>		1	1	
J2765	Injection metoclopramide	Reglan	Yes	PWD=UN	Antiemetic	8 per day	Х	Х	Х	Χ					1	1			
	HCl up to 10mg			SOL=ML															
10770	Injection	Companie	N/A		Antibiotic		-		$\vdash \vdash$		\vdash		+	 	 	-	+-	+	Net Coursed
J2//0		Synercid	N/A		Antibiotic														Not Covered
	quinupristin/dalfopristin 500mg (150/350)						1	l							1	1			
.12778	Inection, ranibizumab 0.1	Lucentis	Yes	ML	Neovascular-	None	Х	Х							Х			+	Effective 10/1/16, ICD-10 diagnosis restrictions of E08.3211, E08.3212, E08.3213, E08.3291, E08.3292,
32110	mg.	Lucernis	163	IVIL	Age related	140116	^	^							^				E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413,
	mg.				Macular														E08.3491, E08.3492, E08.3493, E08.37X1, E08.37X2, E08.37X3, E09.3211, E09.3212, E09.3213, E09.3291,
					Degeneration														E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412,
					Degeneration														E09.3413, E09.3491, E09.3492, E09.3493, E09.37X1, E09.37X2, E09.37X3, E10.3211, E10.3212, E10.3213,
																			E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411,
																			E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522,
																			E10.3512, E10.3513, E10.3532, E10.3533, E10.3543, E10.3543, E10.3543, E10.3551, E10.3552, E10.3553,
																			E10.3525, E10.3531, E10.3532, E10.3533, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291,
																			E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412,
																			E11.3413, E11.3511, E11.3512, E11.3513, E11.3521, E11.3523, E11.3523, E11.3531, E11.3532, E11.3533,
																			E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1,
																			E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312,
																			E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493,
																			E13.3513, E13.3591, E13.3592, E13.3593, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541,
																			E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.7X2, E13.37X3, H34.8111, H34.8112, H34.8113, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131,
																			H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331,
																			H34.8332, 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, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233.
																			10/1/2015 ICD-10 diagnosis codes restriction of E08.311, E08.319, E08.321, E08.329, E08.331, E08.339,
							1	l							1	1			
																			E08.341, E08.349, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E10.311,
																			E10.319, E11.311, E11.319, E11.329, E11.339, E11.349, E11.359, E13.311, E13.319, H34.811 - H34.813,
							1	l							1	1			H34.819, H34.831 - H34.833, H34.839, H35.30 - H35.32 or H35.81
																			Diagnoisis restriction of H35.32/macular degeneration, wet only for Opthalmology specialty.
																			New ICD-9 diagnosis restriction of 362.01 - 362.07 added, effective 8/10/12. New code effective 1/1/08. Not
							1	l							1	1			billable with J3490 after 12/30/07. Restricted to IDC-9 codes 362.5362.52. New diagnosis restriction of
																			362.52/macular degeneration, wet only after 5/1/09 for Opthalmology specialty. New indication approved for
							1	l							1	1			362.83 and 362.35, or 362.83 and 362.36, effective 6/22/10.
							L.,	L.,							<u> </u>		_	1	
J2780	Injection ranitidine HCI	Zantac	Yes	PWD=UN	Anti-histamine	6 per day	X	Х	Х				1		1	1		ĺ	
	25ma			SOL=ML															

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	Н	IDT F	DC	Special Instructions
J2783	Injection rasburicase 0.5	Elitek	Yes	UN	Enzyme	None	Х	Х	Х										
J2785	Injection, regadenoson, 0.1 mg.	Lexiscan	Yes	ML	Vasodilator	limited to 18 years or older	Х	Х	Х								Х		New code effective 1/1/09. Approved for physicians and to IDTF. effective 1/1/09.
J2786	Injection, reslizumab, 1	Cinqair	Yes	ML	Anti-asthmatic	None	Х	Х	Х	Х									Effective 1/1/17. Restricted to ICD-10 45.50. Minimum age of 18 years.
J2788	Injection Rhod immune globulin human minidose 50 mca	MicrhoGam HyperRho S/D	Yes	EA=UN SOL=ML	Immune globulin	none	Х	Х	Х	Х	Х								Effective 4/1/13. Replacing 90385.
J2790	Injection Rhod immune globuliln human full dose 300 mcg	Gamulin RH HyperRho S/D Rhogam	Yes	EA=UN SOL=ML	Immune globulin	none	Х	Х	Х	Х	Х								Effective 4/1/13. Replacing 90384.
J2791	Rhophylac Injection - Injection, Rho(d) immune globulin (human), 100 IU	Rhophylac	Yes	ML	Immune globulin	None	Х	Х	Х	Х	Х								New code effective 1/1/08. Replaces Q4089. Open to physician, nurse practitioner, and midwife, effective 3/1/08.
J2792	Injection RhoD immune globulin IV human solvent detergent 100 IU	Winrho SDF	N/A		Immune globulin														
J2793	Injection, rilonacept, 1	Arcalyst	Yes	UN	Anti- inflammatory	none	Х	Х	Х	Х						Х			Effective 1/1/10.
J2794	Injection Risperidone long acting 0.5mg	Risperdal Consta IM	Yes	UN	Anti-psychotic	100 units every 2 weeks	Х	Х	Х	Х		Х							Effective 10/1/2015 ICD-10 diagnosis codes F20.0 - F20.3, F20.5, F20.81, F20.89, F20.9 or F25.9 ICD-9 code 295XX.required on claim form. Age limit 18-years. Nurse practitioner added 1/1/09.
J2795	Injection ropivacaine HCl	Naropin	N/A		Local Anesthetic	Z WEEKS													Not Covered
J2796	Injection, romiplostim, 10 mcg.	Nplate	Yes	UN	Hematopoietic	none	Х	Х	Х	Х						Х			Effective 10/1/2015 ICD-10 diagnosis codes D47.3, D69.3, D69.41, D69.42, D69.49 or D69.6 Effective 1/1/12, age restriction of 18 years removed. Effective 1/1/10. Restricted to ICD-9 diagnosis 287.30 - 287.33. Restrict to age 18 and above
J2800	Injection methocarbamol up to 10ml	Robaxin	Yes	PWD=UN SOL=ML	Skeletal muscle relaxant	3 per day	Х	Х	Х										
J2805	Injection, sincalide, 5	Kinevac	Yes	UN	Diagnostic agent	None	Х	Х									Х		
J2810	Injection theophylline 40	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	Х	Х	Х										
J2840	Injection, sebelipase alfa,	Kanuma	Yes	ML	Enzyme replacement	None	Х	Х	Х										Effective 1/1/17.
J2850	Injection, secretin, synthetic, human, 1 mcg		Yes	UN	Hormonal Replacement	None	Х	Х									Х		Use with CPT 43271, 89105, or 82938
J2860	Injection, siltuximab, 10	Sylvant	Yes	UN	Monoclonal antibody	None	Х	Х	Х										Effective 1/1/16. Restricted to diagnosis ICD-10 R59.0, R59.1, or R59.9. Minimum age of 18 years.
J2910	Injection aurothioglucose up to 50mg	Solganal	Yes	ML	Anti- inflammatory	1 per day	Х	Х	Х										
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,	Ferrlecit	Yes	ML	Iron supplement	20 per day	Х	Х	Х									Х	

	r	1 -																	-1
Code	Description	Brand Name		NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	РО	OPH	"			C Special Instructions
			Requir	of		Limits	OP	OP									F	=	
			ed	measure															
12020	Injection	SoluMedrol	Yes	UN	Anti-	None	Х	Х	Х	Х			1		1	1		-	
32320	methylprednisolone	Ametha-Pred	103	014	inflammatory	140116	_ ^		^	^									
		Amema-rieu			IIIIIaiiiiiaioiy														
	sodium succinate up to 40mg																		
.12930	Injection	SoulMedrol	Yes	UN	Anti-	None	Х	Х	Х	Х						1		+	
	methlprednisolone	Ametha-Pred			inflammatory														
	sodium succinate up to	7 0 1 . 0			"" and "" and ""														
	125mg																		
J2940	Injection somatrem 1mg	Protropin	N/A		Growth														Not Covered
					hormone														
J2941	Injection somatropin 1mg	Humatrope	N/A	1	Growth		1		1	l -			1	1	1	1	1		Not Covered
		Genotropin	1		hormone		1					l	1	1	1	1			
L		Nutropin					L.,	L.,	L.,			L.,	<u> </u>	-	<u> </u>	1	_	_	
J2950	Injection promazine HCI	Sparine	Yes	PWD=UN	Anti-psychotic	40 per day	Х	Х	Х			Х							
10000	up to 25mg	Prozine-50		SOL=ML	Analgesic										1	+		_	
J2993	Injection reteplase 18.1	Retavase	Yes	UN	Fibrinolytic	none	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3,
	mg																		I21.4, I22.0 - I22.2, I22.8 or I22.9
12005	Injection atrental/inces	Ctroptono	Voc	UN	Eibringlytig	4 per dev	Х	Х	Х				+		1	+	-	+	Restricted to ICD-9 diagnoses 410 00 - 410 92: with minimum age 18 years and above, effective 1/1/10
32333	Injection streptokinase per 250KIU	Streptase	Yes	OIN	Fibrinolytic	4 per day	_ ^	^	^										
.12997	Injection alteplase	Activase	Yes		Fibrinolytic		Х	Х							1	+		-	Effective 10/1/13.
02007	recombinant 1mg	Hotivase	100		1 ibililolytic		^												21100110 101 11 101
J3000	Injection streptomycin up	Streptomy-cin	Yes	UN	Antibiotic	2 per day	Х	Х	Х							1			
	to 1g	Sulfate				_													
J3010	Injection fentanyl citrate	Sublimaze	Yes	PWD=UN	Analgesic	1 per day	Х	Х											
	0.1mg	Duragesic		SOL=ML	narcotic														
J3030	Injection sumatriptan	Imitrex	N/A		Antimigraine	1 per day													Not covered
10000	succinate 6mg				_	44 2 11										1			
J3060	Injection, taliglucerace	Elelyso	Yes	UN	Enzyme	41 units bi-	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes E75.21, E75.22, E75.240 - E75.243, E75.248, E75.249,
	alfa, 10 units				replacement	weekly													E75.3, E77.0, E77.1, E77.8, or E77.9
																			Effective 8/27/14, minimum age restriction reduced to 4 years from 16 years of age. Effective 1/1/14.
.13070	Injection pentazocine 30	Talwin	Yes	ML	Analgesic	12 per day	Х	Х	Х						1	1		>	Restricted to ICDs disancese of 272.7 Minimum age restriction of 16 years
00070	ma	raiwiii	100	IVIL	narcotic	12 per day	^		^									'	`
J3095	Injection, televancin, 10	Vibativ	Yes	UN	Antibiotic	None	Х	Х	Х	Х						Х			Effective 10/1/2015 ICD-10 diagnosis codes B78.1, K12.2, L01.00 - L01.03, L01.09, L01.1, L02.01 -
00000	mg.	· ibativ		0.1	7 11 11 10 11 0	110.10		, ,								^`	`		L02.03, L02.11 - L02.13, L02.211 - L02.216, L02.219, L02.221 - L02.226, L02.229, L02.231 - L02.236,
	9.																		L02.239, L02.31 - L02.33, L02.411 - L02.416, L02.419, L02.421 - L02.426, L02.429, L02.431 - L02.436,
																			L02.439, L02.511, L02.512, L02.519, L02.521, L02.522, L02.529, L02.531, L02.532, L02.539, L02.611,
																			L02.612, L02.619, L02.621, L02.622, L02.629, L02.631, L02.632, L02.639, L02.811, L02.818, L02.821,
																			L02.828, L02.831, L02.838, L02.91 - L02.93, L03.011, L03.012, L03.019 - L03.022, L03.029, L03.031,
																			L03.032, L03.039, L03.041, L03.042, L03.049, L03.111 - L03.116, L03.119, L03.121 - L03.126, L03.129,
																			L03.211, L03.212, L03.221, L03.222, L03.311 - L03.317, L03.319, L03.321 - L03.327, L03.329, L03.811,
																1			L03.211, L03.212, L03.221, L03.222, L03.311 - L03.311, L03.311 - L03.321 - L03.321 - L03.323, L03.821, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0 - L04.3, L04.8, L04.9, L05.01, L05.02, L05.91, L05.92,
							1			l		l	1		1				L08.0, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0 or L98.3
12400	Injection tonesterless 50	TNIZ	V	LINI	Eibric al: 41a	1 nor dec	<u> </u>	-	-		\vdash		1	-	+	+	-	-	
J3100	Injection tenecteplase 50	TNKase	Yes	UN	Fibrinolytic	1 per day													See J3101.
J3101	Injection, tenecteplase, 1	TNKase	Yes	UN	Fibripolytic		Х	Х					1		+	1	-	+	New code effective 1/1/09.
33101	ma	IIII\ase	169	JIN	Fibrinolytic		^	^		l		l	1		1				THOM GOOD GROUND 1/1/00.
J3105	Injection terbutaline	Brethine	Yes	ML	Broncho-dilator	2 per day	Х	Х	Х	 			1		t	t	1	+	
10.00	sulfate up to 1mg	2.00				_ po. day	``	``	``										
J3110	Injection teriparatide 10	Forteo	N/A		Parathyroid											1			Not Covered
	mca				hormone														
J3120	Injection testosterone	Delatestryl	Yes	ML	Androgen	1 per day	Х	Х	Х	Х			1			1			Closed 12/31/14. See J3121 after this date. Nurse practitioner added 1/1/09.
	enanthate up to 100mg		1																

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS.	PO	OPF				C Special Instructions
			Requir	of		Limits	OP	OP									F	F	
			ed	measure															
J3121	Injection, testosterone	Delatestryl	Yes	ML	Androgen	400 u. per	Х	Х	Х	Х								- 2	X Effective 1/1/15.
	enanthate, 1mg					week		<u> </u>				<u> </u>						_	
J3130	Injection testosterone	Delatestryl	Yes	OIL=ML	Androgen	2 per week	Х	Х	Х	Х								- 12	X Closed 12/31/14. See J3121 after this date. Nurse practitioner added 1/1/09.
12140	enanthate up to 200mg Injection testosterone	Andronag 50	Yes	PWD=UN PWD=UN	Androgen	3 per week	Х	Х	Х	Х	-		-	1	+	+-		+	May increase to 4 doses for post partum breast engorgement.
33140	suspension up to 50mg	Andronay 50	163	SOL=ML	Androgen	3 per week	^	^	^	^									may increase to 4 doses for post partitin breast engorgement.
J3145	Injection, testosterone	Aveed	Yes	ML	Androgen		Х	Х	Х									-	Effective 5/1/17. Restricted to ICD-10 diagnosis of E29.1, E19.8.
	undecanoate, 1 mg.																		
J3150	Injection testosterone	Testex	Yes	OIL=ML	Androgen	3 per week	Х	Х	Х	Х									May increase to 4 doses for post partum breast engorgement.
	propionate up to 100mg			PWD=UN															
J3230	Injection chlorpromazine	Thorazine	Yes	PWD=UN	Anti-psychotic	10 per day	Х	Х	Х	Х		Х							Nurse practitioner added 1/1/09.
12240	HCl up to 50ma Injection thyrotropin	Thomasa	Vee	SOL=ML UN	Diamantia	2 === d==	Х	V	Х		1	<u> </u>		1	1	-			
J3240	, , ,	Thyrogen	Yes	UN	Diagnostic	3 per day	^	Х	^										
	alpha 0.9 mg provided in				agent														
J3243	Injection, tigecycline, 1	Tygacil	Yes	UN	Antibiotic	150 units per	Х	Х	Х	Х								-	New code effective 1/1/07. Nurse practitioner added 1/1/09.
	ma	1,9		•		dav													
J3246	Injection tirofiban HCL	Aggrastat	Yes	ML	Antiplatelet	None	Х	Х	Х										Must be billed daily.
	0.25ma IV																		
J3250	Injection trimeth-	Tigan	N/A		Antiemetic														Not Covered
	obenzamide HCI up to																		
J3260	200ma Injection tobramycin	Nebcin	Yes	ML	Antibiotic	None	Х	Х	Х			<u> </u>		1	1	-		٠,	x
33200	sulfate up to 80mg	INEDCITI	163	IVIL	Antibiotic	None	^	^	^									'	^
J3262	Injection, tocilizumab, 1	Actemra	Yes	ML	Immunologic	Maximum	Х	Х	Х									1	Effective 1/1/17, service limit incresed to 1100 units.
	mg.				•	service limit													Effective 1/1/14, age restriction removed AND diagnosis ICD-9 714.30, 714.31, 714.32, 714.33 and ICD-
						1100 u.													10 M08.00, M08.3, M08.471, M08.472, M08.479, M08.40, M08.411, M08.412, M08.419, M08.421, M08.422,
						monthly													M08.429, M08.431, M08.432, M08.439, M08.441, M08.442, M08.449, M08.451, M08.452, M08.459,
																			M08.461, M08.462, M08.469, M08.471, M08.472, M08.479, M08.40, M08.48 added.
																			Effective 10/1/2015 ICD-10 diagnosis codes M05.00, M05.011, M05.012, M05.019, M05.021, M05.022,
																			M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059,
																			M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.30, M05.60, M05.611, M05.612,
																			M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649,
																			M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.711,
																			M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742,
																			M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.811, M05.812, M05.819,
																			M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851,
																			M05.852, M05.859, M05.861, M05.862, M05.869, M06.071, M06.072, M06.079, M06.1, M06.211, M06.212,
																			M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249,
																			M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.811, M06.812, M06.819, M06.821,
1									1		1	1							M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852,
																			M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879 or M06.9
.13265	Injection torsemide	Demadex	Yes	ML	Anti-		Х	Х			 	!	-	\vdash	+	+	\dashv	+	No. 10 16 16 16 16 16 16 16 16 16 16 16 16 16
00200	10ma/ml	Domagox	1.00	1412	hypertensive			\ ^											
J3280	Injection thiethylperazine	Torecan	Yes	ML	Antiemetic	1 per day	Х	Х	Х										
	maleate up to 10mg	Norzine							1		1	1							
				L			L.,	<u> </u>	L.,	<u> </u>	1	<u> </u>		<u> </u>	1	1		_	
J3285	Injection, treprostinil, 1	Remodulin	Yes	ML	Vasodilator	None	Х	Х	Х	Х	1	1							Effective 10/1/2015 ICD-10 diagnosis codes I10, I27.0 - I27.2, I27.81, I27.82, I27.89 or I27.9 or P29.3
J3300	mq Injection, triamcinolone	Triesence	Yes	UN	Ophthalmic Anti-		Х	Х	-		1	1		1	Х	-		+	ICD-9 code 416.XX or 747.83 required on claim form. Nurse practitioner added 1/1/09. New code effective 1/1/09. Covered to Ophthalmology physician specialty only, effective 10/1/10.
33300	acetonide. PF. 1 mg.	HICSCHICE	165	JIN	inflammatory		^	_ ^	1		1	1			^				Thew code enective 1/1/09. Covered to Ophthalmology physician specially only, enective 10/1/10.
J3301	Injection triamcinolone	Kenalog-10	Yes	PWD=UN	Anti-	4 per day	Х	Х	Х	Х				Х	1	+	\dashv	+	
	acetonide 10mg	Kenalog-40		SOL=ML	inflammatory	,,		''	1		1	1		1					
		Triam-A			,							L							

	T	r							-										
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	MH	HS	PC	OPI	1 1			Special Instructions
			Requir	of		Limits	OP	OP										F	
			ed	measure			_	_											
			cu	measure															
J3302	Injection triamcinolone	Aristocort	Yes	PWD=UN	Anti-	8 per day	X	X	X	X				X					
	diacetate 5mg	Intralesional		SOL=ML	inflammatory														
		Aristocort																	
		Forte																	
		Cinolone																	
		Trilone																	
		Clinggort									-	1	-	.	-	_	_	-	
J3303	Injection triamcinolone	Aristospan	Yes	ML	Anti-	4 per day	X	Х	Х	Х				Х					
	hexacetonide 5mg	Intralesional			inflammatory														
1	1	Aristospan]	<u> </u>		1	l	1	1		1		1		1			
	1	Intra-articular		l					1		1			1	1				
J3305	Injection trimetrexate	Neutraxin	Yes	UN	Anti-	None	Х	Х	Х										Weight based.
	glucoronate 25mg				inflammatory			l	1				1	1	1			- 1	
.13310	Injection perphenazine	Trilafon	Yes	PWD=UN	Anti-psychotic	3 per day	Х	Х	Х	Х	1	Х	1	1	1	1			
33310	up to 5mg	Tillaloit	163	SOL=ML	/ titli-payoriolio	5 per day	^	^	_ ^	^		^	1	1	1			- 1	
12215	Injection triptorelin	Trelstar LA	Yes	UN UN	Luteinizing	3 per month	Х	Х	Х	\vdash	1	1-	+	+	+-	+		-+	1
33313		Heistal LA	165	UN	-	3 per monun	^	^	^										
	pamoate 3.75mg				hormone-														
					releasing														
					hormone				ļ									_	
J3320	Injection spectinomycin	Trobicin	Yes	UN	Antibiotic	None	X	X	Х										
	dihydrochloride up to 2a																		
J3350	Injection urea up to 40g	Ureaphil	N/A		Diuretic														Not Covered
J3355	Injection, urofollitropin,	Metrodin	N/A		Hormonal														Not Covered.
	75 IU	Bravelle			Replacement														
J3357	Injection, ustekinumab, 1	Stelara	Yes	ML	Antipsoriatic	None	Х	Х	Х										Closed 6/30/17. See Q9989.
	mg.																		Effective 10/1/2015 ICD-10 diagnosis codes L30.5, L40.0 - L40.4, L40.50 - L40.54, L40.59, L40.8, L40.8
	mg.																		
																			L41.0, L41.1, L41.3 - L41.5, L41.8, L41.9, L42, L44.0, L44.8, L45 or L94.5
																			Effective 7/1/15, remove physician as covered provider. Refer to pharmacy POS coverage. New co
																			effective 1/1/11. Restricted to ICD-9 diagnosis 696.0 - 696.8. Restricted to age 18 and above.
10050		0. 1	.,								-	-	-	-	-	_		-+	
J3358	Ustekinumab, for	Stelara	Yes	ML	Antipsoriatic	None	Х	Х	Х										Effective 1/1/18. Restricted to ICD-10 L30.5, L40.0 - L40.4, L40.50 - L40.54, L40.59, L40.8, L40.9, L41.0
	intravenous injection, 1																		L41.1, L41.3 - L41.5, L41.8, L41.9, L42, L44.0, L44.8, L45 or L94.5.
	mg.																		
																_		_	
J3360	Injection diazepam up to	Valium	N/A	l	Benzodiaze-			l	1				1	1	1				Not Covered
	5ma				pine				<u> </u>	-			4	4	4	_			
J3364	Injection urokinase 5000	Abbokinase	Yes	UN	Fibrinolytic	2 per day	Χ	Х	Х				1	1	1			- 1	
	IU vial	open cath																	
J3365	Injection IV urokinaase	Abbokinase	N/A	1	Fibrinolytic						1	1	1	1					Not Covered
	250000 IU vial			l				l	1				1	1	1			- 1	
J3370	Injection vancomycin HCI	Varocin	Yes	PWD=UN	Antibiotic	None	Х	Χ	Х			1	1						
	500mg	Vancocin		SOL=ML			1	l	1				1	1	1			- 1	
	ŭ								<u> </u>		<u> </u>	1		1		4		_	
J3380	Injection, vedolizumab, 1	Entyvio	Yes	UN	Anti-Infective	None	X	X	Х		1			1	1				Effective 1/1/16. Restricted to diagnosis ICD-10 K50.00, K50.011 - K50.014, K50.018, K50.019, K50.10,
1	mg	1	1	l	1		1		1	1	1	1		1					K50.111 - K50.114, K50.118, K50.119, K50.80, K50.811 - K50.814, K50.818, K50.819, K50.90, K50.911 -
																			K50.914, K50.918, K50.919, K51.00, K51.011 -K51.014, K51.018, K51.019, K51.20, K51.211 - K51.214,
																			K51.218, K51.219, K51.30, K51.311 - K51.314, K51.318, K51.319, K51.40, K51.411 - K51.414, K51.418,
1]			1	l	1	1		1		1		1			K51.419, K51.50, K51.511 - K51.514, K51.518, K51.519., K51.80, K51.811 - K51.814, K51.818, K51.819,
1				1			1	l	1	1		1		1		1			K51.90, K51.911 - K51.914, K51.918 or K51.919. Minimum age of 16 years.
1]			1	l	1	1		1		1		1			
12205	laisatian valaalvas:	\/mmin.	Vac	LINI	F	Massianus	V	- V	V	-	-	+	+	+	+	+	_	-+	Filesting 40/4/2045 ICD 40 diamenia and a F75 04 F75 040 F75 040 F75 040 F75 040
J3385	Injection, velaglucerase	Vpriv	Yes	UN	Enzyme	Maximum	Х	Х	Х				1	1	1	Ι,	X	- 1	Effective 10/1/2015 ICD-10 diagnosis codes E75.21, E75.22, E75.240 - E75.243, E75.248, E75.249,
	alfa, 100 units.			l		service limit			1		1			1	1				E75.3, E77.0, E77.1, E77.8, or E77.9
	1			l		165 u.		l	1				1	1	1			- 1	New code effective 1/1/11. Restricted to ICD-9 diagnosis 272.7. Restricted to ages 4 and above.
						monthly					1								

									_										
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н			Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
J3396	Injection, verteporfin	Visudyne	Yes	UN	Macular	None	X	Х							Х				Effective 1/1/15 diagnosis of ICD-9 362.41 added, and effective 10/1/15 diagnosis of ICD-10 H35.711,
	0.1mg				degeneration														H35.712, and H35.713 added. Effective
																			10/1/2015 ICD-10 diagnosis codes
																			B39.4, B39.5, B39.9, H32, H35.051 - H35.053, H35.059, H35.32 or H44.20 - H44.23
																			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	Vesprin	Yes	ML	Anti-psychotic	150 mg	Х	Х	Х			Х				1	+	+	
00.00	HCl up to 20mg	7 00p	. 00		, and poyonodo	per day	,,	,				,,							
J3410	Injection hydroxyzine up	Vistaril	Yes	PWD=UN	Antianxiety	None	Х	Х	Х	Χ		Х							
	to 25mg	Hyzine-50		SOL=ML															
12444	Injustion thiorning LICI	Atarax	V	DWD 1191	\/ito-=:-	2 por dell	~	~	~				<u> </u>		}	1-	-	-	
J3411	Injection thiamine HCL 100ma	Thiamilate	Yes	PWD=UN SOL=ML	Vitamin supplement	2 per day	Х	Х	Х										
J3415	Injection pyridoxine HCI	Nestrex	Yes	PWD=UN	Vitamin	2 per day	Х	Х	Х										
00.10	100ma		. 00	SOL=ML	supplement	2 poi day	,,	,											
J3420	Injection vitamin B-	Sytobex	Yes	PWD=UN	Vitamin	1 per day	Χ	Χ	Х	Х									
	12 cyanocobalamin up to	Residol		SOL=ML	supplement														
	1000mca	Rubramin PC					.,	L.,	L.,							1		٠.	
J3430	Injection phytonadione	Aqua	Yes	PWD=UN	Vitamin	25 per day	X	Х	Х									Х	
	(viatamin K) per 1mg	Mephyton		SOL=ML	supplement														
.13465	Injection voriconazole	Konakion VFEND	Yes	UN	Anti-	None	Х	Х	Х							1		+	
00.00	10ma	** 2.10	. 00	0.1	fungal	110110	,,	,											
J3470	Injection hyaluronidase	Wydase	Yes	PWD=UN	Enzyme	1 per day	Х	Х	Х										
	up to 150units			SOL=ML														_	
J3471	Injection, hyaluronidase,		Yes	ML	Enzyme	None	X	Х							Х				
	ovine, preservative free,																		
	per 1 USP unit (up to																		
J3472	Injection, hyaluronidase,		Yes	UN	Enzyme	None	Χ	Χ							Χ				
	ovine, preservative free,				,														
	per 1000 USP units																	_	
J3473	Injection, hyaluronidase,	Vitrase	Yes	ML	Enzyme	300 units per	Х	Х	Х								Х		New code effective 1/1/07.
12.475	recombinant, 1 USP unit Injection magnesium	Cultomoa	Yes		Minoral	day	Х	Х	Х							1		-	Effective 2/1/17, Oncology physician specialty restriction removed.
J34/5	sulfate 500mg	Sulfamag	res		Mineral		^	^	^										Effective 10/1/2015 ICD-10 diagnosis codes E83.40 - E83.42, E83.49 or E83.89
	sullate 300mg				supplement														Effective 1/1/10, coverage restricted to Oncology physician specialty only. Restrict to ICD-9 diagnosis code
																			275.2. Must be billed with CPT 96365 - 96368(infusion) or CPT 96401 - 96411, or 96413 - 96417, or 96420 -
																			96425, or 96440 - 96450, or 96542 - 96549(chemotherapy).
12490	Injection potassium	Kdur	Yes	PWD=UN	Electrolyte	None	Х	Х	V	Х	-		1		1	1	-	-	
J346U	chloride 2mEq	Kaur Kaon-Cl	165	SOL=ML	Electrolyte Supplement	None	^	_ ^	^	^									
J3485	Injection zidovudine	Retrovir	N/A	JOL-IVIL	Anti-retroviral										1	1		1	Not Covered
	10mg																		
J3486	Injection zipraosidone	Geodon	Yes	UN	Anti-psychotic	10 per day	Х	Х	Х	Х		Х							Nurse practitioner added 1/1/09.
10.10=	mesylate 10mg			DIAID 1					L.,				<u> </u>		<u> </u>	1	4	_	
J3487	Injection zoledronic acid	Zometa	Yes	PWD=UN	Antidote	4 per day	Х	Х	Х	l						1			Closed 12/31/13. See J3489.
.13488	1ma Zoledronic	Reclast	Yes	SOL=ML ML	Bone	Max. 5 mg.	Х	Х	Х	Х			1	1	1	1	+	+	Closed 12/31/13. See J3489. New code effective 1/1/08. Replaces Q4095. Nurse practitioner added
30-100	Acid/Mannitol/Water	TOOLGOT	1.00		Resorption	yearly	^	\ ^	^	_ ^									1/1/09.
	Reclast, 1 mg. (5 mg/100				Inhibitor	, - 3,			l	l						1			
	ml package)							<u> </u>	L_				<u> </u>		<u> </u>	1		1	
J3489	Injection, zoledronic acid,	Zometa	Yes	ML	Bone	None	X	Х	Х	Х						1			Effective 1/1/14.
	1 mg	Reclast			Resorption														
			I	l	Inhihitor	1				_			1			1			1

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	I HS	PC	OPI	1 1		DT D	C Special Instructions
J3490	Unclassified drugs. Used only if a more specific code is not		Yes	KIT=UN SOL=ML PWD=UN															Refer to the list of Approved Drugs from preceding page billed with HCPCS Code J3490. Cost invoice may be required with claim form.
J3520	Edetate disodium 10mg	Endrate Disotate	Yes	PWD=UN SOL=ML	Antidote	None	Х	Х	Х										Covered only for treatment for lead or heavy metal poisoning; duration <2 weeks.
J3530	Nasal vaccine inhalation	Disolate	N/A	3OL=IVIL										1			-		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		Yes	KIT=UN SOL=ML PWD=UN															Refer to the list of Approved Drugs from preceding page billed with HCPCS Code J3490. Cost invoice may be required with claim form.
J7030	Infusion normal saline solution 1000cc		Yes	ML		None	Х	Х	Х	Х									
J7040	Infusion normal saline solution sterile (500ml = 1 unit)		Yes	ML		None	Х	Х	Х	Х									
J7042	5% dextrose/normal saline (500ml - 1 unit)		Yes	ML		None	Х	Х	Х	Х									
J7050	Infusion normal saline solution 250cc		Yes	ML		None	Х	Х	Х	Х									
J7060	5% dextrose/water (500 ml = 1 unit)		Yes	ML		None	Х	Χ	Х	Х									
J7070	Infusion D-5-W 1000cc		Yes	PWD=UN SOL=ML		None	Х	Х	Х	Х									
J7100	Infusion dextran 40 500ml	Rheomacrode x Gentran 75	Yes	ML		None	Х	Х	Х										
J7110	Infusion dextran 75 500ml	Gentran 75	Yes	ML		None	Х	Х	Х										
J7120	Ringer's lactate infusion up to 1000cc		Yes	ML		None	Х	Х	Х										
J7130	Hypertonic saline solution 50 or 100 mEq		Yes	ML		None	Х	Х	Х										Closed 12/31/11. See J7131.
J7131	Hypertonic saline solution, 1 ml.	N/A	Yes	ML		None	Х	Х	Х)	X		Effective 1/1/12.
J7175	Injection, Coagulation Factor X. human	Coagadex	Yes	IU			Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 1/1/17. Restricted to D68.2. Minimum age of 12 years.
J7178	Injection, human fibrinogen concentrate, 1	RiaSTAP	Yes	EA	Antifibrinolytic	None	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). 10/1/2015 ICD-10 diagnosis codes D68.2 or D65 Effective 1/1/13. Restricted to ICD-9 diagnosis 286.3 or 286.6.
J7179	Injection, von willebrand factor (recombinant), 1	Vonvendi																	Effective 1/1/17. Not covered.
J7180	Injection, Factor XIII (antihemophilic factor,	Corifact	Yes	UN	Anti-hemophilic	None	Х	Х	Х							>	X		Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D68.2 Effective 1/1/12 Restricted to ICD-9 diagnosis 286.3
J7181	Injection, factor xiii a- subunit, (recombinant), per IU	Tretten	Yes	UN	Anti-hemophilic	None	Х	Х	Х										Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D68.2 Effective 1/1/15. Restricted to ICD-9 diagnosis of 286.3.
J7182	Injection, factor viii, antihemophilic factor, recombinant, per iu	Novoeight	Yes	UN	Anti-hemophilic	none	Х	Х	Х										Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66 Effective 4/1/15. Restricted to ICD-9 diagnosis restriction of 286.0. Minimum age restriction of 6 years.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	ОРН	Н	I IDT	DC	Special Instructions
	Injection, von Willebrand factor complex (human), 1 IU. VWF:RCO Injection, von Willebrand	Wilate	Yes	UN	Anti-hemophilic	None	Х	Х	X							Х			Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D68.0 Effective 11/1/12 Restricted to ICD-9 diagnosis 286.4 Restrict to age 5 and above
	factor complex (human), per 100 IU, VFW:RCO	Wilate	Yes	UN	Coagulation factor	None	Х	Х	Х				Х			Х			Closed 12/31/11. See J7183. Effective 1/1/11. Restricted to ICD-9 diagnosis 286.4. Restrict to age 5 and above.
J7185	Injection, Factor VIII(antihemophilic factor, recombinant), per	Xyntha	Yes	UN	Anti-hemophilic	none	Х	Х	Х				X			Х			Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66 or D68.311, D68.312, or D68.318 Effective 1/1/10. Restricted to ICD-9 diagnosis 286.0 or 286.5.
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex(human), per factor VIII I.U.	Alphanate	Yes	UN	Anti-hemophilic		Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66 or D68.0 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.
J7187	Injection, Von Willebrand factor complex, human, ristocetin cofactor, per IU	Biopool Humate-P	Yes	IU	Anti-hemophilic	None	Х	Х	Х				X						Closed 8/31/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66, D67, D68.1, D68.2, D68.0, D68.311, D68.312, D68.318, D65, D68.32, or D68.4 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,	Obizur	N/A		Anti-hemophilic	None	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). 1/1/16. Restricted to diagnosis ICD-10 D68.32 or D68.4. Minimum age of 16 years.
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	NovoSeven	Yes	F2=IU	Anti-hemophilic	None	X	Х	X				X						Closed 8/31/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66, D67, D68.1, D68.2, D68.0, D68.32, or D68.4 New code 1/1/06. Replaces Q0187. Requires completed claim form to include documentation of ICD-9 code 286.0 - 286.4; and ICD-9 code 286.7 added, effective 10/13/06; 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	Yes	F2=IU	Anti-hemophilic	None	Х	Х	Х				X						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66, D67, D68.1, D68.2 or D68.0 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	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D66, D67, D68.1, D68.2 or D68.0 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

0 - 1 -	D	D 1 N	NDO	NDO'	0-1	0	100	0411	_	ND	T 8.03.07		T 110		Lopu		Liba	-15	O Constitutional Cons
Code	Description	Brand Name	NDC Requir	NDC unit of	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	РО	ОРН	Н	I IDI F		C Special Instructions
			ed	measure		LIIIIII	OF	OF									[
			- Cu	measure															
J7192	Factor VIII recombinant per IU	Bioclate Genarc Human Method M Recombinate Kogenate Helixate FS Refacto Advate Kovaltry	Yes	F2=IU	Anti-hemophilic	None	X	X	X				X						Closed 8/31/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.66 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	Yes	F2=IU	Anti-hemophilic	None	Х	Х	X				X						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.66 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 claimfor payment consideration.
J7194	Factor IX complex per IU	Alphanine SD Bebulin VH Profilnine HT & SD Konyne-80 Proplex T,	Yes	F2-IU	Anti-hemophilic	None	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D.66 or D.67 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 (antihemophilic factor, recombinant) per IU	Proplex T Konyne 80 Benefix	Yes	W/DIL=IU PWD=UN	Anti-hemophilic	None	Х	Х	Х				Х						Closed 8/31/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.67 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.
	Antithrombin III human per IU	Throbate III Atnativ	Yes	F2-IU	Anti-hemophilic	None	X	X	X				X						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.66 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	Yes	F2=IU	Anti-inhibitor coagulant complex	None	X	X	X				X						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis codes D.66 or D.67 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
J7199	Hemophilia clotting factor NEC. Used only if a more specific code is not available		N/A		Anti-hemophilic														Not covered Not covered
J7200	Injection, factor ix, (antihemophilic factor, recombinant), per IU	Rixubis	Yes	UN	Anti-hemophilic	none	Х	Х	Х										Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.67 Effective 1/1/15. Restricted to ICD-9 diagnosis of 286.1.
J7201	Injection, factor ix, fc fusion protein (recombinant), per IU	Alprolix	yes		Anti-hemophilic	none	Х	Х	Х										Closed 8/31/17. Refer to Pharmacy Point of Sale (POS). Effective 10/1/2015 ICD-10 diagnosis code D.67 Effective 1/1/15. Restricted to ICD-9 diagnosis of 286.1.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PC	OP	Н	IDT	DC	Special Instructions
J7202	Injection, factor ix, albumin fusion protein,	Idelvion	Yes	IU	Anti-hemophilic	None	X	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 1/1/17. Restricted to D67.
J7205	(recombinant), 1 IU Injection, factor VIII fc fusion (recombinant), per IU	Eloctate	yes	UN	Anti-hemophilic	none	Х	Х	Х				X						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). Effective 1/1/16. Restricted to diagnosis ICD-10 D66. Minimum age of 2 years.
	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Adynovate	Yes	IU	Anti-hemophilic	None	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). 1/1/17. Restricted to D66. Minimum age of 12 years.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), 1 IU	Nuwiq	Yes	IU	Anti-hemophilic	None	Х	Х	Х				Х						Closed 6/30/17. Refer to Pharmacy Point of Sale (POS). 1/1/17. Restricted to D66. Minimum age of 2 years.
	Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg.	Kyleena	Yes	UN	Contraceptive	1 unit in 5 years	Х	Х	Х	Х	Х								Effective 1/1/18.
	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration	Liletta	Yes	UN	Contraceptive	1 unit in 3 years	Х	X	Х	Х	Х								Effective 1/1/16.
	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	Mirena	Yes	UN	Contraceptive	1 unit in 5 years	Х	Х	Х	Х	Х								Effective 1/1/16.
J7300	Intrauterine copper contraceptive.	Paragard T380A	Yes	UN	Contraceptive	None	Х	Х	Х	Х	Х								
	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Skyla	Yes	EA	Contraceptive	1 per 3 years	Х	Х	Х	Х	Х								Effective 1/1/14. Minimum age restriction of 16 years.
J7302	Levonorgestrel releasing intrauterine contraceptive system	Mirena Liletta	Yes	UN	Contraceptive	None	Х	Х	Х	Х	Х								Closed 12/31/15. See J7297 and J7298.
J7303	Contraceptive supply hormone containing vaginal ring each		N/A		Contraceptive														Not Covered
	Contraceptive supply, hormone containing I patch each		N/A		Contraceptive														Not Covered
	Levonorgestrel (contraceptive) implant system, including implants and supplies	Norplant	Yes	UN	Contraceptive	1 every 3 years	X	X	Х	Х	Х								Code closed 6/30/11. Females only. Cost invoice required with claim form.
J7307	Etonogestrel implant system	Implanon Nexplanon	Yes	UN	Contraceptive	1 every 3 years	Х	Х	Х	Х	Х								New code effective 1/1/08. Replaces S0180. Females only.
	Aminolevulinic acid HCI for topical administra-tion 20%, single unit dosage form (354ma)	Levulan	Yes	UN	Photo-sensitivity agent	None			Х										Effective 10/1/2015 ICD-10 diagnosis code L57.0 Restricted to ICD-9 code 702.0, Actinic keratosis, effective 2/1/09. Covered to physician's only, effective 2/1/09.

Code Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packariginion Packa												T				1		1		
1730 Particular distribution of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of the protein of	Code	Description	Brand Name	-		Category				Р	NP	MW	МН	HS	PO	OPH	HI	IDT F	DC	Special Instructions
Analysis Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Con				ed	measure															
Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Anni																				
Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Anni																				
Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Anni																				
Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Anni																				
Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Annietration Anni	17300		Metuivia	Voc	GR	Photo-sensitivity	None			Y										Effective 10/1/2015 ICD-10 diagnosis code 57.0
Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample Sample S	07000	methyl aminolevulinate	Wictvixia	100	Oit		140110			^										
Symmotion Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue		(,				· ·														
Action Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property		, ,																		
Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes Filtrective and processes	J7310	Ganciclovir 4.5 mg long-	Vitrasert	Yes	UN	Anti-viral	None	Х	Х							Х				One per each eye per 5 months.
Intravireal implant Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property Property							_					<u> </u>				L.,				
H30.103, H30.104, H30.111, H30.113, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.113, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.113, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.119, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.111 + H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.133, H30.13	J7311		Retisert	Yes	UN	Corticosteroid		Х	Х							Х				
H30.141 - H30.143, H30.149, H30.881 - H30.893 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.983 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.093 + H30.09		intravitrear implant					30 1110111118													
Jacob																				
dexamethasone, intravired implant, 0.1 mg. dexamethasone, intravired implant, 0.1 mg. lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvie																				New code effective 1/1/07. Claim form requires ICD-9 363.00-363.08, 363.10-363.15, or 363.20. Must bill
dexamethasone, intravired implant, 0.1 mg. dexamethasone, intravired implant, 0.1 mg. lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvien lituvie	J7312	Injection.	Ozurdex	Yes	UN	Anti-	None	Х	Х							Х				Effective 10/1/2015 ICD-10 diagnosis codes E11.311, H30.001 - H30.003, H30.009, H30.011 - H30.013.
mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg. mg.						inflammatory														
1/3731 Injection, fluocinolone acetonide, intraviteal implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating implant, 0.01 mg 1/3736 Injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originating injection, originatin		intravitreal implant, 0.1				•														H34.813, H34.819, H34.831 - H34.833, H34.839 or H35.81
acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal implant, 0.01 mg acetonide, intravitreal intravite intravity interaction intravitreal implant, 0.01 mg acetonide, 0.01 mg acetonide, intravitreal intravite intravity interaction intravitreal interior. by acetonic intravitreal implant intravitreal interior. by acetonic intravitreal interior. by acetonic intravitreal interior. contravitreal interior. contra		mg.																		Effective 6/30/14, ICD-9 diagnosis of 362.07 added. New code effective 1/1/11. Restricted to ICD-9
Implant, 0.01 mg	J7313	Injection, fluocinolone	Iluvien	Yes	un	Anti-	None	Х	Х							Х				Effective 10/1/16, E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412,
## Effective 1/1/16. Restricted to diagnosis of ICD-10 E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.339, E10.341, E10.339, E10.341, E10.339, E10.341, E10.339, E10.341, E10.339, E11.336, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E11.339, E1						inflammatory														E10.3413, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E11.3211, E11.3212, E11.3213,
Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure F		implant, 0.01 mg																		
Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure Figure F																				
J7316 Injection, ocriplasmin, O.125 mg O.125 mg Osteo for intra-articular injection, origination hyaluronate per intra-articular injection, per dose or hyaluronate for hyaluronate for intra-articular injection, per dose or derivative, intra-articular injection, per dose or hyaluronate for office intra-articular injection, per dose or hyaluronate for intra-articular injection, per dose or hyaluronate for intra-articular injection, per dose or hyaluronate for intra-articular injection, per dose or hyaluronate for intra-articular injection for the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular injection or the articular																				
J7316 Injection, ocriplasmin, 0.125 mg J7317 Sodium hyaluronate per 20 to 25 mg dose for intra-articular injection, per dose in hyalgan 20 MA J7318 Sodium hyaluronate for intra-articular injection, per dose in hyaluronate for intra-articular injection, per dose in hyaluronate for intra-articular injection, per dose Information for intra-articular injection in hyaluronate for injection, per dose Informaticular injection in hyaluronate for informaticular injection in hyaluronate for injection, per dose Informaticular injection in hyaluronate for intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular injection intra-articular																				
O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.1																				
O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.1																				
O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.125 mg O.1	J7316	Injection, ocriplasmin	Jetrea	Yes	ML	Ophthalmic	None	Х	Х	\vdash		 		 		X				Effective 10/1/2015 ICD-10 diagnosis codes H43.821 - H43.823 or H43.829
20 to 25 mg dose for intra-articular injection intra-articular injection intra-articular injection, per dose J7318 Sodium hyaluronate for intra-articular injection, per dose J7319 Hyaluronate jor derivative, intra-articular injection, per dose J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J7320 Hylan G-F20 16mg/zml for intra-articular injection J		0.125 mg																		Effective 1/1/14. Restricted to ICD-9 diagnosis of 379.27. Minimum age restriction of 16 years.
intra-articular injection N/A Osteoarthritic Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Superior Supe	J7317			N/A		Osteoarthritic		Х	Х	Х	X									CMS closed code effective 12/31/06. See J7319
J7318 Sodium hyaluronate for intra-articular injection, 30 ma J7319 Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, per dose of the for intra-articular injection of certain form. J7320 Hylan G-F20 16mg/zml for intra-articular injection for intra-articular injection of certain form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of certain form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of certain form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of certain form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular injection of claim form. J7320 Hylan G-F20 16mg/zml for intra-articular in			Supartz 25												l					
30 ma J7319 Hyaluronan (sodium hyaluronan (sodium hyaluronan) or derivative, intra-articular injection, per dose J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection J7320 Hylan G-F20 16mg/2ml for intra-articular injection	J7318		Orthovisc	N/A		Osteoarthritic		Х	Х	Х	Х									CMS closed code effective 12/31/06. See J7319. ICD-9 code 715.16, 715.25, 715.36, or 715.96 billed with
J7319 Hyaluronan (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium hyaluronan) (sodium h															İ					CPT 20610 required on claim form. Cost invoice required with claim form.
hýaluronate) or derivative, intra-articular injection, per dose J7320 Hylan G-F20 16mg/2ml for intra-articular injection N/A Osteoarthritic 6 injections (3 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 6 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 7 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x 8 per knee) x	17210		Huolgon 20	No		Ootooorthritis		_		_		-		-	-	-		\vdash		New ends offsetive 1/4/07 ICD 0 ands 745 VV or 746 VV required on plain form. Must be hilled with 20040
derivative, intra-articular injection, per dose J7320 Hylan G-F20 16mg/2ml for intra-articular injection VA Osteoarthritic 6 injections (3 X X X X X X X X X X X X X X X X X X	3/319	,	, ,	INO		Osteoartriffic	•	^	^	^	^				l					·
injection, per dose Orthovisc J7320 Hylan G-F20 16mg/2ml for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for intra-articular injection for injection for intra-articular injection for intra-articular injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for injection for inject															l					On Old 11 2000 010000 01100010 10/1/00. 000 01021-01024.
J7320 Hylan G-F20 16mg/2ml for intra-articular injection Synvisc N/A Osteoarthritic 6 injections (3 X X X X Dept.) CMS closed code effective 12/31/06. See J7319. ICD-9 code 715.XX or 716.XX required on claim form.		'	Orthovisc												İ					
for intra-articular injection per knee) X 6 per knee) X 6	17320	Hylan G-E20 16mg/2ml		N/A		Osteoarthritic	6 injections /2	Y	Y	Y	Y	<u> </u>		 		-		\vdash		CMS closed code affective 12/31/06. See 17319. ICD.9 code 715 XX or 716 XX required on claim form
	37320		Syrivisc	IN/A				^	_ ^	^	^				l					Como ciosed code enective 12/31/00. See 3/313. Por soure / 13.55 of / 10.55 required on claim form.

<u> </u>	1 5	-	Lunc		•							1							
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	P	NP	MW	MH	HS HS	PC	OF	PH	н		OC Special Instructions
			Requir	of		Limits	OP	OP										F	
			ed	measure															
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	х									Effective 10/1/2015 ICD-10 diagnosis codes M12.10, M12.111, M12.112, M12.119, M12.121, M12.122, M12.129, M12.131, M12.132, M12.139, M12.141, M12.142, M12.149, M12.151, M12.152, M12.159, M12.161, M12.162, M12.169, M12.171, M12.171, M12.172, M12.179, M12.18, M12.19, M12.50, M12.511, M12.512, M12.519, M12.521, M12.521, M12.529, M12.521, M12.532, M12.539, M12.534, M12.534, M12.539, M12.541, M12.572, M12.579, M12.584, M12.551, M12.552, M12.559, M12.561, M12.562, M12.569, M12.571, M12.572, M12.579, M12.58, M12.59, M12.80, M12.811, M12.812, M12.819, M12.821, M12.822, M12.829, M12.831, M12.832, M12.839, M12.841, M12.842, M12.849, M12.851, M12.852, M12.859, M12.861, M12.869, M12.861, M12.869, M12.872, M12.879, M12.889, M12.89, M13.89, M13.10, M13.111, M13.112, M13.119, M13.121, M13.122, M13.129, M13.131, M13.132, M13.139, M13.141, M13.142, M13.149, M13.151, M13.152, M13.159, M13.161, M13.162, M13.169, M13.171, M13.172, M13.179, M13.80, M13.811, M13.162, M13.819, M13.831, M13.832, M13.839, M13.841, M13.842, M13.889, M13.851, M13.852, M13.859, M13.861, M13.862, M13.869, M13.871, M13.872, M13.879, M13.88, M13.89, M15.0 - M16.52, M16.4, M15.8, M15.9, M16.0, M16.10 - M16.12, M16.2, M16.30 - M16.32, M16.4, M16.50 - M16.52, M16.6, M16.7, M16.9, M17.0, M17.10 - M17.12, M17.20, M17.30 - M17.32, M17.4, M17.5, M17.9, M18.0, M18.10 - M18.12, M18.20, M18.30 - M18.32, M18.4, M18.50 - M16.52, M18.9, M19.011, M19.012, M19.019, M19.021, M19.022, M19.029, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079, M19.111, M19.112, M19.119, M19.121, M19.122, M19.129, M19.211, M19.212, M19.221, M19.222, M19.229, M19.231, M19.232, M19.239, M19.241, M19.242, M19.249, M19.271, M19.272, M19.279 or M19.90 - M19.93
J7322	Hyaluronan or derivate, Synvisc, for intra-articular injections, per dose	Synvisc	N/A	ML	Osteoarthritic	6 injections (3 per knee) per 170 rolling	Х	Х	Х										New code effective 1/1/08. Replaces Q4084. Requires ICD-9 code 715.XX or 716.XX on claim form for payment consideration. Closed 12/3/109. See J7325.
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									Effective 10/1/2015 ICD-10 diagnosis codes M12.10, M12.111, M12.112, M12.119, M12.121, M12.122, M12.129, M12.131, M12.132, M12.139, M12.141, M12.142, M12.149, M12.151, M12.152, M12.159, M12.161, M12.162, M12.169, M12.171, M12.171, M12.172, M12.179, M12.18, M12.19, M12.50, M12.511, M12.512, M12.519, M12.521, M12.521, M12.529, M12.521, M12.532, M12.539, M12.534, M12.539, M12.541, M12.542, M12.549, M12.551, M12.552, M12.559, M12.561, M12.562, M12.569, M12.571, M12.572, M12.579, M12.58, M12.58, M12.59, M12.801, M12.811, M12.812, M12.819, M12.821, M12.822, M12.829, M12.831, M12.832, M12.834, M12.841, M12.842, M12.849, M12.851, M12.852, M12.859, M12.861, M12.862, M12.869, M12.871, M12.872, M12.879, M12.88, M12.89, M13.39, M13.10, M13.111, M13.112, M13.119, M13.121, M13.122, M13.129, M13.131, M13.132, M13.139, M13.141, M13.142, M13.149, M13.151, M13.152, M13.159, M13.819, M13.819, M13.819, M13.814, M13.822, M13.829, M13.839, M13.839, M13.841, M13.842, M13.849, M13.851, M13.852, M13.859, M13.861, M13.862, M13.869, M13.871, M13.872, M13.879, M13.88, M13.89, M15.0 - M15.4, M15.8, M15.9, M16.0, M16.10 - M16.12, M16.2, M16.30 - M16.32, M16.4, M16.50 - M16.52, M16.6, M16.7, M16.9, M17.0, M17.10 - M17.12, M17.2, M17.30 - M17.32, M17.4, M17.5, M17.9, M18.0, M18.10 - M18.12, M18.2, M18.30 - M18.32, M18.4, M18.50 - M18.52, M18.9, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079, M19.111, M19.112, M19.119, M19.112, M19.119, M19.112, M19.122, M19.224, M19.249, M19.271, M19.221, M19.222, M19.229, M19.231, M19.232, M19.239, M19.231, M19.242, M19.249, M19.271, M19.272, M19.279 or M19.90 - M19.93

									_								1.		
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	MH	I HS	PC	OPI	1	н	IDT F	DC Special Instructions
			Requir ed	of measure		Limits	OP	OP										F	
			ea	measure															
J7324	Hyaluronan or derivative,	Orthovisc	N/A	ML	Osteoarthritic	8 injections (4	Х	Х	Х	Х		1							Effective 10/1/2015 ICD-10 diagnosis codes M12.10, M12.111, M12.112, M12.119, M12.121, M12.122,
	Orthovisc, for intra-					per knee) per													M12.129, M12.131, M12.132, M12.139, M12.141, M12.142, M12.149, M12.151, M12.152, M12.159,
	articular injections, per					170 rolling													M12.161, M12.162, M12.169, M12.171, M12.172, M12.179, M12.18, M12.19, M12.50, M12.511, M12.512,
	dose					days													M12.519, M12.521, M12.522, M12.529, M12.531, M12.532, M12.539, M12.541, M12.542, M12.549,
																			M12.551, M12.552, M12.559, M12.561, M12.562, M12.569, M12.571, M12.572, M12.579, M12.58, M12.59,
																			M12.80, M12.811, M12.812, M12.819, M12.821, M12.822, M12.829, M12.831, M12.832, M12.839, M12.841,
																			M12.842, M12.849, M12.851, M12.852, M12.859, M12.861, M12.862, M12.869, M12.871, M12.872,
																			M12.879, M12.88, M12.89, M12.9, M13.0, M13.10, M13.111, M13.112, M13.119, M13.121, M13.122, M13.129, M13.131, M13.132, M13.139, M13.141, M13.142, M13.149, M13.151, M13.152, M13.159,
																			M13.161, M13.162, M13.169, M13.171, M13.172, M13.179, M13.80, M13.811, M13.812, M13.819, M13.821,
																			M13.822, M13.829, M13.831, M13.832, M13.839, M13.841, M13.842, M13.849, M13.851, M13.852,
																			M13.859, M13.861, M13.862, M13.869, M13.871, M13.872, M13.879, M13.88, M13.89, M15.0 - M15.4,
																			M15.8, M15.9, M16.0, M16.10 - M16.12, M16.2, M16.30 - M16.32, M16.4, M16.50 - M16.52, M16.6, M16.7,
																			M16.9, M17.0, M17.10 - M17.12, M17.2, M17.30 - M17.32, M17.4, M17.5, M17.9, M18.0, M18.10 - M18.12,
																			M18.2, M18.30 - M18.32, M18.4, M18.50 - M18.52, M18.9, M19.011, M19.012, M19.019, M19.021, M19.022,
																			M19.029, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079, M19.111, M19.112, M19.119, M19.121, M19.122, M19.129, M19.131, M19.132, M19.139, M19.141,
																			M19.142, M19.149, M19.171, M19.172, M19.172, M19.122, M19.132, M19.132, M19.221, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19.222, M19
																			M19.229, M19.231, M19.232, M19.239, M19.241, M19.242, M19.249, M19.271, M19.272, M19.279 or
																			M19.90 - M19.93
17325	Hyaluronan or derivative,	Synvisc	No	ML	Osteoarthritic	6 injections	Х	Х	Х	Х	1	1		1	-	+	-	-	Husen prostitioner added, affective 4/4/42. New code offective 4/4/08. Replaces 04/08. Required ICD 0. Effective 10/1/2015 ICD-10 diagnosis codes M12.10, M12.111, M12.112, M12.119, M12.121, M12.122,
37323	Synvisc or Synvisc-1, for	Synvisc-1	140	IVIL	Osteoartiiitic	maximum		^	^	^									M12.129, M12.131, M12.132, M12.139, M12.141, M12.142, M12.149, M12.151, M12.152, M12.159,
	intra-articular use	, , , ,				every 180													M12.161, M12.162, M12.169, M12.171, M12.172, M12.179, M12.18, M12.19, M12.50, M12.511, M12.512,
						days													M12.519, M12.521, M12.522, M12.529, M12.531, M12.532, M12.539, M12.541, M12.542, M12.549,
																			M12.551, M12.552, M12.559, M12.561, M12.562, M12.569, M12.571, M12.572, M12.579, M12.58, M12.59,
																			M12.80, M12.811, M12.812, M12.819, M12.821, M12.822, M12.829, M12.831, M12.832, M12.839, M12.841,
																			M12.842, M12.849, M12.851, M12.852, M12.859, M12.861, M12.862, M12.869, M12.871, M12.872, M12.879, M12.88, M12.89, M12.9, M13.0, M13.10, M13.111, M13.112, M13.119, M13.121, M13.122,
																			M13.129, M13.131, M13.132, M13.139, M13.141, M13.142, M13.149, M13.151, M13.152, M13.159,
																			M13.161, M13.162, M13.169, M13.171, M13.172, M13.179, M13.80, M13.811, M13.812, M13.819, M13.821,
																			M13.822, M13.829, M13.831, M13.832, M13.839, M13.841, M13.842, M13.849, M13.851, M13.852,
																			M13.859, M13.861, M13.862, M13.869, M13.871, M13.872, M13.879, M13.88, M13.89, M15.0 - M15.4,
																			M15.8, M15.9, M16.0, M16.10 - M16.12, M16.2, M16.30 - M16.32, M16.4, M16.50 - M16.52, M16.6, M16.7,
																			M16.9, M17.0, M17.10 - M17.12, M17.2, M17.30 - M17.32, M17.4, M17.5, M17.9, M18.0, M18.10 - M18.12, M18.2, M18.30 - M18.32, M18.4, M18.50 - M18.52, M18.9, M19.011, M19.012, M19.019, M19.021, M19.022,
																			M19.029, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079,
																			M19.111, M19.112, M19.119, M19.121, M19.122, M19.129, M19.131, M19.132, M19.139, M19.141,
																			M19.142, M19.149, M19.171, M19.172, M19.179, M19.211, M19.212, M19.219, M19.221, M19.222,
																			M19.229, M19.231, M19.232, M19.239, M19.241, M19.242, M19.249, M19.271, M19.272, M19.279 or
J7326	Hyaluronan or derivative,	Gel-One	N/A			†					1			1	+	+	-	-	M19 90 - M19 93 Not covered. See J7325.
0.020	for intra-articular	00.0110	,,,							l				1					
L	injection, per dose					ļ					<u> </u>	<u> </u>		1		1			
J7327	Hyaluronan or derivative,	Monovisc	N/A																Not covered. See J7325.
	for intra-articular injection, per dose														1				
J7335	Capsaicin 8% patch, per	Qutenza	Yes	UN	Analgesic	1 patch per	Х	Х	Х					1	1	1		7	Closed 12/31/14. See J7336 after this date. New code effective 1/1/11. Restricted to ICD-9 diagnosis
	10 square centimeters					90 days					<u> </u>	<u> </u>		1		1			053.19. Restricted to 18 years and above.
J7336	Capsaicin 8% patch, per	Qutenza	Yes	UN	Analgesic	1 patch per	Х	Х	Х	l				1					Effective 10/1/2015 ICD-10 diagnosis codes B02.0, B02.29, or B02.32
<u> </u>	square centimeter	l	l .			90 davs	1	l	l					1	_1				Effective 1/1/15. Restricted to ICD-9 diagnosis 053.19. Restricted to 18 years and above.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	MH	не	PC	ОРН	ы	IDT	DC	Special Instructions
Code	Description	brand Name	Requir ed	of measure	Category	Limits	OP	OP	P	NP	IMIVV	IVIT	ПЭ	PO	OPH	H	F	DC	Special instructions
J7340	Dermal & empidermal(substitute) bioengineered or processed elements with metabolically active elements per square cm.	Apligraf	No			See special intructions	Х	Х	Х					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 statsis 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		No			None	X	X	X					X					New code 1/1/06. Closed 12/31/08. See Q4102 and Q4103.
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Otiprio	Yes	ML	Anti-Infective	1 unit daily	Х	Х	Х	Х									Effective 1/1/17. Covered to ASC.
J7343	Dermal & epidermal (substitute) tissue nonhuman origin with or without other bioengineered or processed elements without metabolically elements per square cm.		No			None	Х	Х	Х					Х					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 - 944.48; 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.
J7344	Dermal (substitute) human origin with or without bioengineered or processed elements without metabolically active elements per		No			None	Х	х	Х					х					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		No			None	Х	Х	Х					х					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 metabotically active elements, 1 cc		No			None	Х	Х	Х					Х					New code effective 1/1/07. Closed 12/31/08.

<u> </u>				1100 11											Lanu		1		
Code	Description		NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	HI			Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
J7347	Dermal (substitute)	N/A	No													1			Not covered. See Q4108.
	tissue of nonhuman																		100000000000000000000000000000000000000
	origin, with or without																		
	other bioengineered or																		
	processed elements;																		
	without metabolically																		
	active elements(Integra																		
	A destroit A consequence													<u> </u>		<u> </u>			
J7348	Dermal (substitute)	N/A	No																Not covered. See Q4109.
	tissue of nonhuman																		
	origin, with or without																		
	other bioengineered or														1				
	processed elements;																		
	without metabolically														1				
	active																		
<u></u>	elements(TissueMend);				<u> </u>				<u> </u>		L	L		L		L		L	
J7349	Dermal (substitute)	N/A	No																Not covered. See Q4110.
	tissue of nonhuman																		
	origin; with or without																		
	other bioengineered or																		
	processed elements;																		
	without metabolically																		
	active elements																		
17250	Dermal (substitute)		No			None	Х	Х	Х					Х	-	-			CMS closed code effective 12/31/06. See J7346.
37350	tissue, human origin,		INO			None	^	^	^					^					CMS closed code effective 12/31/06. See 3/346.
	injectable, with or without																		
	other bioengineered or																		
	processed elements but without metabolized																		
	active elements per 10																		
	mg.												1						
	A				├						<u> </u>	<u> </u>	1-	<u> </u>		1	4	1	
J7500	Azathioprine oral 50mg	Imuran	Yes		Immuno-										1				Medicare X-over
17504	Azothioprino =====t===1	Imuraa	Ves	UN	suppressant	Nonn	V	V	V		1		1-	1	+	1	1	 	
J/501	Azathioprine parenteral 100mg	Imuran	Yes	UN	Immuno-	None	Х	Х	Х						1				
.17502	Cyclosporine oral 100mg	Neoral	Yes		suppressant Immuno-								1		+	1	+		Medicare X-over
07302	Cyclosponie of all rooting	Sandimmune	100		suppressant						1		1	1	1	1			INIOGIOGIO A OVOI
J7504	Lymphocyte immune	Atgam	Yes	ML	Immune globulin	None	Х	Х	Х		1		†	1	1	1	1		
	globulin antihymocyte				3.2.2		''		'						1				
	globulin equine										1		1	1	1	1			
	parenteral 250mg																		
J7505	Muromonab-CD3	Orthoclone	Yes	ML	Immuno-	1 per day	Χ	Χ	Х		1		1	1	1	1		1	
	parenteral 5mg	OKT3			suppressant						<u> </u>		-	<u> </u>	1	<u> </u>		<u> </u>	
J7506	Prednisone oral per 5mg	Deltasone	Yes		Immuno-						1		1	1	1	1			Medicare X-over
		Meticorten			suppressant										1				
17507	Tacrolimus, immediate	Orasone Prograf	Yes		Immuno				\vdash		1		+	1	-	1	+	1	Medicare X-over
3/30/		Prograf	168		Immuno-						1		1	1	1	1			INICUICATE A-OVEI
.17508	release, oral, 1 mg Tacrolimus, extended	Astagraf	N/A		suppressant						-		+	 	1	1	+		New code effective 1/1/14. Not covered. See pharmacy POS.
0,000	release, oral, 0.1 mg	, wagiai	17/7								1		1	1	1	1			1.5.1. 5545 5.1554.76 1/1/14. Not obvoida. 566 priamidby 1 66.
J7509	Methylprednisol-one oral	Medrol	Yes		Immuno-						<u> </u>				1				Medicare X-over
	per 4mg				suppressant						1		1	1	1	1		1	
									_		•		•	•	_	•	•		

Code	Description	Brand Name	NDC Requir	NDC unit	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	РО	ОРН	НІ	IDT F	DC	Special Instructions
			ed	measure															
J7510	Prednisolone oral per	Deltacortef	Yes		Immuno- suppressant														Medicare X-over
J7511	Lymphocyte immune globulin antithymocyte globulin rabbit parenteral 25mg	Thymoglob- ulin	Yes	UN	Immune globulin	None	Х	Х	Х										Weight based.
J7513	Daclizumab parenteral 25 mg	Zenapax	Yes	ML	Immuno- suppressant	None	Х	Х	Х										
J7515	Cyclosporine oral 25mg	Neoral Sandimmune	Yes		Immuno- suppressant														Medicare X-over
	Cyclosporine parenteral 250mg	Neoral Sandimmune	Yes	PWD=UN SOL=ML	Immuno- suppressant	6 per day	Х	Х	Х										
J7517	Mycophenolate mofetil oral 250mg	CellCept	Yes		Immuno- suppressant														Medicare X-over
	Mycophenolic acid oral 180mg	Myfortic	Yes		Immuno- suppressant														Medicare X-over
	Sirolimus oral 1mg	Rapamune	Yes		Immuno- suppressant														Medicare X-over
J7525	ma	Prograf	Yes	ML	Immuno- suppressant	None	Х	Х	Х										
J7599	Immunosuppressive drug NOS. Used only if a more specific code is not available																		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	Х	X	Х									New code effective 1/1/08. Replaces Q4093. Code closed 3/31/08.
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	Proventil, Ventolin, Xopenex	N/A	ML	Broncho-dilator	None	х	Х	Х	Х									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-	Brovana	Yes	ML	Broncho-dilator	None	Х	Х											New code effective 1/1/08

Description Brand Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name N			1		T															The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
Personnel Internation Personnel And product, International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Control International Con	Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	PO	OPH	+			C Special Instructions
Femourable soldies, FDA Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Performance Pe							Limits	OP	OP									F	1	
Inhalitation solution, PAssignment and product, noncomposition, page-root for root of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc				ed	measure															
Inhalitation southurs, PDA, approved frequency approved from 20 January (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved frequency (1997) and approved freq																				
Inhalitation solution, PAssignment and product, noncomposition, page-root for root of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc																				
Inhalitation solution, PAssignment and product, noncomposition, page-root for root of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc																				
Inhalitation solution, PAssignment and product, noncomposition, page-root for root of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc																				
Inhalitation solution, PAssignment and product, noncomposition, page-root for root of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc																				
approved final product, anonomounded, and inside the road, policy and seek form 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	J7606		Perforomist	N/A		Broncho-dilator														Not covered.
noncompounded administrate from 100 pp. File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File File F																				
Adversering bottom for many provincing of through DME, and soor form, 70 percent products of ministron solution, compounded product, settlemental inhabition solution unit does from the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provincing of the provinc																				
DML und obserform, 20 DML und obserform, 20 DML und obserform of control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process) of the control (in the process																				
Control Action Production Production Production Proceed																				
solution, compounded product, administered formatinistered solution with does form a common continuous products administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product		DIVIE, UNIT dose form, 20																		
Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute Proposition of the Institute	J7607	· ·	Xopenex	N/A																Not covered.
Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular Tribular						bronchodilator														
Mocomyst Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mucoylid Vis Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill Mill																				
Joseph M. Johnson, Johnson M. Johnson, Johnson M. J. J. J. J. J. J. J. J. J. J. J. J. J.	.17608		Mucomyst	Yes	MI	Mucolytic		X	X	X	X								+	New code effective 1/1/08 Nurse practitioner added 1/1/09
Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Provention Pro	07000		,	100	1412	Widooiyilo		^	^	^	^									New dodd difediate 1/1/66. Naide pladaladiol added 1/1/66.
Solution, compounded Proventil product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product, administered product,		per ma.																		
Product, administered Proventing	J7609			N/A		Broncho-dilator														Not covered.
Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided																				
17610 Abuterol inhalation Solution, compounded Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil																				
Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not covered. Not		through DME																		
solution, compounded product, administered from the proventil respetable, Ventiolin, Vention of the provided product, administered from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrated from the concentrate from the concentrate from the concentrate from the concentrate from the concentrate from the concentrate from th	J7610	Albuterol, inhalation		N/A		Broncho-dilator													\top	Not covered.
Intrough DME																				
First Abuterol inhalation concentrated form Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs, Ventolin, Volmax From Img Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetable Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetabs Provential Repetab		product, administered	Repetabs,																	
First Albuterol inhalation Concentrated form Img Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Repetabs, Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil Proventil		through DME																		
concentrated form 1mg	17611	Albutaral inhalation		Voc		Proncho dilator	None	V	V	V							+		+	Effective 10/1/2015 ICD-10 diagnosis codes A22.1 A27.01 A48.1 B25.0 B44.0 B44.1 I05.0 I00.Y1
Repetabs, Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Ventolin, Vol	37011		,	165		Dionoro-diator	None	^	^	^										
Ventolin, Volmax Ventolin, Volmax Ventolin, Volmax Volmax Ventolin, Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax		oonoonaatoa totti ting																		
Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax Volmax																				
J45,52, J45,901, J45,902, J45,901, J45,902, J45,901, or J45,998 Opened effective 17/107. ICD-9 codes 464.4, 466-46,19, 480-497.8, 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. Xopenex Yes Broncho-dilator None X X X X Effective 10/1/2015 [CD-10 diagnosis codes A22.1, A37.91, A48.1, B25.0, B44.0, B44.1, J05.0, J09.X1, J09.X2, J09.X3, J09.X9, J09.X9, J09.X9, J09.X9, J09.X9, J09.X9, J10.00, J10.01, J10.2, J10.81, J11.08, J11.10, J11.2, J11.81, J11.89, J12.0, J12.1, J12.2, J12.3, J12.8, J12.8, J12.8, J12.9, J12.1, J15.20, J15.3, J15.4, J15.5, J15.6, J15.7, J15.20, J15.20, J15.21, J15.21, J15.22, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.20, J15.21, J15.20, J15.21, J15.21, J15.22, J15.29, J15.3, J15.4, J15.5, J15.9, J16.0, J16.3, J17, J18.0, J18.1, J18.8, J18.9, J20.8, J20.9, J21.0, J21.8, J21.9, J40.41.0, J41.1, J41.1, J41.9, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J45.22, J45.90, J45.31, J4			Volmax																	J18.9, J20.8, J20.9, J21.0, J21.8, J21.9, J40, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9,
Opened effective 1/1/07. ICD-9 codes 484.4, 486-486.19, 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 unit dose 1mg solution unit dose 1mg solution unit dose 1mg solution unit dose 0.5mg J7613 Levalbuterol inhalation solution unit dose 0.5mg J7614 Levalbuterol inhalation solution, compounded product, administered discovered. J7615 Levalbuterol inhalation solution, compounded product, administered discovered. J7616 Levalbuterol inhalation solution, compounded product, administered discovered.																				J44.0, J44.1, J44.9, J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51,
Trequired on claim form. Code closed effective 12/31/07. Code opened 4/1/08 with above ICD-9 restrictions. Trequired on claim form. Code closed effective 12/31/07. Code opened 4/1/08 with above ICD-9 restrictions.																				
Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description																				
solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution concentrated form 0.5mg solution compounded for form 0.5mg solution unit dose 0.5mg solution unit dose 0.5mg solution unit dose 0.5mg solution compounded for compounded product, administered solution compounded product, administered solution, compounded product, administered solution, compounded product, administered solution content and solution, compounded product, administered solution solution content and solution, compounded product, administered solution, solution, compounded product, administered solution, solution, compounded product, administered solution.																				•
form 0.5mg J11.81, J11.89, J12.0, J12.1, J12.2, J12.3, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.21, J15.21, J15.29, J15.3, J15.4, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.5, J15.6, J15.7, J15.21, J15.20, J12.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13.3, J13	J7612		Xopenex	Yes		Broncho-dilator	None	Х	Х	Χ										
J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9, J20.8, J20.9, J21.0, J21.8, J21.9, J40. J41.0, J41.1, J41.8, J42.2, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J45.52, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.90, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J4																				
J18.9, J20.8, J20.9, J21.0, J21.8, J21.9, J40, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J45.20, J45.21, J45.20, J45.21, J45.20, J45.21, J45.20, J45.21, J45.32, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990,		form 0.5mg																		
J44.0, J44.1, J44.9, J45.20, J45.20, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J45.90, J																				
J45.52, J45.901, J45.902, J45.909, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.990, J45.																				
Dened 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 1 mg Proventil Respirol Ventolin Respirol Ventolin Solution unit dose 0.5 mg 1/614 Levalbuterol inhalation solution unit dose 0.5 mg 1/615 Levalbuterol, inhalation solution, compounded product, administered N/A Adrenergic bronchodilator Solution, compounded product, administered N/A SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOLEME SOL																				
J7613 Albuterol inhalation solution unit dose 1mg Proventil Respirol Ventalian Solution unit dose 0.5mg J7614 Levalbuterol inhalation solution unit dose 0.5mg J7615 Levalbuterol, inhalation solution, compounded product, adminstered									l		l				l					
J7613 Albuterol inhalation solution unit dose 1mg Proventil Respirol Ventolin X X X X X X X X X X X X X X X X X X X															l					
solution unit dose 1mg	J7613	Albuterol inhalation	Accuneb	Yes	SOL=ML	Broncho-dilator		Х	Х	Х	Х							_	+	·
Respirol Ventolin Ventolin Solution unit dose 0.5mq Ventolin Solution, compounded product, administered Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventolin Ventoli								``		``	``				l					30, 2
Levalbuterol inhalation Xopenex Yes SOL=ML Broncho-dilator X X X X X X X X X		3							l		l				l					
solution unit dose 0.5mg Jr615 Levalbuterol, inhalation solution, compounded product, administered Not covered.	1704.1	Lavalla stand to be to the		V	COL 141	Danah : III-i		.,	.,		.,			<u> </u>		-	1	+	- -	Code above as around 4/4/00. Code aloued affective 40/04/07
J7615 Levalbuterol, inhalation Solution, compounded product, adminstered N/A Adrenergic bronchodilator Not covered.	J/614		xopenex	res	SUL=ML	proncno-dilator		X	X	X	Х				l					Code change; re-opened 1/1/υ9. Code closed effective 12/31/υ/.
solution, compounded product, adminstered bronchodilator	J7615		Xopenex	N/A		Adrenergic											1	\top	+	Not covered.
product, adminstered	1														ĺ					
through DMF		product, adminstered							l		l				l					
		through DMF			l .															

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	РО	ОРН	F	F D	DC Special Instructions
	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, non-compounded	Duoneb	N/A		Broncho-dilator													Not covered.
	Betamethasone inhalation solution unit dose form per mg		N/A		Corticosteroid													Not Covered
	Betamethasone inhalation solution unit dose form per ma	Pulmicort	N/A N/A		Corticosteroid Corticosteroid													Not Covered Not Covered
	Budesonide inhalation solution, non- compounded, administered thru DME,	Respules	N/A		Conticosteroid													Not Covered
	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form up	Pulmicort	N/A		Corticosteroid													Not covered.
	Bitolterol mesylate inhalation solution concentrated form per mg	Tornalate	N/A		Sympathomimeti c													Not Covered
	Bitolterol mesylate inhalation solution unit	Tornalate	N/A		Sympathomimeti c													Not Covered
	Cromolyn sodium inhaltion solution unit dose form per 10mg	Gastrocrom Intal Nasalcrom	Yes	PWD=UN SOL=ML	Anti-allergic	None	Х	Х	Х	Х								New code effective 1/1/08. Nurse practitioner added 1/1/09.
	Cromolyn Sodium inhalation solution, compounded product, administered through				Mast cell stabilizer													Not covered.
	Budesonide inhalation solution concentrated form per 0.25mg	Pulmicort	N/A		Cortico steroid													Not Covered
	Budesonide, inhalation solution, compounded product, administered through DMF	Rhinocort	N/A		Anti- inflammatory, corticosteroid													Not covered.
J7635	Atropine inhalation solution concentrated form per mg.	Sal-Tropine	N/A		anticholinergics/ antispasmodics													Not Covered
	Atropine inhalation solution administered through DME unit dose form per mg	Sal-Tropine	N/A		anticholinergics/ antispasmodics													Not Covered
	Dexamethasone inhalation solution concentrated form per	Decadron	N/A		Corticosteroid													Not Covered
	Dexamethasone inhalation administered through DME unit dose form per ma	Decadron	N/A		Corticosteroid													Not Covered

_																			
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	Р	NP	MW	МН	HS	PO	ОРН	HI	F F	DC	Special Instructions
J7639	Dornase alpha inhalation solution unit dose form	Pulmozyme	N/A		Enzyme														Not Covered
J7640	per ma 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 ma	Robinul	N/A		Anti-cholinergic														Not Covered
J7644	Ipratropium bromide inhalation solution unit dose form per ma	Atrovent	N/A		Broncho-dilator														Not Covered
J7645	Ipratropium bromide, inhalation solution, compounded product, administered thru DME	Atrovent	N/A		Broncho-dilator														Not covered.
J7647	Isoetharine HCI, inhalation solution, compounded product, administered through	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not covered.
J7648	Isoetharine HCI inhalation solution concentrated form per	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not Covered
J7649	Isoetharine HCI inhalation solution unit dose form per ma	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not Covered
J7650	Isoetharine HCI, inhalation solution, compounded product, administered through	Bronkometer, Bronkosol	N/A		Broncho-dilator														Not covered.
J7657	Independent of the compounded product, administered through	Isuprel HCl Medihaler-150	N/A		Vasopressor														Not covered.
J7658	Isoproterenol HCI inhalation solution concentrated form per mg	Isuprel HCI Medihaler-150	N/A		Vasopressor														Not Covered
J7659	Isoproterenol HCI inhalation solution unit dose form per ma	Isuprel HCI Medihaler-150	N/A		Vasopressor														Not Covered

																	1		
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	P	NP	MW	МН	HS	PO	ОРН	н	F	DC	Special Instructions
J7660	Isoproterenol HCI, inhalation solution, compounded product, administered through	Isuprel HCI Medihaler-150	N/A		Vasopressor														Not covered.
J7665	Mannitol, administered via inhaler, 5 mg.	Aridol	N/A																Not covered.
J7667	Metaporterenol sulfate, inhalation solution, compounded product, concentrated	Alupent	N/A		Broncho-dilator														Not covered.
J7668	Metaproterenol sulfate inhalation solution concentrated form per 10mg	Alupent	Yes	ML	Broncho-dilator	None			Х	Х									Code closed 6/30/11. 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=UN SOL=ML	Broncho-dilator	None			X	X									Effective 10/1/2015 ICD-10 diagnosis codes A22.1, A37.91, A48.1, B25.0, B44.0, B44.1, J05.0, J09.X1, J09.X2, J09.X3, J09.X9, J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, J11.89, J12.0, J12.1, J12.2, J12.3, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.21, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9, J20.8, J20.9, J21.0, J21.8, J21.9, J40, J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, or J45.998 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
J7670	Metaproterenol sulfate, inhalation solution, compounded product,	Alupent	N/A		Broncho-dilator														Not covered.
J7674	Methacholine chloride as inhalation solution through a nebulizer per	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 ma	Azmacort	N/A		Corticosteroid														Not Covered
J7684	Triamcinolone inhalation solution unit dose form	Azmacort	N/A		Corticosteroid														Not Covered
J7685	Tobramycin, inhalation solution, compounded product, administered through DMF	Tobrex	N/A		Anti-bacterial, opthalmic														Not covered.

Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	P	NP	MW	МН	HS	PO	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
17000	Transpatial inhelation	Turing	NI/A		Dulmanan anu Anti										1				Net environd
J/686	Treprostinil, inhalation	Tyvaso	N/A		Pulmonary Anti-														Not covered.
	solution, FDA-approved				hypertensive														
	final product, non-																		
	compounded,																		
	administered through																		
	DME, unit dose form,																		
	171 ma																		
J7699	NOC drugs in-halation		N/A																Not Covered
	drugs. Used only if a																		
	more specific code is not																		
	available																		
J7799	NOC drugs other than		N/A																Not Covered
1	inhalation drugs. Used		1																
	only if a more specific																		
1	code is not available		1																
J8498	Antiemetic drug,		N/A																Not covered.
	rectal/suppository, not		1																
	otherwise specified																		
18499	Prescription drug oral		N/A																Not Covered
00400			14//																That covered
	non-chemotherapeutic																		
19501	Aprepitant oral 5mg	Emend	N/A		Antiemetic														Not Covered
J0301	Aprepitant oral strig		IN/A		Antiemetic														Not Covered
		Emend																	
10540	Bulsulfan oral2 mg	Tri-Fold Myleran	N/A		Anti nannlantia										1				Not Covered
					Anti-neoplastic														
J8515	Cabergoline, 0.25 mg	Dostinex	N/A N/A		Anti nannlantia										1				Not Covered.
J8520	Capecitabine oral 150mg	Xeloda	IN/A		Anti-neoplastic														Not Covered.
10504	0	V-11-	N1/A		Authoritania														Not Constant
J8521	Capecitabine oral 500mg	Xeloda	N/A		Anti-neoplastic														Not Covered.
10500		0.			A 1										1		\vdash		
J8530	Cyclophosphamide oral	Cytoxan	N/A		Anti-neoplastic														Not Covered.
	25mg	Procytox																	
J8540	Dexamethasone, oral,	Decadron	N/A		Anti-														Not Covered.
	0.25 ma				inflammatory														
	Etoposide oral 50mg	VePesid	N/A		Anti-neoplastic														Not Covered.
J8561	Everolimus, oral, 0.25	Afinitor	N/A																Not Covered.
	mq.																		
J8562	Fludarabine phosphate,	Oforta	N/A		Anti-neoplastic														Not covered.
	oral. 10 mg.		ļ														Ш		
J8565	Gefitnib oral 250mg	Iressa	N/A		Anti-neoplastic														Not Covered.
J8597	Antiemetic drug, oral, not		N/A						1 T								l T		Not Covered.
	othrwise specified																		
J8600	Melphalan oral 2mg	Alkeran	N/A		Anti-neoplastic														Not Covered.
	Methotrexate oral 2.5mg	Rheumatrex	N/A		Anti-rheumatic														Not Covered.
1		Dose Pack	1																
J8650	Nabilone, oral, 1 mg	Cesamet	N/A		Antiemetic														Not Covered.
	Rolapitant, oral, 1 mg	Varubi																	Effective 1/1/17. Not covered. See pharmacy POS.
	Temozolomide oral 5mg	Temodar	N/A		Anti-neoplastic														Not Covered.
	Topotecan, oral, 0.25	Hycamtin	N/A		Anti-neoplastic														Not covered.
1	ma.	<i>y</i>	1																
J8990	Prescription drug oral		N/A																Not Covered.
10000	chemotherapeutic NOS.																		· · · · · · · · · · · · · · · · · · ·
	Used only if a more		l																
			l												1		1 1		
1	specific code is not		l												1		1 1		
19000	available Doxorubicin HCl 10mg	Adriamycin	Yes	DWD-IIN	Anti-neoplastic	20 per day	Х	Х	Х				\vdash		1		\vdash		
39000	Povoraniciii HOL IOIIIG	Aurianiyuni	162	SOL=ML	Anti-neopiasiic	20 per uay	^	^	^										
	1		l	20T=IAIT	l										1				I .

									_		1		T		T		1		
Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	PO	OPH	1			C Special Instructions
			Requir	of		Limits	OP	OP									F	-	
			ed	measure															
																		_	
J9001	Doxorubicin HCI, all lipid	Doxil	Yes	ML	Anti-neoplastic	10 per day	Х	Х	Х										Closed 12/31/12.
	formulations, 10mg																	4	
J9002	Injection, doxorubicin	Doxil	Yes	ML	Anti-neoplastic	10 per day	Х	Χ	Х										Effective 1/1/13.
	hydrochloride, liposomal,																		
	10 ma						<u> </u>									<u> </u>		4	
J9010	Injection, alemtuzumab,	Campath	Yes	ML	Anti-neoplastic	3 per day	Х	Х	Х										Drug not available on market, effective 9/4/12.
	10mg														1	_		4	
J9015	Aldesleukin per single	Proleukin	Yes	UN	Biological	3 per day	Х	Х	Х										
	use vial.				Response														
10047		- ·		D14/D 1111	Modulator	45 1							-		-	+		+	
J9017	Arsenic trioxide 1mg	Trisenox	Yes	PWD=UN	Anti-neoplastic	15 per day	Х	Х	Х										
10040	lata ettan annanananan	Facilities	V	SOL=ML	A ('	Maria	V						-		-	+	_	+	Files the 40M 1994 FIRE 40 M are also and 40 M are 1994 90
J9019	Injection, asparaginase,	Erwinaze	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C91.00 - C91.02
10000	1,000 iu Asparaginase 10000U	Elspar	Yes	UN	Anti-neoplastic	3 per day	Х	Х	Х						+	+		+	Effective 1/1/13. Restricted to ICD diagnosis of 204.00 - 204.02.
	Injection, atezolizumab,	Tecentriq	Yes	ML	Anti-neoplastic	120 units	X	X	X				+		+	+	-	+	Effective 1/1/18. Restricted to ICD-10 C34.00 - C34.92, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0.
J9022	10 mg.	recentliq	165	IVIL	Anti-neopiastic	daily	^	^	^										
	To mg.					ually													C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0. Minimum age of 16 years.
J9023	Injection, avelumab, 10	Bavencio	Yes	ML	Anti-neoplastic	None	Х	Х	Х										Effective 1/1/18. Restricted to ICD-10 C4A.0, C4A.10 - C4A.12, C4A.20 - C4A.22, C4A.30 - C4A.39, C4A.4,
	mg.																		C4A.51 - C4A.59, C4A.60 - C4A.62, C4A.70 - C4A.72, C4A.8, C4A.9; C65.1, C65.2, C66.1, C66.2, C67.0 -
																			C67.9, C68.0, C68.8. Minimum age of 12 years.
10005	Inination amonitiding 4	\/;da=a	V	UN	Anti neenleetie	Ness			~						+	+		+	Effective 401/0045 IOD 40 Normalization 000 0 000 40 000 40 000 40 000 40 000 40
J9025	Injection, azacitidine, 1	Vidaza	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C88.8, C92.10, C92.20, C94.40, C94.41, C94.42, C94.6,
	mg																		D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.1, D47.3, D47.9, or
																			D47.Z9
																			ICD-9 code 238.7, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.79 or 205.10 required on claim form.
10027	Injection, clofarabine, 1	Clolar	Yes	ML	Anti-neoplastic	None	Х	Х	Х						1	+	-	+	New code effective 1/1/06.
39021	ma	Citiai	163	IVIL	Anti-neoplastic	None	^	^	^										New Code effective 171700.
10031	BCG live (intravesical)	TheraCys	Yes	UN	Biological	3 per day	Х	Х	Х				+		+	+	-	+	Code can be used for therapeutic reasons, and claim must include the NDC being billed.
03031	per instillation	Tice BCG	163	OIN	Response	5 per day	^	^	_ ^										Code can be used for incrapeduo reasons, and claim must include the NDO being billed.
	per instillation	TICE BCG			Modulator														
.19032	Injection, belinostat, 10	Beleodag	Yes	UN	Anti-neoplastic		Х	Х	Х							1		\top	Effective 1/1/16. Restricted to diagnosis ICD-10 C84.40 - C84.49. Minimum age of 16 years.
00002	ma	Boloodaq	100	014	7 ti iti Neopiastio		_ ^	^											2.100.110 William Results to diagnosis 100 100 004.40 004.40 William lange of 10 years.
J9033	Injection, bendamustine	Treanda	Yes	UN	Anti-neoplastic	None	Х	Х	Х						1	1		+	Effective 10/1/2015 ICD-10 diagnosis codes C82.00 - C82.69, C82.80 - C82.99, C83.01 - C83.08, C83.10 -
00000	HCl, 1 mg.	rrounda		0.1	7 ii iii 1100pidolio	110.10	, ,	,,	ļ ^`										C83.19, C83.30 - C83.39, C83.50 - C83.59, C83.70 - C83.99, C84.00 - C84.19, C84.40 - C84.49, C84.60 -
																			C84.79, C84.90 - C84.99, C84.A0 -C84.A9, C84.Z0 - C84.Z9, C85.10 - C85.29, C85.80 - C85.99, C86.0 -
																			C86.4, C86.6, C88.2 - C88.4, C88.8, C88.9, C90.00, C90.10, C90.20, C90.30, C91.10 - C91.12, C91.40 -
																			C91.42, C96.0, C96.2, C96.A, or D47.Z9
																			New code effective 1/1/09. Replaces C9239. Restricted to ICD-9 diagnois 200.00-200.88, 202.00-202.88,
1							1						1			1			100 0 00 40 200 0 200 0 200 40 204 40 204 40 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 404 100 400 4
J9034	Injection, bendamustine	Bendeka	Yes	ML	Anti-neoplastic	None	Χ	Χ	Х									T	Effective 1/1/17. Restricted to ICD-10 diagnosis C82.00 - C82.69, C82.80 - C82.99, C83.01 - C83.08,
	HCI, 1 mg.				·		1						1			1			C83.10 - C83.19, C83.30 - C83.39, C83.50 - C83.59, C83.70 - C83.99, C84.00 - C84.19, C84.40 - C84.49,
							1						1			1			C84.60 - C84.79, C84.90 - C84.99, C84.A0 -C84.A9, C84.Z0 - C84.Z9, C85.10 - C85.29, C85.80 - C85.99,
1							1						1			1			C86.0 - C86.4, C86.6, C88.2 - C88.4, C88.8, C88.9, C90.00, C90.10, C90.20, C90.30, C91.10 - C91.12,
																1			C91.40 - C91.42, C96.0, C96.2, C96.A, or D47.Z9.
							1						1			1			555 55
			•										•						

	5 1.0			1 1120 1					_		T				- 1 -					
Code	Description	Brand Name	NDC	NDC unit	Category	Service	_	CAH	Р	NP	MW	MH	I HS	PC	0 0	PH	н		DC	Special Instructions
			Requir	of		Limits	OP	OP										F		
			ed	measure																
J9035	Injection bevacizumab 10	Avastin	Yes	ML	Anti-neoplastic	None	Х	Х	Х											Effective 2/1/17, add ICD-10 diagnoses C54.1, C54.2, C54.3, and C54.9.
	mg																			Effective 10/1/2015 ICD-10 diagnosis codes C18.0 - C18.9, C19, C20, C21.0 - C21.2, C21.8, C33, C34.00 -
																				C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C34.90 - C34.92, C38.4, C44.500,
																				C44.501, C44.509, C44.90, C45.1, C48.0, C48.1, C48.8, C53.0, C53.1, C53.8, C56.1, C56.2, C56.9, C57.00
																				C57.02, C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C68.0, C68.0, C68.1, C68.8, C68.9, C70.0, C70.1, C70.9, C71.0 - C71.9, C72.0, C72.1, C72.20 -
																				C72.22, C72.30 - C72.32, C72.40 - C72.42, C72.50, C72.9, D43.0 - D43.2, or D43.4
																				Effective 11/14/14, ICD-9 diagnosis restriction of 158.0 - 158.8 and 183.0 - 183.8 added. Effective
																				8/14/14, ICD-9 diagnosis restriction of 180.0, 180.1, and 180.8 added. Effective 10/1/13, ICD-9 diagnosis
																				restriction of 237.5 added. Effective 4/1/13, approved ICD-9 diagnoses 174.0 - 175.9 removed, per FDA
																				recommendation. 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 diagnois code of 162.0 - 163.0, effective 9/20/07. New ICD-9 diagnosis code of 191.0-192.9,
																				effective 5/5/09. New approved ICD-9 diagnosis of 189.0 - 189.9, effective 8/1/09. Bill J3490 for provider
								.,			<u> </u>		_	_						specialty Ophthalmology.
J9039	Injection, blinatumomab,	Blincyto	Yes	UN	Anti-neoplastic	None	Х	Х	Х											Effective 1/1/16. Restricted to diagnosis ICD-10 C91.00 - C91.02. Minimum age of 13 years.
.19040	1 microgram Bleomycin sulfate 15U	Blenoxane	Yes	UN	Anti-neoplastic	4 per day	Х	Х	Х		1			1		— h				
	Injection bortezomib 0.1	Velcade	Yes	UN	Proteasome	None	X	X	X											Effective 10/1/2015 ICD-10 diagnosis codes C83.10 - C83.19, C90.00, C90.02, T86.00 - T86.03, T86.09 -
	mg				Inhibitor															T86.13, T86.19 - T86.23, T86.290, T86.298, T86.30 - T86.33, T86.39 - T86.43, T86.810 - T86.812, T86.818,
	-																			T86.819, T86.850 - T86.852, T86.858, T86.859, T86.890 - T86.892, T86.898 or T86.899
																				ICD-9 diagnosis restriction of 996.81 - 996.87 added, effective 3/1/15. ICD-9 code 203.00 or 203.02,
																				initial or relapsed multiple myeloma, required on claim form. New indication of mantle cell lymphoma added
J9042	Injection, brentuximab	Adcetris	Yes	UN	Anti-neoplastic	180 units	Х	Х	Х					1						Effective 10/1/2015 ICD-10 diagnosis codes C81.00 - C81.49, C81.70 - C81.79, C81.90 - C81.98, or
	vedotin, 1 mg				·	daily														C84.60 - C84.79
								.,			<u> </u>		_	_						Effective 1/1/13 Restricted to ICD-9 diagnosis of 200 60 - 200 68 or 201 00 - 201 98
J9043	Injection, cabazitaxel, 1	Jevtana	Yes	ML	Anti-neoplastic	None	Х	Х	Х											Effective 10/1/2015 ICD-10 diagnosis code C61
.19045	mg. Carboplatin 50mg	Paraplatin	Yes	PWD=UN	Anti-neoplastic	18 per day	Х	Х	Х											Effective 1/1/12. Restricted to ICD-9 diagnosis 185.0.
000.0	our poplation our ng	. arapiani		SOL=ML	7 and Hoopidodo	10 po. day	^`	,	^											
J9047	Injection, carfilzomib, 1	Kyprolis	Yes	UN	Anti-neoplastic	None	Χ	Х	Χ											Effective 10/1/2015 ICD-10 diagnosis codes C90.00, C90.01 or C90.02
10050	ma taa	DIONIII		DIAND LINE	A 1						<u> </u>			-						Effective 1/1/14. Restricted to ICD-9 diagnosis of 203.00 - 203.02. Minimum age restriction of 16 years.
J9050	Carmustine 100mg	BICNU	Yes	PWD=UN SOL=ML	Anti-neoplastic	5 per day	Х	Х	Х											
IOOEE	Injection Cetuximab 10	Erbitux	Yes	ML ML	Anti naonlaatia	None	Х	~	Х		1		-	-						Effective 10/1/2015 ICD-10 diagnosis codes C00.0 - C00.6, C00.8, C00.9, C01, C02.0 - C02.4, C02.8,
19055	mg	EIDIUX	res	IVIL	Anti-neoplastic	None	^	Х	^											C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0 - C05.2, C05.8, C05.9, C06.0 - C06.2,
	ing																			C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0 - C10.4, C10.8 -
																				C10.9, C11.0 - C11.3, C11.8, C11.9, C12, C13.0 - C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C18.0 - C18.9,
																				C19, C20, C21.0 - C21.2, C21.8, C30.0, C30.1, C31.0 - C31.3, C31.8, C31.9, C32.0 - C32.3, C32.8, C32.9,
																				C4A.0 or C76.0
19060	Cisplatin powder or	Platinol AQ	Yes	PWD=UN	Anti-neoplastic	18 per day	Х	Х	Х		1		-	+	-	-+		\vdash		100 0 1 - 1 1 0 0 1 1 0 0 1 5 0 0 1 5 1 0 1 0 0 0 1 0 1
33000	solution per 10mg	r iatinioi AQ	169	SOL=ML	, unu-neopiasile	10 per uay	^	^	^	l	1									
J9062	Cisplatin 50mg	Platinol AQ	Yes	ML	Anti-neoplastic	6 per day	Χ	Χ	Χ											
J9065	Injection cladribine per 1	Leustatin	Yes	ML	Anti-neoplastic	40 per day	Х	Х	Х											
10070	mg Cyclophoopharrida	Cutoura	V	UN	Anti nocelecti	60 pc= d=:	~	V	V		1		-	-						
29070	Cyclophosphamide 100mg	Cytoxan Neosar	Yes	UN	Anti-neoplastic	68 per day	Х	Х	Х	l	1									
J9080	Cyclophosphamide 200	Cytoxan	Yes	UN	Anti-neoplastic	34 per day	Х	Х	Х		1		1	1		t				Closed 12/31/10. See J9070 after this date.
	ma	Neosar			·															
J9090	Cyclophosphamide 500	Cytoxan	Yes	UN	Anti-neoplastic	14 per day	Х	Х	Х	l	1									Closed 12/31/10. See J9070 after this date.
10004	ma Cyclophoopharrida 44	Neosar	V	UN	Anti nocelecti	7 00	~	V	V		1	-	-	-	-					Closed 42/24/40. See 10070 efforthis data
J9091	Cyclophosphamide 1g	Cytoxan Neosar	Yes	UN	Anti-neoplastic	7 per day	Х	Х	Х		1									Closed 12/31/10. See J9070 after this date.
		INCOSAL								_	1			-						1

		r									1					.		-1-4	
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC		Р	NP	MW	MH	HS	PO	OPH	-			C Special Instructions
			Requir	of		Limits	OP	OP									F	٠	
			ed	measure															
J9092	Cyclophosphamide 2g	Cvtoxan	Yes	UN	Anti-neoplastic	4 per day	Х	Х	Х										Closed 12/31/10. See J9070 after this date.
	-,g	Neosar																	
.19093	Cyclophosphamide	Cytoxan	Yes	UN	Anti-neoplastic	68 per day	Х	Χ	Х									1	Closed 12/31/10. See J9070 after this date.
00000	lyophilized 100ma	Lyophilized		0.1	7 ii iii 1100pidolio	oo po. day	,,	,,	,,										
.19094	Cyclophosphamide	Cytoxan	Yes	UN	Anti-neoplastic	34 per day	Х	Х	Х									1	Closed 12/31/10. See J9070 after this date.
	lyophilized 200 mg	Lvophilized		0.1	7 ii iii 1100pidolio	o . po. day	,,	,,	,,										
.19095	Cyclophosphamide	Cytoxan	Yes	UN	Anti-neoplastic	14 per day	Х	Х	Х		1	 	1	t	1		_	+	Closed 12/31/10. See J9070 after this date.
	lyophilized 500 am	Lvophilized	103	014	7 ti ti Ticopiastic	14 por day	_ ^	_ ^	^				1						State of Particle Control and Care.
	Cyclophosphamide	Cytoxan	Yes	UN	Anti-neoplastic	7 per day	Х	Х	Х		1		-	1	1	1	-	-	Closed 12/31/10. See J9070 after this date.
33030	lyophilized 1a	Lvophilized	103	OIN	Anti-neoplastic	7 per day	^		^										Closed 123770. Gee 33070 after this date.
10007	Cyclophosphamide	Cytoxan	Yes	UN	Anti-neoplastic	4 per day	Х	Х	Х		-	1	_	+	+	+	_	+	Closed 12/31/10. See J9070 after this date.
J9097	lyophilized 2g	Lyophilized	165	UN	Anti-neopiastic	4 per day	^	^	^										Closed 12/31/10. See 39070 after this date.
Innne	Cytarabine liposome 10	DepoCyt	Yes	ML	Anti-neoplastic	5 per day	Х	Х	Х		-	1	_	+	+	+	_	+	
39090	Cytarabine liposome 10	Беросуі	163	IVIL	Anti-neoplastic	5 per day	^	^	^										
10100	Mg Cytarabine 100mg	Cytosar-U	Yes	PWD=UN	Anti-neoplastic	75 per day	Х	Х	Х		1			1		1		-	
39100	Cytarabine roomg	Cylosar-0	165	SOL=ML	Anti-neopiastic	75 per day	^	^	^										
10440	Cytarabine 500mg	Cytosar-U	Yes		Anti-neoplastic	15 per day	Х	Х	Х		+	-	+	1	+	+	+	+-	
39110	Cytarabine 500mg	Cylosar-0	165	SOL=ML	Anti-neopiastic	15 per day	^	^	^										
10400	Dactinomycin 0.5mg	Cosmegen	Yes	UN UN	Anti-neoplastic	2 per day	X	X	Х		-	-	-	1		+	-	-	
	Dactinomycin 0.5mg Dacarbazine 100mg	DTIC-Dome	Yes	UN	Anti-neoplastic	9 per day	X	X	X		+	-	+	1	+	+	+	+-	
	Dacarbazine 100mg	DTIC-Dome	Yes	UN	Anti-neoplastic	5 per day	X	X	X		+	-	+	1	+	+	+	+-	
	Injection, daratumumab,	Darzalex	Yes	ML	Anti-neoplastic	210 units	X	X	X		1			1		1		-	Effective 1/1/17. Restricted to ICD-10 diagnosis C90.02. Minimum age of 16 years.
J9145		Daizalex	165	IVIL	Anti-neopiastic		^	^	^										Effective 17777. Restricted to ICD-10 diagnosis C90.02. Minimum age of 16 years.
10150	10 ma Daunorubicin HCl 10ma	Cerubidine	Yes	PWD=UN	Anti-neoplastic	daily	Х	Х	Х		+	-	+	+	+	1	+	+-	
19120	Daunorubicin HCi 10mg	Cerubidine	res	SOL=ML	Anti-neopiastic	11 per day	^	^	^		1		1	1	1				
10454	Daunorubicin citrate	D			Author and action	44	. v	٧.	V		-		_	1	+	1	_	-	
		Daunoxome	Yes	ML	Anti-neoplastic	11 per day	Х	Х	Х										
	liposomal formulation 10																		
10455	lma	Fi	\/	UN	Antinonal and	0.40	· ·		\ \		-	-	-	+	_	-	_	+	
J9155	Injection, degarelix, 1	Firmagon	Yes	UN	Anti-neoplastic	240 units per	Х	Х	Х		1		1	1	1				Effective 10/1/2015 ICD-10 diagnosis code C61
10100	mg.	0.11				day			\vdash		-	├	+	+	+	-		-	Effective 1/1/10. Restricted to ICD-9 diagnosis 185. Exclude female. Restrict to age 18 and above.
J9160	Denileukin diftitox	Ontak	N/A		Anti-neoplastic								1						Not Covered
	300mcq		<u> </u>				L		Ь.,		1	<u> </u>		+		4_	_	4	
	Diethylstilbestrol	Stilphostrol	Yes	UN	Palliative	4 per day	Х	X	Х		1		1	1	1				Only for cancer diagnosis.
	diphosphate 250 mg				therapy prostate						1		1	1	1				
	<u> </u>		<u> </u>		cancer				L.,		1	<u> </u>		 		4	_	4	
J9170	Docetaxel 20mg	Taxotere	Yes	ML	Anti-neoplastic	10 per day	X	Χ	Χ		1	<u> </u>			1	1			Closed 12/31/09. See J9171.

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МЦ	HS	PΩ	OPH	Н	ıı Iın	TID	C Special Instructions
Code	Description	Diana Name	Requir	of	Category	Limits	OP	OP	-	NF	IVIVV	IVIT	пэ	FU	ОРП		טון וו F		o Special instructions
1			ed	measure															
1																			
1																			
ı																			
J9171 lr	njection, docetaxel, 1	Taxotere	Yes	ML	Anti-neoplastic	200 u. per	Х	Х	Х							Х		$^+$	Effective 10/1/2015 ICD-10 diagnosis codes C00.0 - C00.6, C00.8, C00.9, C15.3 - C15.5, C15.8, C15.9,
	ng.	Laceto			Auta neoplastic	day	^	^											C16.0 - C16.6, C16.8, C16.9, C25.0 - C25.4, C25.7 - C25.9, C30.0, C30.1, C31.0 - C31.3, C31.8, C31.9, C32.0 - C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C34.80 - C34.92, C44.00 - C44.02, C44.09, C44.201, C44.202, C44.299, C44.211, C44.212, C44.219, C44.221, C44.222, C44.299, C44.291, C44.292, C44.299, C44.291, C44.290, C44.290, C44.301, C44.309 - C44.311, C44.319 - C44.321, C44.329, C44.390, C44.391, C44.399, C44.499, C44.299, C44.301, C44.309 - C44.311, C44.319 - C44.321, C44.329, C44.390, C44.391, C44.399, C44.40 - C44.42, C44.49, C45.1, C45.9, C47.0, C47.10 - C47.12, C47.20 - C47.22, C47.4, C47.8, C47.9, C48.0 - C48.2, C48.8, C49.0, C49.10 - C49.12, C49.20 - C49.22, C49.4, C49.8, C49.9, C4A.0, C4A.4, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.329, C50.411, C50.412, C50.419, C50.421, C50.622, C50.629, C50.511, C50.519, C50.521, C50.821, C50.822, C50.829, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.919, C50.929, C51.0 - C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0 - C54.3, C54.8, C54.9, C55. C56.1, C56.2, C56.9, C57.00 - C57.02, C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C57.7 - C57.9, C61, C65.1, C65.2, C66.9, C67.0 - C67.0 - C67.9, C68.0, C68.9, C68.0, C68.9, C67.0 - C67.0 - C67.9, C68.0, C68.9, C67.0 - C67.0 - C67.0 - C67.9, C68.0, C68.9, C67.0 - C78.00 - C78.00 - C78.00 - C78.8, C80.0, C80.1, D90.0, D37.01, D37.02, D37.04, D37.05, D37.09, D48.1, D48.2, D49.0 - D49.2, D49.6, D49.81, D49.89 or D49.9 New code effective 1/1/10. The following are ICD-9 diagnoses approved for this code, including newly approved ICD-9 diagnoses. effective 7/1/10: 140.0 - 149.9, 150.0 - 150.9, 151.0 - 151.9, 157.0 - 157.9, 179, 180.0 - 150.9, 151.0 - 151.9, 177.0, 177.0, 177.13, 1771.5, 1771.8, 1771.0, 173.0, 173.2, 173.3,
																			180.9, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3 - 183.5, 183.8, 183.9, 185, 188.0 - 188.9, 189.1, 189.2, 189.3, 189.8, 189.9, 195.0, 199.0, 199.1, 209.70 - 209.79, 233.7, 235.1, 238.1, 239.0 - 239.2, 239.6, 239.81,
J9175 lr	njection, Eliotts' B	dextrose/	Yes	ML		None	Х	Х								\vdash	+	+	250.17, 250.17, 250.07, 150.07, 150.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07, 250.07,
S	olution, 1 ml	electsol, IV																	
m	njection, elotuzumab, 1	Empliciti	Yes	UN	Anti-neoplastic	None	X	Х	X										Effective 1/1/17. Restricted to ICD-10 diagnosis C90.00, C90.01, C90.92. Minimum age of 16 years.
m	njection epirubicin HCl 2	Ellence	Yes	PWD=UN SOL=ML	Anti-neoplastic	None	Х	Х	Х										
	njection, eribulin nesylate, 0.1 mg.	Halaven	Yes	ML	Anti-neoplastic	80 units per 21 days	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.221, C50.222, C50.221, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.222, C50.2
																			C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.812, C50.822, C50.829, C50.811, C50.912, C50.812, C50.821, C50.821, C50.822, C50.829, C50.911, C50.912, C50.821, C50.822, C50.829, C50.911, C50.912, C50.821, C50.822, C50.829, C50.911, C50.912, C50.821, C50.822, C50.829, C50.911, C50.912, C50.821, C50.822, C50.829, C50.911, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50.912, C50
																			C50.919, C50.921, C50.922, C50.929, C79.10, C79.11, C79.19 or C79.81 Effective 1/1/12. Restricted to ICD-9 diagnosis 198.81 or 174.0 - 175.9. Minimum age restriction of 18 years.
J9181 E	Etoposide 10mg	VesPesid	Yes	PWD=UN SOL=ML	Anti-neoplastic	25 per day	Х	Х	Х									\parallel	your.
J9182 E	Etoposide 100mg	Toposar VesPesid	Yes	UN UN	Anti-neoplastic	3 per day	Х	Х	Х								\top		
J9185 F	Fludarabine phosphate	Toposar Fludara	Yes	PWD=UN	Anti-neoplastic	5 per day	Х	Х	Х										
J9190 F	Goma Fluorouracil 500 mg	Adrucil	Yes	SOL=ML PWD=UN SOL=ML	Anti-neoplastic	5 per 27 days	Х	Х	Х										
	loxuridine 500 mg	FUDR	Yes	UN	Anti-neoplastic	2 per day	Х	X	Х									1	
J9202 G	Gemcitabine HCl 200mq Goserelin acetate mplant per 3.6mg	Gemzar Zoladex	Yes Yes	UN UN	Anti-neoplastic Anti-neoplastic	None 1 per month	X	X	X									+	
J9203 In	njection, gemtuzumab ozogamicin, 0.1 mg.	Mylotarg	Yes	UN	Anti-neoplastic	800 units per day	Х	Х	Х										Effective 1/1/18.
	njection, irinotecan	Onivyde	Yes	ML	Anti-neoplastic	None	Х	Х	Х								$^{-}$	+	Effective 1/1/17. Restricted to ICD-10 diagnosis C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9.

Requir ed. Requir ed. Limits OP OP OP F										_		T			- 1				1	.1	
Biologic Interioriscan 20mg Camposar Yes M.L. And receptable: 35 per day X X X X	Code	Description	Brand Name	NDC	NDC unit	Category	Service		CAH	Р	NP	MW	MI	н н	S	РО	ОРН	HI		DC	Special Instructions
Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Justice Just							Limits	OP	OP										F		
C17.0 - C17.3 C17.8 C18.0 - C18.9 C18.0 C28.1 C22.1 C21.8 C23.0 - C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.				ed	measure																
C17.0 - C17.3 C17.8 C18.0 - C18.9 C18.0 C28.1 C22.1 C21.8 C23.0 - C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.																					
C17.0 - C17.3 C17.8 C17.0 C18.0 - C18.9 C18.0 C26.2 C2.18 C26.3 - C28.1 C26.3 - C28.1 C26.3 C28.1 C26.2 C27.0 C27.2 C27.1 C27.2 C27.2 C23. C28.0 C28.4 C28.4 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28																					
C17.0 - C17.3 C17.8 C17.0 C18.0 - C18.9 C18.0 C26.2 C2.18 C26.3 - C28.1 C26.3 - C28.1 C26.3 C28.1 C26.2 C27.0 C27.2 C27.1 C27.2 C27.2 C23. C28.0 C28.4 C28.4 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28																					
C17.0 - C17.3 C17.8 C17.0 C18.0 - C18.9 C18.0 C26.2 C2.18 C26.3 - C28.1 C26.3 - C28.1 C26.3 C28.1 C26.2 C27.0 C27.2 C27.1 C27.2 C27.2 C23. C28.0 C28.4 C28.4 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28																					
C17.0 - C17.3 C17.8 C17.0 C18.0 - C18.9 C18.0 C26.2 C2.18 C26.3 - C28.1 C26.3 - C28.1 C26.3 C28.1 C26.2 C27.0 C27.2 C27.1 C27.2 C27.2 C23. C28.0 C28.4 C28.4 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.1 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.2 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28.0 C28																					
C17.0 - C17.3 C17.8 C18.0 - C18.9 C18.0 C28.1 C22.1 C21.8 C23.0 - C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.1 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.0 C23.	19206	Irinotecan 20mg	Camptogar	Vac	MI	Anti-neonlastic	35 per day	Y	Y	Y			1	_					1	1	Effective 10/4/2015 ICD-10 diagnosis codes C15.3 - C15.5 C15.8 C15.0 C16.0 - C16.6 C16.8 C16.0
C33, C34.00 (C34.02, C34.10 (C34.12, C34.22, C34.33) (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.32) (C34.30 (C34.30 (C34.32) (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30 (C34.30	00200	minotodan zomg	Campiosai	100	IVIL	7 ti ti ricopiastio	oo per day	_ ^	_ ^	^											
CS3.0, CS3.1, CS3.0, CS3.1, CS3.0, CS3.1, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0, CS3.0,																					
CS7-3, CS7-4, CF7-0-CF19, C88.00, C89.01, C82.00 - C82.89, C82.89 - C82.99, C83.00 - C83.49, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00, C83.00,																					
C33.19_C83.39_C83.39_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.99_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_C83.79_																					
CB479, CB4.90 - CB4.90, CB4.70 - CB4.90, CB4.70 - CB4.29, CB5.00 - CB5.29, CB5.20 - CB5.29, CB5.90 - CB5.29, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90, CB5.90 - CB5.90 - CB5.90, CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5.90 - CB5																					
Sesay Cision - Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cision Cisi																					
C78.04, C78.1, C78.8, D49.0 - D497, C948, D49.8, or D499, CP.04 dispersion code required on claim form: Effective \$ff(10, flee) (150.1-151.1, 152.0 - 152.9, 153.0 - 154.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.0, 152.3, 152.4, 152.0 - 152.9, 153.0 - 154.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.8, 152.0 - 152.8, 157.0 - 157.9, 152.0, 152.2, 152.3, 152.4, 152.0 - 152.2, 152.3, 152.4, 152.0 - 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 152.2, 1																					
Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack Jack																					
Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Story Stor																					ICD-9 diagnosis code required on claim form: Effective 5/1/10, the following are approved, 150.0 - 150.9,
JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, ixabeplione, 1 kempra JS207 Injection, i																					
39207																					180.0, 180.1, 180.8, 180.9, 183.0, 183.2 - 183.5, 183.8, 183.9, 191.0 - 191.9, 199.0 - 199.1, 200.00 - 200.88,
removed effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, effective, eff																					202.00 - 202.88, 202.70 - 202.78, 202.80 - 202.88, 202.90 - 202.98, 209.70 - 209.79, and 239.0 - 239.9.
removed effective, effective, effective, effective, 1/1/16 J\$208 [Instansie per 10	J9207	Injection, ixabepilone, 1	Ixempra	Yes	UN	Anti-neoplastic	Limit	Х	Х	Х									1	T	Effective 10/1/2015 ICD-10 diagnosis codes C50.011, C50.012, C50.019, C50.111, C50.112, C50.119,
1/1/16 New code effective 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Mesines does not follow the second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code 174.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code I74.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code I74.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code I74.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code I74.0 - 174.9, metastatic or locally advanced by second from the 1/1/09. Restricted to ICD9 code I74.0 - 174.9, metastatic or locally advanced by second from Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Information Informa		mg.					removed														C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512,
J3208 (flosfamide per 10 flex Yes UN Anti-neoplastic 3 per day X X X X X X X X X							effective,														C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919
J9204 Interferon affa-2A recombinant 1 million U Fig. Interferon affa-2A recombinant 1 million U Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig.							1/1/16														New code effective 1/1/09. Restricted to ICD-9 code 174.0 - 174.9, metastatic or locally advanced breast
J9201 Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna 200mg Mesna								L.,		L.,			ļ	_	_				<u> </u>	<u> </u>	capear Covered to physicians offstive 1/1/00. Minimum ago of 19 years. Replaces C0240.
J9211 Interferon affa-2 Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime. J9214 Interferon affa-2 Recombinant 1 million U J9215 Interferon affa-2 Interferon affa-2 Precombinant 1 million U J9216 Interferon affa-2 Precombinant 3 million U J9217 Interferon affa-2 Precombinant 1 million U J9218 Interferon affa-2 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9219 Interferon affa-3 Precombinant 1 million U J9219 Interferon affa-3 Precombinant 1 million U J9219 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9211 Interferon affa-3 Precombinant 1 million U J9212 Interferon affa-3 Precombinant 1 million U J9213 Interferon affa-3 Precombinant 1 million U J9214 Interferon affa-3 Precombinant 1 million U J9215 Interferon affa-3 Precombinant 1 million U J9215 Interferon affa-3 Precombinant 1 million U J9216 Interferon affa-3 Precombinant 1 million U J9216 Interferon affa-3 Precombinant 1 million U J9216 Interferon affa-3 Precombinant 1 million U J9217 Interferon affa-3 Precombinant 1 million U J9218 Interferon affa-3 Precombinant 1 million U J9219 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210 Interferon affa-3 Precombinant 1 million U J9210								X	X			1	1	_					1	1	
J9212 Injection interferon alfa-con1 recombinant 1mcg on 1 recombinant 1mcg Interferon alfa-2A recombinant 3 million U Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Roferon-A Rofero													1	_					1	1	
con1 recombinant 1 mcg Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=ML Sol=													1		_					1	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime
J9213 Interferon alfa-2A recombinant 3 million U J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfa-2B recombinant 1 million U J9216 Interferon alfa-2B recombinant 1 million U J9216 Interferon alfa-2B recombinant 1 million U J9217 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-3B Alferon-N SOL=ML KIT=UN Anti-viral Anti-viral None X X X Effective 4/1/14, service limit removed. Effective 4/1/14, service limit removed. Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime. Response Modulator Alferon-N Yes ML Biological Response Modulator Response Modulator Alferon-N Yes ML Biological Response Modulator Response Modulator Alferon-N Yes Interferon alfa-2B recombinant 1 million U None X X X Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime. None Yes None Yes Alferon-N Yes ML Biological Response Modulator Response Modulator Alferon-N Yes Interferon alfa-2B recombinant 1 million U None Yes None Yes None X X X Y None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes None Yes N	002.2	,	orgon			7 11 11 7 11 41	, ,		^`												. Hydrauli to made de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manuel de manu
J9213 Interferon alfa-2A recombinant 3 million U J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfa-2B Interferon alfa-3 but man legister derived 250,000 IU J9216 Interferon alfa-3 but man legister derived 250,000 IU J9216 Interferon alfa-2B recombinant 1 million U J9216 Interferon alfa-2B recombinant 2 million U J9216 Interferon alfa-2B recombinant 3 million U J9217 Interferon alfa-2B recombinant 3 million U J9218 Interferon alfa-2B recombinant 3 million U J9218 Interferon alfa-2B recombinant 4 million U J9218 Interferon alfa-2B recombinant 5 million U J9218 Interferon alfa-2B recombinant 6 million U J9218 Interferon alfa-2B recombinant 7 million U J9218 Interferon alfa-2B recombinant 8 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 9 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218 Interferon alfa-2B recombinant 1 million U J9218		oom roombinan mog																			
Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian Jacobian																					
recombinant 3 million U J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU J9216 Interferon alfo-n3 human leukocyte derived 250,000 IU J9217 Interferon alfo-n3 human leukocyte derived 250,000 IU J9218 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 IU J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 Interferon alfo-n3 human leukocyte derived 250,000 III J9219 In							,														
J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Alferon-N Yes PWD=UN SOL=ML KIT=IJN Biological Response Modulator Solution on Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solutio	J9213		Roferon-A	Yes		Anti-viral		Х	Х	Х											Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Afferon. Which is a service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of t		recombinant 3 million U			SOL=ML																
J9214 Interferon alfa-2B recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU ML Biological Response Modulator MC SU=ML XIT=LIN Response Modulator None X X X X Effective 4/1/14, service limit removed. Effective 4/1/14, service limit removed. Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.																					
recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Alferon-N Yes ML Biological Response Modulator Modulator Modulator Alferime Alferon-N Yes Modulator Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Al							days - lifetime														
recombinant 1 million U J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Alferon-N Yes ML Biological Response Modulator Modulator Modulator Alferime Alferon-N Yes Modulator Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Alferon-N Al	.19214	Interferon alfa-2B	Intron-A	Yes	PWD-IIN	Anti-viral	none	X	X	X			1						1	1	Effective A/1/14 service limit removed
J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Mathematical Distriction of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the C	33214		IIII OII-A	163		Anti-virai	none	^	^	^											Ellective 4/1/14, Service limit removed.
J9215 Interferon alfo-n3 human leukocyte derived 250,000 IU Sicological Response Modulator 1 per day 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250,000 IV 250		recombinant i million o																			
leukocyte derived 250,000 IU Response Modulator days - lifetime	J9215	Interferon alfo-n3 human	Alferon-N	Yes		Biological	1 per day	Х	Х	Х											Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
days - lifetime		leukocyte derived				Response	X 7														
		250,000 IU				Modulator	consecutive														
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.							days - lifetime														
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.																					
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.																					
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.																					
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.								l											1	1	
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.																					
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X7 consecutive days per lifetime.								l											1	1	
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.								l											1	1	
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.								1	l	1	l	1							1	1	
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.								l											1	1	
J9216 Interferon gamma 1B 3 Actimmune Yes ML Biological 1 per day X X X I Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.								1	l	1	l	1							1	1	
	J9216	Interferon gamma 1B 3	Actimmune	Yes	ML	Biological	1 per day	Х	Х	Х		1	1	+	-				1	1	Physician reimbursement for administraton is limited to 1 unit X 7 consecutive days per lifetime.
million U Response X7								l											1	1	,
Modulator consecutive		-						l											1	1	
days - lifetime								l											1	1	

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	ND	MW	МП	HS	PΩ	ОРН	Т и	ıı Tınt	- Inc	Special Instructions
Code	Description	Brand Name	Requir ed	of measure	Category	Limits	OP	OP	P	NP	IVIVV	MH	нъ	PO	ОРН	н	F		Special instructions
							.,												
	Leuprolide acetate for depot suspension 7.5mg	Lupron Depot Eligard Lupron Depot- Ped	Yes	UN	Anti-neoplastic	None	Х	Х	Х										
J9218	Leuprolide acetate 1mg	Lupron	Yes	PWD=UN SOL=ML	Anti-neoplastic	1 per day X 7 consecutive days - lifetime	Х	Х	Х										Physician reimbursement for administraton 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	Х	Х	Х										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	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis code C61 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	Х	Х	Х	Х									Effective 10/1/2015 ICD-10 diagnosis codes E30.1, E30.8 or E30.9 New code effective 1/1/08. Diagnosis restriction, central precocious puberty(259.1). Nurse practitioner added 1/1/09
J9228	Injection, ipilimumab, 1 mg.	Yervoy	Yes	ML	Antibody(anti- neoplastic)	400 units per 20 days	х	х	X							х			Effective 1/1/15, the service limit of 21 days was reduced to 20 days. Providers are encouraged to examine previous claims for accuracy from date of service 1/1/15. Effective 10/1/2015 ICD-10 diagnosis codes C21.1, C21.0, C43.0, C43.4, C43.10 - C43.12, C43.20 - C43.20, C43.30, C43.31, C43.39, C43.51, C43.52, C43.59 - C43.62, C43.70 - C43.72, C43.8, C43.9, C51.0 - C51.2, C51.9, C52, C60.0 - C60.2, C60.8, C60.9, C63.00 - C63.02, C63.10 - C63.12, C63.2, C63.7 - C63.9, C77.0 - C77.5, C77.8, C77.9, C78.00 - C79.02, C79.10, C79.11, C79.20, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.80, C78.80, C79.02, C79.10, C79.11, C79.19, C79.20, C79.31, C79.32, C79.40, C79.49, C79.41, C79.51, C79.52, C79.60 - C79.62, C79.70 - C79.72, C79.81, C79.82, C79.89, C79.9, D03.0, D03.4, D03.8, D03.9, D03.10 - D03.12, D03.20 - D03.22, D03.30, D03.39, D03.51, D03.52, D03.59 - D03.62, or D03.70 - D03.72 Effective 1/1/12. Restricted to ICD-9 diagnosis 154.2, 154.3, 172.0 - 172.9, 184.0 - 184.4, 187.1 - 187.9, 196.0 - 196.9, 197.0 - 197.8, 198.0 - 198.8 (Date of change: April 2012). Minimum age restriction of 16 years.
J9230	Mechlorethamine HCI nitrogen mustard 10mg	Mustargen	Yes	UN	Anti-neoplastic	5 per day	Х	Х	Х										
J9245	Injection melphalan HCI 50mg	Alkeran Lphenylala- nine mustard	Yes	UN	Anti-neoplastic	2 per day	Х	Х	Х										
	Methotrexate sodium 5mg	Rheumatrex Trexall Methotrexate	Yes	PWD=UN SOL=ML	Anti-neoplastic	10 per day	Х	Х	Х										
J9260	Methotrexate sodium 50mg	Rheumatrex Trexall Methotrexate sodium Lof	Yes	UN	Anti-neoplastic	3 per day	Х	Х	Х										
J9261	Injection, nelarabine, 50	Arranon	Yes	ML	Anti-neoplastic	None	Х	Х	Х										New code effective 1/1/07.
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Synribo	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C92.10 - C92.12 or C92.20 Effective 1/1/14. Restricted to IDC-9 diagnosis of 205.10 - 205.12. Minimum age restriction of 16 years.

	0.4	December 1	D I M	NDO	NDO'r	0-1	0	140	0411		NID	2000		1	-	OBL		IDT	-	On a del Unatonation
1,9263 Injection oxaliplatin 1,9263 Injection oxaliplatin 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264 1,9264	Code	Description	Brand Name			Category	Service			Р	NP	MW	МН	HS	РО	ОРН	HI	IDT	DC	Special Instructions
19263 Telection oxaliplatin Sizuatin Ves PWD-UN Anti-neoplastic None X X X X X X X X X							Limits	OP	OP									F		
0.5mg				ed	measure															
0.5mg																				
0.5mg																				
0.5mg																				
0.5mg																				
0.5mg																				
C257 - C259	J9263	Injection oxaliplatin	Eloxatin	Yes	PWD=UN	Anti-neoplastic	None	Х	Χ	Х										Effective 10/1/2015 ICD-10 diagnosis codes C15.3 - C15.5, C15.8, C15.9, C16.0 - C16.6, C16.8, C16.9,
C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C62.00 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.90, C62.90 - C62.12, C62.90 - C62.12, C62.90 - C62.90, C62.90 - C62.12, C62.90 - C62.90, C62.90 - C62.12, C63.90 - C63.10 - C62.12, C63.90 - C63.10 - C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12, C63.12,		0.5mg			SOL=ML															C18.0 - C18.9, C19, C20, C21.0 - C21.2, C21.8, C22.1, C23, C24.0, C24.1, C24.8, C24.9, C25.0 - C25.3,
Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care																				C25.7 - C25.9, C26.0, C26.1, C26.9, C45.1, C48.1, C48.2, C48.8, C56.1, C56.2, C56.9, C57.00 - C57.02,
Ca2.59, Ca2.61 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.91 - Ca2.88, Ca2.80 - Ca2.89, Ca2.80 - Ca2.89, Ca2.80 - Ca2.82, Ca2.81 - Ca2.88, Ca2.81 - Ca2.88, Ca2.81 - Ca2.88, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.81 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82, Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.82 - Ca2.8																				C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C62.00 - C62.02, C62.10 - C62.12, C62.90 - C62.92,
C84.99																				
Effective 3/19/11. new list of approved ICD-9 diagnosis codes: 150.0 - 150.9, 151.0 - 151.9, 153.0 - 154.8, 155.1, 156.0 - 156.9, 157.0 - 157.3, 157.8, 157.9, 158.8, 183.0 - 180.2 - 200.38.2 - 200.8																				
See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See																				
See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See See																				
Jacob Injection, paclitaxel protein-bound particles, 1 mg Markane Protein-bound particles, 1 mg Abraxane Protein-bound particles, 1 mg Abraxane Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg Protein-bound particles, 1 mg																				
protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound particles, 1 mg protein-bound protein, 1 pc, 10, 12, 10, 20, 11, 150, 212, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202, 105, 202																				200.70 - 200.78, 201.90, 202.01 - 202.08, 202.80 - 202.88. Added ICD-9 code 201.90 effective 1/1/08. ICD-
mg	J9264	, , ,	Abraxane	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C25.0 - C25.4, C25.7 - C25.9, C33, C34.00 - C34.02, C34.10 -
C50.221, C50.222, C50.229, C50.311, C50.312, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.412, C50.429, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.511, C50.512, C50.512, C50.512, C50.512, C50.522, C50.529, C50.611, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.612, C50.611, C50.812, C50.812, C50.822, C50.829, C50.821, C50.912, C50.912, C50.912, C50.912, C50.922 or C50.929 Approved ICD-9 diagnosis codes of 157.0 - 157.9 added, 9/6/13. Nurse practitioner removed as covered provider, effective 7/1/13. Effective 10/11/12, approved ICD-9 diagnosis 162.0 - 162.9 added. ICD-9 code 174.0 - 175.9 with chemo agent required on claim form. Nurse practitioner added 1/1/09. J9266 Pegaspargase per single Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncaspar Oncasp		protein-bound particles, 1																		C34.12, C34.2, C34.30 - C34.32, C34.80 - C34.82, C34.90 - C34.92, C50.011, C50.012, C50.019, C50.021,
C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.522, C50.529, C50.629, C50.611, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C50.612, C		mg																		
C50.612, C50.619, C50.621, C50.629, C50.811, C50.812, C50.812, C50.829, C50.811, C50.821, C50.829, C50.919, C50.919, C50.921, C50.922 or C50.929																				
Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the																				
Approved ICD-9 diagnosis codes of 157.0 - 157.9 added, 9/6/13. Nurse practitioner removed as covered provider, effective 7/1/13. Effective 10/11/12, approved ICD-9 diagnosis 162.0 - 162.9 added. ICD-9 code 174.0 - 175.9 with chemo agent required on claim form. Nurse practitioner added 1/1/09. J9265 Paclitaxel 20mg Taxol Onxol Onxol Pegaspargase per single dose vial J9266 Pegaspargase per single dose vial J9267 Injection, paclitaxel, 1 mg Taxol Onxol Onxol Per Sun Anti-neoplastic Advance day J9268 Pentostatin per 10mg Nipent Yes UN Anti-neoplastic 1 per day X X X X X X X X X X X X X X X X X X X																				
J9265 Paclitaxel 20mg Taxol Onxol Onxol Onxol Department of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of th																				
174.0 - 175.9 with chemo agent required on claim form. Nurse practitioner added 1/1/09. J9265 Paclitaxel 20mg Taxol																				
J9265 Paclitaxel 20mg Taxol Yes PWD=UN Anti-neoplastic 20 per day X X X X X X X X X																				
Onxo SOL≡ML Anti-neoplastic 8 per day X X X Sol≡ML Anti-neoplastic 8 per day X X X Sol≡ML Anti-neoplastic 8 per day X X X Sol≡ML Anti-neoplastic 8 per day X X X Sol≡ML Anti-neoplastic 8 per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day X X X Sol≡ML Anti-neoplastic 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per day 400 u. per																				
J9266 Pegaspargase per single dose vial Oncaspar Yes ML Anti-neoplastic 8 per day X X X X J9267 Injection, paclitaxel, 1 mg Onxol Taxol Onxol Yes ml Anti-neoplastic 400 u. per day X X X X X Effective 1/1/15. J9268 Pentostatin per 10mg Plicamycin 2.5mg Mithracin Yes UN Anti-neoplastic 2 per day X X X X X X X X X	J9265	Paclitaxel 20mg		Yes		Anti-neoplastic	20 per day	Х	Х	Х										Closed 12/31/14. See J9267 after this date.
dose vial	10000	D		V		A a ti a a a a la a ti a	01	V	· ·	\ \ \						1				
J9267 Injection, paclitaxel, 1 mg Taxol Onxol Yes ml Anti-neoplastic 400 u. per day X X X X Injection, paclitaxel, 1 mg Effective 1/1/15. J9268 Pentostatin per 10mg Nipent Yes UN Anti-neoplastic 1 per day X X X X J9270 Plicamycin 2.5mg Mithracin Yes UN Anti-neoplastic 2 per day X X X X	J9266		Oncaspar	res	IVIL	Anti-neopiastic	8 per day	X	X	X										
J9268 Pentostatin per 10mg Nipent Yes UN Anti-neoplastic 1 per day X X X X J J J J J J J J J J J J J J J	.19267		Tavol	Yes	ml	Anti-neonlastic	400 u ner	X	X	X						 			H	Effective 1/1/15
J9268 Pentostatin per 10mq Nipent Yes UN Anti-neoplastic 1 per day X X X J9270 Plicamycin 2.5mg Mithracin Yes UN Anti-neoplastic 2 per day X X X X	03201	injection, pacitianes, 1 mg		163	""	7 ti ili-i leopiastic		^		^										E11001110 1/1/101
	J9268	Pentostatin per 10mg		Yes	UN	Anti-neoplastic		Х	Х	Х										
Mithromycin				Yes	ÜN			Χ	Χ	Х										
		•	Mithramycin	<u> </u>		•	· ·	<u> </u>												

Description Brand Name NDC NDC unit Regular of ed Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped Ped
J9271 Injection, pembroizumab, 1 mg
J9271 Injection, pembrolizumab, 1 mg Keytruda Yes UN Antineoplastic X X X X Effective 9/22/17, ICD-10 C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9 added. Effective 9/22/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.8, C18.9, C19. added. Effective 9/22/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.3, C67.4, C67.5, C67. C67.7, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.6, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.6, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.6, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.3, C67.4, C67.5, C67. C67.7, C67.3, C67.4, C67.5, C67. C67.7, C67.3, C67.4, C67.5, C67. C67.7, C67.3, C67.4, C67.5, C67. C67.7, C67.3, C67.4, C67.5, C67. C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2, C67.2
ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.59 added. Effective 3/4/17, ICD-10 C61.10, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.12, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.33, C81.36, C81.37, C81.38, C81.39, C81.40, C81.47, C81.42, C81.45, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C81.47, C8
Pémbrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.53, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.5
Pémbrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.53, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.5
Pémbrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.53, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.5
Pémbrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.53, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.5
Pémbrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.53, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.54, 285.5
Pembrolizumab, 1 mg ML Effective 5/23/17, ICD-10 C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, C81.5, C81.17, C81.18, C81.19, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.11, C81.12, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.36, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.39, C81.40, C81.47, C81.75, C81.76, C81.77, C81.78, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79
added. Effective 5/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.8, C67.9, C68.0, C68.8, Z85.50, Z85.51, Z85.53, Z85.54, Z85.59 added. Effective 3/4/17, ICD-10 C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C61.20, C81.21, L82, C81.22, C81.23, C81.22, C81.23, C81.24, C81.25, C81.27, C81.28, C81.27, C81.28, C81.24, C81.24, C81.24, C81.25, C81.27, C81.28, C81.27, C81.28, C81.27, C81.20, C81.20, C81.21, C81.23, C81.33, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.77, C81.78, C81.79, C81.77, C81.78, C81.77, C81.78, C81.77, C81.78, C81.77, C81.78, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79, C81.79,
Effective \$/18/17, ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67. C67.7, C67.8, C67.9, C68.0, C68.8, 285.50, 285.51, 285.53, 285.54, 285.59 added. Effective \$/14/17, ICD-10 C61.10, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.33, C81.33, C81.36, C81.37, C81.38, C81.37, C81.38, C81.37, C81.28, C81.27, C81.74, C81.75, C81.76, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77, C81.77
C67.7, C67.8, C67.9, C68.0, C68.8, Z85.50, Z85.51, Z85.53, Z85.54, Z85.59 added. Effective 3/4/17, ICD-10 C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.78, C81.77, C81.76, C81.77, C81.78, C81.79 added. Effective 8/5/16 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01., C02.0, C02.1, C02.3, C02.4, C02.8, C02.8, C02.9, C03.0, C03.1, C03.9, C04.1, C04.4, C04.43, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C04.4, C
Effective 3/4/17, ICD-10 C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.22, C81.23, C81.24, C81.22, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.33, C81.34, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.44, C81.44, C81.44, C81.49, C81.70, C81.71, C81.73, C81.73, C81.73, C81.73, C81.73, C81.73, C81.73, C81.73, C81.74, C81.75, C81.76, C81.77, C81.76, C81.77, C81.76, C81.77, C81.78, C81.79, C81.79, C81.70, C81.71, C81.72, C81.73, C81.74, C81.48, C81.49, C81.49, C81.70, C81.71, C81.20, C92.0, C92.1, C92.3, C92.4, C92.3, C92.4, C92.8, C92.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.9, C93.0, C93.1, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93.2, C93
C81.19, C81.20, C81.21, C81.22, C81.23, C81.26, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.47, C81.48, C81.47, C81.48, C81.47, C81.76, C81.77, C81.78, C81.77, C81.78, C81.77, C81.78, C81.77, C81.78, C81.77, C81.78, C81.79, added. Effective 8/5/16 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.8, C00.9, C00.1, C02.0, C02.1, C02.3, C02.4, C02.8, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.8, C05.9, C06.0, C06.1, C06.2, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.9, C10.0, C11.1, C11.2, C11.3, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2, C11.2
C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.49, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.76, C81.77, C81.79, added. Effective 81/516 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01.7, C02.0, C02.1, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C02.1, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C01.0, C01.1, C10.2, C01.3, C01.4, C10.8, C10.9, C11.0, C11.3, C11.8, C11.1, C09.8, C09.9, C01.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C12.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.
C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.77 added. Effective 8/5/16 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01.0, C02.1, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C1 C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C12.0, C13.8, C13.9, C14.0, C13.9, C14.0, C14.10, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C30.0, C30.1, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.1, C31.2, C31.0, C31.1, C31.2, C31.1, C31.2, C31.0, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2, C31.1, C31.1, C31.1, C31.2, C31.1, C31.1, C31.1, C31.1, C31.2, C31.1, C31.1, C31.1, C31.2, C31.1, C31.1, C31.1, C31.2, C31.1, C31.1, C31.2,
C81.75, C81.76, C81.77, C81.78, C81.79 added. Effective 8/5/16 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.8, C00.9, C01., C02.0, C02.1, C02.3, C02.4, C02.8, C02.4, C02.8, C02.4, C02.8, C02.6, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C10.9, C12.0, C13.1, C13.2, C13.8, C13.9, C13.9, C14.2, C14.8, C30.0, C30.1, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.1, C31.2, C31.0, C31.2, C32.2, C32.3, C32.9, C32.9, C44.02, C44.121, C44.121, C44.122, C44.122, C44.229, C44.320, C44.321, C44.329, C44.321, C43.29, C44.321, C45.12, C45.12, C45.21, C45.22, C32.2, C32.3, C32.8, C32.9, C32.2, C33.3, C32.8, C32.9, C32.2, C33.3, C32.8, C32.9, C32.2, C33.3, C32.8, C32.9, C32.2, C33.3, C32.8, C32.9, C32.2, C33.3, C32.8, C32.9, C32.9, C32.2, C33.3, C32.8, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.9, C32.
Effective 8/5/16 ICD-10 C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.1, C07.2, C10.0, C10.1, C10.2, C10.0, C10.1, C11.0, C11.1, C11.2, C11.3, C11.8, C12.0, C13.0, C13.1, C13.2, C13.4, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C30.0, C30.1, C31.0, C31.1, C31.2, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C44.02, C44.121, C44.122, C44.129, C44.222, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 1/1/16, ICD-10 C43.0, C43.11, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43.25, C43.61, C43.59, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C43.62, C43.61, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.21, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.22, C69.31, C69.42, C69.41, C69.42, C69.21, C69.22, C69.31, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69.21, C69.21, C69.22, C69.31, C69.22, C69.31, C69.22, C69.31, C69.42, C69.41, C69.22, C69.31, C69.22, C69.31, C69.22, C69.31, C69.32, C69.41, C69.22, C69.31, C69
C02.1, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C10.1, C11.2, C11.3, C11.8, C12.2, C13.0, C13.1, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C13.2, C1
C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.8, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C1 C13.8, C13.0, C13.1, C13.2, C13.8, C13.9, C13.0, C14.0, C14.2, C14.8, C30.0, C30.1, C31.1, C31.2, C31 C31.9, C32.0, C32.1, C32.2, C32.3, C32.9, C44.02, C44.121, C44.122, C44.129, C44.222, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 11/1/6, ICD-10 C43.0, C43.11, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43.59, C43.61, C43.72, C43.72, C43.62, C43.72, C43.62, C43.72, C43.62, C43.72, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C4
C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.8, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C1 C13.8, C13.0, C13.1, C13.2, C13.8, C13.9, C13.0, C14.0, C14.2, C14.8, C30.0, C30.1, C31.1, C31.2, C31 C31.9, C32.0, C32.1, C32.2, C32.3, C32.9, C44.02, C44.121, C44.122, C44.129, C44.222, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 11/1/6, ICD-10 C43.0, C43.11, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43.59, C43.61, C43.72, C43.72, C43.62, C43.72, C43.62, C43.72, C43.62, C43.72, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C43.62, C4
C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.2, C12.8, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C30.0, C30.1, C31.0, C31.1, C31.2, C31.8, C31.9, C32.2, C32.3, C32.8, C32.9, C44.02, C44.121, C44.122, C44.122, C44.221, C44.222, C44.229, C44.321, C44.329, C44.422, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2, Z85.22, Z85.810, Z85.818, Z85.819 added Effective 1/1/16, ICD—10 C43.0, C43.11, C43.12, C43.22, C43.31, C43.3, C43.4, C43.51, C43.24, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43.25, C43
C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C30.0, C30.1, C31.0, C31.1, C31.2, C31 C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C44.02, C44.121, C44.129, C44.221 C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 1/1/16, ICD-10 C43.0, C43.12, C43.21, C43.22, C43.31, C43.39, C43.41, C43.51, C43 C43.59, C43.61, C43.62, C43.71, C43.72, C43.8, C20, C21.0, C21.1, C51.0, C51.1, C51.2, C51.8, C51. C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69.
C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C44.02, C44.121, C44.122, C44.221, C44.222, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 1/1/16, ICD—10 C43.0, C43.11, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.20, C43.51, C43.51, C43.20, C43.51, C43.51, C43.51, C43.20, C43.51, C43.51, C43.51, C43.51, C43.51, C43.51,
C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C69.51, C69.52, C69.61, C69.62, C76.0, Z85.2 Z85.22, Z85.810, Z85.818, Z85.819 added Effective 11/1/6, ICD-10 C43.72, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43 Effective 11/1/6, ICD-10 C43.72, C43.72, C43.8, C20, C21.0, C21.1, C51.0, C51.1, C51.2, C51.8, C51.1 C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69
Z85.22, Z85.810, Z85.818, Z85.819 added Effective 1/1/16, ICD10 C43.0, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43. Effective 1/1/16, ICD10 C43.0, C43.72, C43.72, C43.22, C43.31, C43.39, C43.4, C43.51, C43. C43.59, C43.61, C43.72, C43.72, C43.8, C20, C21.0, C21.1, C51.0, C51.1, C51.2, C51.8, C51. C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69
Effective 1/1/16, ICD10 C43.0, C43.11, C43.12, C43.21, C43.22, C43.31, C43.39, C43.4, C43.51, C43.59, C43.59, C43.61, C43.62, C43.71, C43.72, C43.8, C20, C21.0, C21.1, C51.0, C51.1, C51.2, C51.8, C51.1 C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69
C43.59, C43.61, C43.62, C43.71, C43.72, C43.8, C20, C21.0, C21.1, C51.0, C51.1, C51.2, C51.8, C51.1 C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69
C52, C57.7, C57.8, C57.9, C60.0, C60.1, C60.2, C60.8, C60.9, C63.01, C63.02, C63.11, C63.12, C63.2 C63.7, C63.8, C69.01, C69.02, C69.11, C69.12, C69.21, C69.22, C69.31, C69.32, C69.41, C69.42, C69
C63.7, C63.8, C69.01, C69.02, C69.11, C69.22, C69.31, C69.32, C69.41, C69.42, C69
000 50 000 04 000 00 000 000 000 000 000
C69.52, C69.61, C69.62, C69.81, C69.82, Z85.820, C33, C34.01, C34.02, C34.11, C34.12, C34.2, C34.2
C34.32, C34.81, C34.82, C34.91, C34.92 added.
Effective 1/1/16.
Minimum age of 16 years.
J9280 Mitomycin 5mg Mutamycin Yes UN Anti-neoplastic 10 per day X X X X
J9285 Injection, olaratumab, 10 Lartruvo Yes ML Anti-neoplastic None X X X X
J9290 Mitamycin 20mg Mutamycin Yes UN Anti-neoplastic 3 per day X X X X Closed. See J9280.
J3225 Windowski 2014 Mutamycin 1 Yes UN Anti-neoplastic 3 Jerusy X X X I Closed, See J3280.
J3293 Injection mitaxan-trone Navatrone Yes ML Anti-neoplastic 6 per day X X X X
HCI 5mg
J9295 Injection, necitumumab, Portrazza Yes ML Anti-neoplastic 800 units X X X X Effective 1/1/17. Restricted to ICD-10 diagnosis C34.01, C34.02, C34.11, C34.12, C34.2, C34.31, C34.
1 mg daily daily C34.81, C34.82, C34.91, C34.92, C38.4, C78.01, C78.02. Minimum age of 16 years.

Code	Description	Brand Name	NDC	NDC unit	Catagory	Service	AC	CAH	Р	NP	MW	MIL	I HS	PC	0 0	ы	Н	IDT	DC	Special Instructions
Code	Description	Dianu Name	Requir	of	Category	Limits	OP	OP	Г	NF	IVIVV	IVIT	ПЭ		الا		п	F	ьс	Special illistructions
			ed	measure		Lilling	٥.	٥.										l • I		
J9299	Injection, nivolumab, 1	Opdivo	Yes	ML	Antineoplastic	None	Х	Х	Х											Effective 2/7/17, diagnosis of ICD-10 C65.1, C65.2, C66.1, C66.2, C67.0, C67.1, C67.2, C67.3, C67.4,
	mg																			C67.5, C67.6, C67.8, C67.9, C68.0, C68.8. Effective 11/10/16, diagnosis of ICD-10 C00.0 - C00.9, C01, C02.0 - C02.9, C03.0 - C03.9, C04.0 - C04.9,
																				C05.0 - C05.9, C06.0 - C06.9, C09.0 - C09.9, C10.0 - C10.9, C12, C13.0 - C13.9, C14.0 - C14.8, C32.0 -
																				C32.9, C76.0 added.
																				Effective 5/17/16, diagnosis of ICD-10 C81.10 - C81.19, C81.20 - C81.29, C81.30 - C81.39, C81.40 - C81.49,
																				and C81.70 - C81.79 added. Effective
																				1/1/16. Restricted to diagnosis ICD-10 C00.5, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C43, C43.10, C43.11,
																				C43.12, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C.43.60,
																				C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101,
																				C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199,
																				C44.201, C44.202, C44.209, C44.21, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291,
																				C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329,
																				C44.390, C44.391, C44.399, C44.4, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609,
																				C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.701, C44.702, C44.709,
																				C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81,
																				C44.89, C44.90, C44.91, C44.92, C44.99, C64.1, C64.2, C64.9 (added 4/25/16), C4A.4, D03.0, D03.10,
																				D03.11, D03.12, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61,
																				D03.62, D03.70, D03.71, D03.72, D03.8, D03. Minimum age of 16 years.
																				will infant age of 10 years.
J9300	Gemtuzumab ozogamicin	Mylotarg	Yes	UN	Anti-neoplastic	4 per day	Х	Х	Х						-					Closed 12/31/17. See J9203 after this date.
00000	5mg	y.otarg	.00	0.1	7 and mooplessio	. po. day	,,		,,											
J9301	Injection, obinutuzumab,	Gazyva	Yes	ML	Anti-neoplastic	100 units	Х	Х	Х											Effective 10/1/2015 ICD-10 diagnosis code C91.10
	10 mg					maximum														Effective 1/1/15. Restricted to 204.10. Minimum age restriction of 16 years.
J9302	Injection, ofatumumab,	Arzerra	Yes	ML	Anti-neoplastic	dose Maximum														Effective 10/1/2015 ICD-10 diagnosis codes C91.10 - C91.12
	10 mg.				•	service limit														New code effective 1/1/11. Restricted to ICD-9 diagnosis 204.10 - 204.12. Restricted to age 18 and above.
						200 u. weekly														
J9303	Injection, panitumumab	Vectibix	Yes	ML	Anti-neoplastic	None	Х	Х	Х											New code effective 1/1/08.
	Injection pemetrexed	Alimta	Yes	UN	Anti-neoplastic	None	X	X	X											Effective 6/1/15, ICD-9 diagnosis of 146.0 - 146.8 and 195.0 added and IDC-10 daignosis of C09.0,
	10mg																			C09.1, C09.8, C09.9, C10.1, C10.2, C10.3, 10.4, C10.8 and C76.0 added. Effective
																				10/1/2015 ICD-10 diagnosis codes C33, C34.00 - C34.02, or C34.10 - C34.12
J9306	laisatian nautumusah 4	Desista	Yes	ML	Anti nonlantia	000		Х	Х				-	-		_				Restricted to ICD-9 diagnosis 162-163.9.
J9300	Injection, pertuzumab, 1	Perjeta	res	IVIL	Anti-neoplastic	900 units per 20-day period	Х	^	^											Effective 10/1/2015 ICD-10 diagnosis codes C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222,
	9					zo day poned														C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421,
																				C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619,
											1									C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912,
						[1									C50.919, C50.921, C50.922 or C50.929
																				Effective 4/1/14, change to service limit. Effective 1/1/14. Restricted to ICD-9 diagnosis of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of 16 years.
J9307	Injection, pralatrexate, 1	Folotyn	Yes	ML	Metabolic	None	Χ	Х	Х								Χ			Effective 10/1/2015 ICD-10 diagnosis codes C84.40 - C84.49
	mg.				inhibitor	[1									New code effective 1/1/11. Restricted to ICD-9 diagnosis 202.70 - 202.78. Restricted to age 18 and above.
J9308	Injection, ramucirumab, 5	Cyramza	Yes	ML	Antineoplastic	None	Х	Х	Х				+	\vdash	+	\dashv				Effective 1/1/16. Restricted to diagnosis ICD-10 C16.0 - C16.9, C18.0 - C18.9, C19, C20, C21.0 - C21.2,
1	mg				-,						1									C21.8, C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 - C34.32, or C34.80 - C34.82. Minimum age
						I .		<u> </u>	<u> </u>		<u> </u>	<u> </u>								of 16 years

<u> </u>				1,100 1/					_		T		1					-1	
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н	II ID		C Special Instructions
			Requir	of		Limits	OP	OP											
			ed	measure															
10040	Director I. 400	Ditaman	\/		A - (' l (' -	40									-			_	
	Rituximab 100mg Injection, romidepsin, 1	Rituxan Istodax	Yes Yes	ML UN	Anti-neoplastic Anti-neoplastic	10 per day None	X	X	X					<u> </u>		Х		+	Effective 10/1/2015 ICD-10 diagnosis codes C84.00 - C84.19
00010	mg.	istodax	163	014	Anti-neoplastic	None	^		^										New code effective 1/1/11. Restricted to ICD-9 diagnosis 202.10 - 202.28. Restricted to age 18 and above.
	9.																		Open to Oncology specialty for Physician provider type.
J9320	Streptozocin 1q Injection, talimogene	Zanosar	Yes	UN	Anti-neoplastic	3 per day	Χ	Χ	Χ										TOWN IN CONTRACTOR AND ADDRESS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE
J9325		Imlygic	Yes	ML	Anti-neoplastic	None	Χ	Х	Х										Effective 1/1/17. Minimum age of 16 years.
	laherparepvec, per 1 million plaque forming																		
	units																		
.19328	Injection, temozolomide,	Temodar	Yes	UN	Anti-neoplastic	none	Х	Х	Х	-			+			Х	-	+	Effective 10/1/2015 ICD-10 diagnosis codes C71.0 - C71.9
00020	1 ma	Tomodai	100	011	7 ti ti ricopiastio	Horic	^	^	^							^	•		Effective 1/1/10. Restricted to ICD=9 diagnosis 191.0 - 191.9. restrict to age 18 and above.
J9330	Injection, temsirolimus, 1	Torisel	Yes	UN	Anti-neoplastic	Limit	Χ	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2,
	mg.					removed													C66.9, C68.0, C68.1, C68.8 or C68.9
						effective,													New code effective 1/1/09. Restricted to ICD-9 code 189.0 - 189.9, advanced renal cell carcinoma, with a
						1/1/16													maximum dose of 25 mg./mL. Covered to physicians effective 1/1/09. Minimum age
10240	Thiotepa 15mg	Thioplex	Yes	UN	Anti-neoplastic	10 per day	Х	~	Х									-	of 18 years For Bone Marrow Transplants.
	Topotecan 4mg	Hycamtin	Yes	UN	Anti-neoplastic	None	X	X	X					-				+	Closed 12/31/10. See J9351 after this date.
	Injection, topotecan, 0.1	Hycamtin	Yes	UN	Anti-neoplastic	None	X	X	X							Х			Effective 10/1/2015 ICD-10 diagnosis codes C33, C34.00 - C34.02, C34.10 - C34.12, C34.2, C34.30 -
	mg.	,																	C34.32, C34.80 - C34.82, C34.90 - C34.92, C53.0, C53.1, C53.8, C53.9, C56.1, C56.2, C56.9, C57.00 -
																			C57.02, C57.10 - C57.12, C57.20 - C57.22, C57.3, C57.4, C79.60 - C79.62 or C79.82
																			New code effective 1/1/11. Restricted to ICD-9 162.0 - 162.9, 180.0 - 180.9, 183.0 - 183.9, 198.6, 198.82.
10050	Intention technologie 0.4	Manadalla	\/	1.181	A - (' l (' -	News									-			_	Restricted to ages 18 and above. Onen to Oncology specialty for Physician provider type
J9352	Injection, trabectedin, 0.1 ma	Yondelis	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 1/1/17. Restricted to ICD-10 diagnosis C49.9. Minimum age of 16 years.
	3						.,	.,											
J9354	Injection, ado-	Kadcyla	Yes	UN	Anti-neoplastic	None	Х	Х	Х										Effective 10/1/2015 ICD-10 diagnosis codes C50.011, C50.012, C50.019, C50.021, C50.022, C50.029,
	trastuzumab emtansine, 1 mg																		C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222,
	i iiig																		C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619,
																			C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912,
																			C50.919, C50.921, C50.922, C50.929, C79.10, C79.11, or C79.19
																			Effective 1/1/14. Restricted to ICD-9 diagnosis of 174.0 - 174.9 or 175.0 - 175.9. Minimum age restriction of
IOSEE	Trastuzumab 10mg	Horooptin	Yes	UN	Anti-neoplastic	220 units	Х	Х	Х									-	Service limit added, effective 10/1/15.
19333	Trastuzumab Tomg	Herceptin	165	UN	Anti-neopiastic	monthly	^	^	^										Service limit added, effective 10/1/15.
J9357	Valrubicin intravesical	Valstar	Yes	ML	Anti-neoplastic	6 per day	Х	Х	Х										
	200ma					.,,													
J9360	Vinblastine sulfate 1mg	Vinblastine	Yes	PWD=UN	Anti-neoplastic	46 per day	Χ	Х	Х										
		Sulfate		SOL=ML															
10270	Vinariation author dans	Velban	Vee	DWD LIN	Anti necolectic	7	V	V										-	
J9370	Vincristine sulfate 1mg	Oncovin Vincasar Pfs	Yes	PWD=UN SOL=ML	Anti-neoplastic	7 per day	Х	Х	Х										
J9371	Injection, vincristine	Marqibo	Yes	UN	Anti-neoplastic	None	Х	Х	Х				 	t	1		+	\top	Effective 10/1/2015 ICD-10 diagnosis codes C91.00 - C91.02, C91.10 - C91.12, C91.30 - C91.32, C91.50 -
1	sulfate liposome, 1 mg								l .	l		l	1	1					C91.52, C91.60 - C91.62, C91.91, C91.92, C91.A0 - C91.A2 or C91.Z0 - C91.Z2
																			Fffective 1/1/14 Restricted to ICD-9 diagnosis of 204.00 - 204.82 Minimum age restriction of 16 years
J9375	Vincristine sulfate 2mg	Oncovin	Yes	ML	Anti-neoplastic	4 per day	Х	Х	Х									1	Closed 12/31/10.
10200	Vinoriating auffata Far	Vincasar Pfs	V	ML	Anti nocelecti	2 par dell	Х	Х	Х				1		+	1	-	+	
J9380 J9390	Vincristine sulfate 5mg Vinorelbine tartrate 10mg	Vincasar Pfs Navelbine	Yes Yes	ML	Anti-neoplastic Anti-neoplastic	2 per day 10 per day	X	X	X	<u> </u>			1	\vdash	+	1	+	+	
33330	vinoroibine tartiate fortig	Navelbille	163	IVIL	7 ti iti-i ieopiastic	10 per day	^		^										
J9395	Injection fulvestrant	Faslodex	Yes	ML	Anti-neoplastic	20 units daily	Х	Х	Х				İ			1			Update to service limit, effective 9/9/10.
	25mg					,													•
J9400	Injection, ziv-aflibercept,	Zaltrap	Yes	ML	Anti-neoplastic	550 units bi-	Х	Х	Х									1	Effective 10/1/2015 ICD-10 diagnosis codes C18.0 - C18.9, C19, C20, C21.2 or C21.8
	1 mg					weekly		l		l		l	1	1					Effective 1/1/14. Restricted to ICD-9 diagnosis of 153.0 - 153.9, 154.0, 154.1, or 154.8. Minimum age
10600	Porfimer sodium 75mg	Photofrin	Yes	UN	Anti-neoplastic	3 per day	Х	X	X	-	1		+	1	+	1	+	-	restriction of 16 years
03000	- Griffier Soulum / Sing	i notonin	1 100	UIN	, unu-neopiasile	o per uay	^	_ ^	_ ^		1				1	-			

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	ОРН	F	H ID1		Special Instructions
	Unclassified Antineoplastics. Use only if a more specific		Yes	KIT=UN SOL=ML PWD=UN			Х	Х	Х										Refer to the list of Approved Drugs from preceding page billed with HCPCS Code J3490. Cost invoice may be required with claim form.
Q0090	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg.	Skyla	Yes	UN	Contraceptive	1 unit per 3 years	Х	Х	Х	X	Х								Closed 12/31/13. See J7301. Effective 7/1/13. Minimum age restriction of 16 years.
Q0112	All potassium hydroxide (KOH) preparations		N/A																Not covered
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg. (non-ESRD)	Feraheme	Yes	ML	Iron salt	none	X	X	X	X						Х	(X	Effective 11/1/17, ICD-10 diagnosis restriction of D63.1 added. Effective 10/1/2015 ICD-10 diagnosis codes D50.0, D50.1, D50.8, D50.9, D53.8 or D64.9 Deny if billed with ICD10 diagnosis N18.6 Effective 1/1/10. Restricted to ICD-9 diagnosis 280.0 - 280.9. Deny if billed with ICD-9 diagnosis 585.6.
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg. (ESRD use)	Feraheme	Yes	ML	Iron salt	none	Х	X	X	Х						Х	(Х	Effective 11/1/17, ICD-10 diagnosis restriction of D63.1 added. Effective 10/1/2015 ICD-10 diagnosis codes D50.0, D50.1, D50.8, D50.9, D53.8, D64.9 or N18.6 Effective 1/1/10. Restricted to ICD-9 diagnosis 280.0 - 280.9 and 585.6. Restrict to age 16 and above.
Q0144	Azithromycin dehydrate, oral, capsules/powder, 1 gram	Zithromax Zithromax Z- pak	Yes	UN					Х	Х									New code effective 1/1/08.
	Ondansetron 1 mg., oral, FDA-approved prescription anti-emetic, not to exceed a 48-hour	Zofran	N/A																Not covered.
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 substitue for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage	Compa-zine	Yes	UN		None	Х	X	X	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	P	NP	MW	МН	I HS	PC	ОРН	Н	II IDT	DC	Special Instructions
Q0165	Prochlorperazine maleate, 10mg, oral, FDA approved antiemetic, for use as a complete therapeutic substitue 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.
Q0166	Granisetron HCI, 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	Х	X									Must be billed with chemo agent.
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	Х	X									Must be billed with chemo agent.
Q0168	Dronabinol, 5mg, oral, FDA approved anti- emetic, for use as a complete therapeutic susbstitute for an IV anti- emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Marinol	Yes	UN		None	Х	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 Amergan	Yes	UN		None	Х	X	Х	X									Must be billed with chemo agent.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	НІ	IDT F	DC	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	Х									Must be billed with chemo agent.
Q0172	Chlorpromazine HCI, 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	Х	X	Х									Must be billed with chemo agent.
Q0173	Trimethobenzamide HCI, 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	Х	Х	Х	Х									Must be billed with chemo agent.

														_					
Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	OP	P	NP	MW	МН	HS	PO	ОРН	HI	F F	DC	Special Instructions
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	Х	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.
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	Vistaril	Yes	SUS=ML		None	X	X	Х	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	Vistaril	Yes	PWD=UN		None	X	X	X	X									Must be billed with chemo agent.
Q0179	Ondansetron HCI, 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.

											T		1		T ==		[
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н			Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
00100	D. 1		.,													-		-	
Q0180	Dolasetron mesylate,	Anzemet	Yes	UN		None	Х	Х	Х	Х									Must be billed with chemo agent.
	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																		
Q0181	Unspecified oral dosage		N/A		İ								1			1		T	Not covered
1	form, FDA approved anti-									ĺ									
1	emetic, for use as a						l	l		l			1			1			
	complete therapeutic																		
1	substitute for an IV anti-						l	l		l			1			1			
	emetic at the time of																		
	chemotherapy treatment,																		
	not to exceed a 48 hour																		
	dosage regimen																		
Q0511	Pharmacy supply fee for		N/A																Medicare X-over
	oral anticancer,																		
	oral antiemetic																		
Q0515	Injection, sermorelin	Geref -	N/A																Not covered
	acetate, 1 microgram	Diagnostic																	
Q2004	Irrigation solution for	Renacidin	N/A																Not covered
	treatment of bladder																		
	calculi, for example																		
Q2009	Renacidin per 500 ml Injection, fosphenytoin,	Cerebyx	N/A												1	1		+-	Not covered
	50 mg																		
Q2024	Injection, bevacizumab,						Х	Х	Х						Х				Closed 12/31/09. See J3490 for Ophthalmology .
	0.25 ma.							L.,								_		_	
Q2040	Injection, incobotulinim	Xeomin	Yes	UN	Neuromuscular	120 u. per 90	Х	Х	Х										Closed 12/31/11. See J0588. Effective 4/1/11. Restricted to ICD-9 diagnosis codes of 333.81 & 333.83.
	toxin A, 1 u.				blocker	days													Minimum age restriction of 18 years.
00010					0 " "														
Q2040	Injection, tisagenlecleucel	Kymriah	Yes	UN	Genetic therapy		Х	Х											Effective 1/1/18. Contact Kepro at 800-346-8272 for prior authorization requests.
	•																		
Q2042	Injection,	Makena	Yes	UN		250 u. weekly	Х	Х	Х	Х	Х								Closed 12/31/11. See J1725. Effective 7/1/11. Cost invoice required with claim, with letter of justification for
1	hydroxyprogesterone						l	l		l			1			1			brand over compounded generic, billed with J3490. Restricted to ICD-9 diagnosis 644.0 - 644.2. Minimum
1	caproate, 1 mg.						l	l		l			1			1			age restriction of 16 years.
00040	Cincularizat T	Descri	V	1.15.1	A mai m m =1	4 44 -1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,					-	<u> </u>	-	1	_	+	Effective 40/4/004E ICD 40 diameter and a CC4
Q2043	Sipuleucel-T, minimum of 50 million autologous	Provenge	Yes	UN	Anti-neoplastic	1 per 14 days	Х	Х	Х	l		l							Effective 10/1/2015 ICD-10 diagnosis code C61
1	cells, including all									ĺ									Effective 7/1/11. Restricted to ICD-9 diagnosis 185. Minimum age restriction of 18 years.
1	preparatory procedures,									ĺ									
1	per infusion									ĺ									
1							l	l		l			1			1			
02040	Injection of liberary 4	Evice	Vaa	ML	noovossulas	4	Х	~	-	 		 	1-	<u> </u>	~	₩	+	+	Effective 40/4/2015 ICD 40 diagnosis codes H24 944 - H24 949 - H24 949 - H25 99 - H25 94
Q2046	Injection, aflibercept 1	Eylea	Yes	IVIL	neovascular- Age related	4 units weekly	^	Х		ĺ					Х				Effective 10/1/2015 ICD-10 diagnosis codes H34.811 - H34.813, H34.819, H35.32 or H35.81 Ophthalmology physician specialty added 7/1/12. New ICD-9 diagnosis restriction of 362.83 and 362.35
1	mg.				Macular	WEEKIY	l	l		l		l							added, effective 9/21/12. Code opened 7/1/12. Restricted to ICD-9 diagnosis code of 362.52. Minimum age
					Degeneration					<u> </u>									restriction of 16 years

			ND.C		•								110						
Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	РО	ОРН	H		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
02047	Injection, peginesatide	Omontys	Yes	ML	Erythropoiesis	1												Y	Effective 10/1/2015 ICD-10 diagnosis codes D63.1 or N18.6
Q20+1	0.1 mg.	Onloneys	163	IVIL	stimulating													^	Effective 7/1/12. Restricted to ICD-9 diagnosis 285.21 and 585.6. Minimum age restriction of 16 years.
	· g·				agent														2.00.10 17 7.12 100.00.00 to 102 o alagnosis 200.21 and 000.01 11.11.11.11.11.11.11.11.11.11.11.11.11
02049	Injection, doxorubicin	Lipodox	Yes	ML	Anti-neoplastic	10 per day	Х	Х	Х									1	Effective 7/1/12.
Q2043	HCl., liposomal, 10 mg.	(imported)	163	IVIL	Anti-neoplastic	10 per day	^	^	^										Ellective 1/1/12.
	,	()																	
Q2050	Injection, doxorubicin	Doxil	Yes	ML	Anti-neoplastic	10 per day	Х	Х	Х									1	Effective 1/1/14.
	hydrochloride, liposomal,					.,,													
	not otherwise specified,																		
	10mg																		
	Injection, interferon	Rebif Avonex	Yes	UN		4 daily	Х	Х	Х	Х					1	1			For IM only.
	beta-1a, 11 mcg for intramuscular use					1									1	1			
Q3026	Injection, interferon	Rebif Avonex	N/A													1		1	Closed 7/1/05
	beta-1a, 11 mcg for																		
	subcutaneous use																		
Q4074	Iloprost, inhalation																		Not covered.
	solution, FDA-approved final product, non-																		
	compounded																		
Q4079	Injection, Natalizumab 1	Tysabri	Yes		Leukocyte														Code closed 12/31/07. See J2323 effective 1/1/08.
	mg				Adhesion														
Q4080	Iloprost inhalation	Ventavis	N/A		Inhibitor											1		+	Not Covered. Closed 12/31/09. See Q4074
Q 1000	solution administered	vontavio																	100 00101001 010000 1220 1100 1
	thru DME up to 20 mca																		
Q4081	Injection, Epoetin Alfa,	Epogen	Yes	ML		900 units 3	Х	Х	Х	Х								X	Effective 10/1/2015 ICD-10 diagnosis code N18.6
	100 units (for ESRD on dialysis)	Procrit				times weekly													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		N/A																New code 1/1/07. Not covered.
	otherwise classified, Part																		
0.4000	B drua		ļ.,.		0	1011 / /5										<u> </u>		-	
Q4083	Hyaluronan or derative, Hyalgan or Supartz, for	Hyalgan Supartz	No		Osteoarthritic	10 injection (5 per knee) per													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.
	intra-articular injection	Supartz				170 rolling													37321 enecuve 1/1/00.
	per dose					days													
Q4084	Hyaluronan or derivative,	Synvisc	No		Osteoarthritic	6 injections (3													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See
	Synvisc, for intra-articular injection, per dose					per knee) per 170 rolling													J7322 effective 1/1/08.
	injection, per dose					170 rolling days									1	1			
Q4085	Hyaluronan or derivative,	Euflexxa	No		Osteoarthritic	10 injection (5													Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See
	Euflexxa, for intra-					per knee) per													J7323 effective 1/1/08.
	articular injection, per					170 rolling													
Q4086	Hyaluronan or derivative,	Orthovisc	No		Osteoarthritic	8 injections (4									t	t	+	1	Code closed 12/31/07. Claims will deny when billed with Q code with dates of service after 12/31/07. See
	Orthovisc, for intra-					per knee) per													J7324 effective 1/1/08.
	articular injections, per					170 rolling									1	1			
Q4087	dose Octagam injection -		N/A			davs		<u> </u>	\vdash				 		+	1	+	-	New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1568 effective 1/1/08.
Q4U87	injection , immune		IN/A			1									1	1			Thew code effective 7/1/07, Not covered. Code closed effective 12/31/07. See J1008 effective 1/1/08.
	globulin,(Octagam) IV,					1													
	non-lyophilized (i.e.,					1													
	liquid) 500mg		l				l		1				1	l	1	1	1	1	

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	OPH	н	IDT F	DC	Special Instructions
Q4088	Gammagard Liquid		N/A																New code effective 7/1/07. Not covered. Code closed effective 12/31/07. See J1569 effective 1/1/08.
	Injection - Injection,immune globulin (Gammagard Liquid), IV, non-lyophilized (e.e., liquid), 500mg.																		
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 Q0489. If other products under the Food and Drug Administration (FDA) approval for Rhophylac become available, Q4089 would be used to bill for such		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.
	Fiebogamma Injection - Injection, immune globulin (Flebogamma), IV, non-lypohilized (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.
	Gamunex Injection - Injection, immune globulin (Gamunex), IV, non-lypohilized (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.
Q4093	Albuterol, all formulations including separated isomers, inhaltion 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.

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	н	IDT F	DC	Special Instructions
	Albuterol, all formulations including separated isomers, inhaltion 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	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,	Infed	Yes	ML	Iron salt	None	Х	Х	Х	Х									New code. Opened 7/1/08. Closed 12/31/08. See J1750 after 1/1/09.
Q4100	50 ma. Skin substitute, NOS	N/A	No			None	Х	Х	Х					Х					Requires description of skin substitute on claim form, requires cost invoice with claim form, add to edit 162
Q4102	Skin substitute, Oasis Wound Matrix, per sq.	N/A	No			None	Х	Х	Х					Х					Replaces J7341.
Q4103	Skin substitute, Oasis Burn Matrix, per sq. cm.	N/A	No			None	Х	Х	Х					Х					Replaces J7341.
Q4107	Skin substitute, Graft Jacket, per sq. cm.	N/A	No			None	Х	Х	Х					Х					
Q4108	Skin substitute, Integra	N/A	No			None	Х	Х	Х					Х					Replaces J7347.
Q4109	Matrix, per sq. cm. Skin substitute, Tissuemend, per sq. cm.	N/A	No			None	Х	Х	Х					Х					Replaces J7348.
Q4110	Skin substitute, Primatrix, per sq. cm.	N/A	No			None	Х	Х	Х					Х					Replaces J7349.
Q4111	Skin substitute, GammaGraft, per sq.	N/A	No			None	Х	Х	Х					Х					
Q4112	Allograft, Cmyetra, injectable, 1 cc.	N/A	No			None	Х	Χ	Х					Х					Replaces J7346.
Q4113	Allograft, GRAFTJACKET express, injectable, 1 cc.	N/A	No			None	Х	Х	Х					Х					Replaces J7346.
Q4114	Integra flowable wound matrix, injectable, 1 cc.	N/A	No			None	Х	Х	Х					Х					
Q4121	Theraskin, per sq. cm.	N/A	No			None	Х	Х	Х					Х					Effective 7/1/15. Covered to ASC, effective 7/1/15. Restricted to physician specialties of Podiatrist and Podiatric Surgeon, General Surgeon, Plastic Surgeon, and Dermatologist.
Q5101	Injection, filgrastim G- CSF, biosimiliar, 1 mg.	Zarxio	Yes			1500 units daily	Х	Х	Х										Effective 10/1/15.

Code	Description	Brand Name	Requir	NDC unit	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	РО	OPH	НІ	IDT F	DC	Special Instructions
			ed	measure															
Q5102	Infliximab, bio-similar, 10 mg.	Inflectra	Yes				Х	Х	Х										Effective 1/1/17.
Q9951	Low osmolar contrast material, 400 mg/.ml or greater,iodine concentration per ml		No		Diagnostic agent Radio-		Х	Х	Х								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	No		Diagnostic agent Radio- pharmaceutical		X	Х									Х		Closed. 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-		Х	Х	Х								Х		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-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9955	Injection, perflexane lipid microsphere, per ml		No		Diagnostic agent Radio-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9956	Injection octafluoropropane microspheres, per ml	Optison	No		Diagnostic agent Radio-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9957	Injection , perfluitren lipid microspheres, per ml	Definity	Yes		Diagnostic agent Radio-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed. Cardiology specialty added as covered provider, effective 1/1/09.
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Cystografin Reno-30 Cystografin Hypaque Cysto-Conray	No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								Х		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	, must at	No		Diagnostic agent Radio-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed

Code	Description	Brand Name	NDC	NDC unit	Category	Service	AC	CAH	Р	NP	MW	МН	HS	PC	OPH	HI	IDT	DC	Special Instructions
	,		Requir ed	of measure		Limits	OP	OP									F		
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Conray 43	No		Diagnostic agent Radio-		Х	Х	Х								Х		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	No		Diagnostic agent Radio-		Х	Х	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-		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Gastrografin Sinografin Renocal-76 Hypaque Md-76R Md	No		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								X		Paper-ClaimSend-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-		Х	Х	х								Х		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		Х	Х	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9966	Low osmolar contrast material, 200-299 MG/ML lodine Concentration, Per ML		No		Diagnostic agent Radio- pharmaceutical		Х	X	Х								Х		Paper Claim. Send copy of the invoice which includes the NDC billed
Q9967	Low osmolar contrast material, 300-399 MG/ML lodine Concentration, Per ML		Yes		Diagnostic agent Radio- pharmaceutical		Х	Х	Х								х		Effective 6/1/17, claim must be submitted with NDC participating in federal rebate program. Paper Claim. Send copy of the invoice which includes the NDC billed
Q9968	Injection, non- radioactive, non-contrast, visualization adjunct																		Not covered.
Q9970	Injection, ferric carboxymaltose, 750 mg./15 ml.	Injectafer	Yes	ML	Iron therapy	None	Х	Х	Х										Closed 12/31/14. See J1439 after this date. Effective 7/1/14. Cost invoice with NDC required with claim. Restricted to ICD-9 diagnosis of 280.1 - 280.9. Minimum age restriction of 16 years.

									-						T				
Code	Description	Brand Name	NDC	NDC unit	Category	Service Limits	AC OP	CAH	Р	NP	MW	МН	HS	РО	OPH	Н	II ID		C Special Instructions
			Requir ed	of		Limits	OP	OP										•	
			ea	measure															
Q9974	Injection, morphine	Duramorph	yes	ML	Analgesic	None	Х	Х	Х							1			Closed 12/31/14. See J2274 after this date. Effective 7/1/14. Cannot be billed with J2271 or J2275 for
Q 007 .	sulfate, preservative-free	Daramorph	,00		narcotic	110110	^`	, ,	,,										same DOS.
	for epidural or intrathecal																		
	use, 10mg																		
09975	Injection, factor viii, fc	Eloctate	Yes	IU	Anti-hemophilic		Х	Х	Y							1		-	Closed 12/31/15. See J7205 after this date.
Q0070	fusion protein,	Liodidio	100	10	7 tha Homophilio		^	^	^										Effective 10/1/2015 ICD-10 diagnosis code D66
	(recombinant), per IU																		Effective 4/1/15. Restricted to ICD-9 diagnosis of 286.0 Minimum age restriction of 2 years.
	, , ,																		
Q9979	Injection, alemtuzumab 1	Lemtrada	Yes	ML	Anti-schlerotic	None	Х	Х	Х										Closed 12/31/15. See J0202 after this date. Effective 10/1/2015. Restricted to diagnosis ICD-10 G35.
	mg.																		Minimum age restriction of 17 years.
09984	Levonorgetrel-releasing	Kyleena	Yes	EA	Contraceptive	Once in five	Х	Х	Х	Х	Х							+	Closed 12/31/17. See J7296 after this date. Effective 7/1/17.
4000.	IUD contraceptive, 19.5	ryioona			Commucoparo	years	^`	, ,	,,	, ,	,,								Closed 12/01/11. Cos of 250 diter this date. Elicotive 1/1/11.
	mg.					,													
Q9989	Ustekinumab 10 mg. IV	Stelara	Yes	ML	Antipsoriatic	None	Х	Х	Х									+	Closed 12/31/17. See J3358 after this date. Effective 7/1/17. Restricted to ICD-10 L30.5, L40.0 - L40.4.
	injection																		L40.50 - L40.54, L40.59, L40.8, L40.9, L41.0, L41.1, L41.3 - L41.5, L41.8, L41.9, L42, L44.0, L44.8, L45 or
	•																		L94.5.
S0012	Butorphanol tartrate,		N/A															+	Not covered.
00012	nasal spray, 25 mg.		IN/A																Not covered.
	Tacrine HCl, 10 mg.		N/A																Not covered.
S0017	Injection, aminocaproic		N/A		Hemorrhage														Not Covered
S0020	acid Injection, bupivicaine		N/A		Anesthetic										-	1		-	Not Covered
30020	hydro		IN/A		Allestrietic														Not Covered
S0021	Injection, cefoperazone		N/A		Antibiotic														Not Covered
	sod																		
S0023	Injection, cimetidine		N/A		Anti-Ulcer														Not Covered
S0028	hvdroc Injection, famotidine, 20		N/A		Preparation Anti-Ulcer									-	1	\vdash		+	Not Covered
00020	mg		1.07.		Preparation														1.00.000
	Injection, metronidazole		N/A		Anti-protoxoal														Not Covered
S0032	Injection, nafcillin sodium		N/A		Penicillin-			l		l		l	1	1		1			Not Covered
S0034	Injection, ofloxacin, 400		N/A		Antibiotic Quinolone-							-	+	\vdash	+	\vdash	-	+	Not Covered
00004	ma		14/7		Antibiotic							l		1					1.00.000
S0039	Injection,		N/A		Sulfa - Antibiotic														Not Covered
00045	sulfamethoxazole												1	<u> </u>	1	<u> </u>	_	_	10.00
S0040	Injection, ticarcillin disod		N/A		Penicillin-							l	1	1					Not Covered
S0073	Injection, aztreonam, 500		N/A		Antibiotic Betalactam-								1		1	1	+	+	Not Covered
50070	ma		14//	<u> </u>	Antibiotic									<u></u>		L			
S0074	Injection, cefotetan		N/A		Cephalosporin-													Т	Not Covered
00077	disodiu		N1/A		Antibiotic								1	<u> </u>		₽-	_	-	Not Owned
S0077	Injection, clindamycin phosp		N/A		Lincosamide- Antibiotic							l	1	1					Not Covered
S0078	Injection, fosphenytoin		N/A		Anticonvulsant								1		1	1		+	Not Covered
	sodi																		
S0080	Injection, pentamidine		N/A		Antiprotozoal	· · · · · ·												1	Not Covered
S0081	iseth Injection, piperacillin sodi		N/A		Penicillin-								+	1	-	-		+	Not Covered
30001	mjection, piperaciiiin sodi		IN/M		Antibiotic			l		l		l	1	1		1			INOL OUVOIGU
S0088	Imatinib 100 mg		N/A		Leukemia												上	1	Not Covered
	Sildenafil citrate, 25 mg		N/A		Impotency														Not Covered
_	·	·			·	·		_	_	_	_		_			_		_	

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	Р	NP	MW	МН	HS	PO	ОРН	НІ	IDT F	DC	Special Instructions
S0091	Granisetron 1mg		N/A		Antiemetic/ Antivertigo														Not Covered
20002	Hydromorphone 250 mg		N/A		Agents Narcotic				-										Not Covered
	Morphine 500 mg		N/A		Narcotic														Not Covered
S0104	Zidovudine, oral, 100 mg		N/A		HIV- Antiviral														Not Covered
	Bupropion HCL SR 60 tablets		N/A		Anti-Smoking														Not Covered
S0108			N/A		Leukemia														Not Covered
	Methadone oral 5mg Tretinoin topical 5 g		Yes N/A	EA	Narcotic	20 units daily													Effective 7/1/17. Covered entities are Mental Health Clinic & Mental Health Rehabilitation. Not Covered
	Inj menotropins 75 iu		N/A N/A		Acne Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0126	Inj follitropin alfa 75 iu		N/A		Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0128	Inj follitropin beta 75 iu		N/A		Follicle Stim /Lutenizing Homones														Not Covered. Code closed effective 12/31/07.
S0132	Inj ganirelix acetat 250 mcg		N/A		LHRH (GNRH) Antagonist, Pituitary														Not Covered. Code closed effective 12/31/07.
	Clozapine, 25 mg		N/A		Atypical Antipsychotic														Not Covered
	Didanosine, 25 mg		N/A		HIV- Antiviral														Not Covered
	Finasteride, 5 mg		N/A		Prostatic Hypertrophy														Not Covered
	Minoxidil, 10 mg		N/A		Anti hypertensive														Not Covered
S0140	Saguinavir, 200 mg Zalcitabine, 0.375 mg ,		N/A N/A		HIV Antiviral HIV- Antiviral														Not Covered Not Covered
	Colistimethate inh sol mg		N/A		Polymyxin- Antibiotic														Not Covered
	Aztreonam, inh sol gram		N/A		Betalactam- Antibiotic														Not Covered
	2A/180		N/A		Hepatitis C														Not Covered
	Peg interferon alfa- 2b/10		N/A		Hepatitis C														Not Covered
	Alglucosidase alfa 20 mg		N/A		Enzyme Replacement														Not Covered. Code closed effective 12/31/07.
	Sterile dilutant for epoprostenol, 50 ml		N/A		Diluent Solutions														Not Covered. Code closed effective 12/31/07.
S0156	Exemestane, 25 mg		N/A		Antineoplastic														Not Covered. Code closed effective 12/31/07.
S0157	Becaplermin gel 1%, 0.5 gm		N/A		Diabetic Ulcer Preparations														Not Covered. Code closed effective 12/31/07.
	Dextroamphetamine		N/A		ADHD, Narcolepsy														Not Covered
S0161	Calcitrol		N/A		Vitamin D														Not Covered

Code	Description	Brand Name	NDC Requir ed	NDC unit of measure	Category	Service Limits	AC OP	CAH OP	P	NP	MW	МН	HS	PO	ОРН	Н	I IDT F	Special Instructions
S0162	Injection efalizumab		N/A		Psoriasis													Not Covered
	Injection pantroprazole		N/A		Gastric Reflux, Esophogitis													Not Covered
S0166	Inj olanzapine 2.5mg		N/A		Atypical Antipsychotic													Not Covered
S0170	Anastrozole 1 mg		N/A		Antineoplastic													Not Covered
S0171	Bumetanide 0.5 mg		N/A		Loop Diuretics													Not Covered
S0172	Chlorambucil 2 mg		N/A		Alkylating Agents													Not Covered. Code closed effective 12/31/07.
S0174	Dolasetron 50 mg		N/A		Antiemetic/ Antivertigo Agents													Not Covered. Code closed effective 12/31/07.
S0175	Flutamide 125 mg		N/A		Antiandrogenic Agent													Not Covered. Code closed effective 12/31/07.
S0176	Hydroxyurea 500 mg		N/A		Alkylating Agents													Not Covered. Code closed effective 12/31/07.
S0177	Levamisole 50 mg		N/A															Not Covered. Code closed effective 12/31/07.
S0178	Lomustine 10 mg		N/A		Alkylating Agents													Not Covered. Code closed effective 12/31/07.
S0179	Megestrol 20 mg		N/A		Appetite Stim. For Anorexia													Not Covered. Code closed effective 12/31/07.
S0180	Etonogestrel implant system		N/A		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		N/A		Antiemetic/ Antivertigo Agents													Not Covered. Code closed effective 12/31/07.
S0182	Procarbazine 5 mg		N/A		Antineoplastic													Not Covered. Code closed effective 12/31/07.
S0183	Prochlorperazine 5 mg		N/A		Antiemetic/ Antivertigo Agents													Not Covered. Code closed effective 12/31/07.
	Tamoxifen 10 mg		N/A		Selective Estrogen Receptor Modulators													Not Covered. Code closed effective 12/31/07.
	Testosterone pellet 75 mg		N/A		Androgenic Agent													Not Covered. Code closed effective 12/31/07.
S0190	Mifepristone, oral, 200 mg	Mifeprex	Yes		Abortifacient, Progesterone Receptor Antagonist				Х									

Code	Description	Brand Name		NDC unit	Category	Service		CAH	Р	NP	MW	МН	HS	РО	OPH	HI		DC	Special Instructions
			Requir	of		Limits	OP	OP									F		
			ed	measure															
S0191	Misoprostol, oral, 200	Cytotec	Yes		Anti-Ulcer				Х										
	mcg				Prep/Abortifacie														
	_				nt														
S0196	Poly-I-lactic acid 1ml face		N/A																Not Covered
																	_		
S4989	Contracept IUD		N/A		IUD														Not Covered
C 4000	Nicotine notebas langual		N/A		Contraceptive														Net Covered
54990	Nicotine patches, legend		N/A																Not Covered
S4991	Nicotine patches,		N/A		Anti-Smoking												+		Not Covered
	nonleaend				cig														
S4993	Contraceptive pills for bc		N/A		Oral					T						1			Not Covered
					Contraceptive														
S4995	Smoking cessation gum		N/A		Anti-Smoking														Not Covered
S5000	Prescription drug,		N/A		IV Fluid														Not Covered
05001	generic		N.//A		0.451.11												-		
\$5001	Prescription drug,brand		N/A		IV Fluid														Not Covered
S5010	name 5% dextrose and 45%		N/A		IV Fluid											-	+		Not Covered
33010	normal saline, 1000 ml		IN/A		IV Fluid														Not Covered
S5011	5% dextrose in lactated		N/A		IV Fluid														Not Covered
00011	ringer's, 1000 ml		1,071																100 0010100
S5012	5% dextrose with		N/A		IV Fluid														Not Covered
	potassium chloride, 1000																		
	ml																		
S5013	5% dextrose/45% normal		N/A		IV Fluid														Not Covered
	saline with potassium																		
	chloride and magnesium																		
	sulfate, 1000 ml																		
S5014	5% dextrose/45% normal		N/A		IV Fluid														Not Covered
	saline with potassium																		
	chloride and magnesium																		
	sulfate, 1500 ml																		
0					5:1.										1		-	<u> </u>	
	Insulin rapid 5 u	-	N/A N/A	-	Diabetes Diabetes			\vdash	-+				\vdash		!	<u> </u>	+	\vdash	Not Covered
	Insulin most rapid 5 u Insulin intermed 5 u		N/A N/A		Diabetes Diabetes										1		-		Not Covered Not Covered
	Insulin lintermed 5 u		N/A		Diabetes				\dashv						†		1	\vdash	Not Covered Not Covered
	Insulin cartridge 150 u		N/A		Diabetes										1				Not Covered
	Insulin cartridge 300 u		N/A		Diabetes														Not Covered
*ACOP	Acute Care Outpatient Hosp	oital																	
*CAHOP *P - Phy	- Critical Access Outpatient	t Hospital																	
*NP - Nu	rse Practitioner																		
*MW - M	idwife							•											
	ental Health/Rehabilitation																		
*PO - Po	mophilia Services																		
	phthalmologist																		
*HI - Ho	ne IV Infusion																		
*IDTF - I	ndependent Diagnostic Trea	tment Facility																	
ט - טומו	ysis Center																		