

**NEW YORK STATE  
MEDICAID PROGRAM**

**PHYSICIAN – PROCEDURE CODES**

**SECTION 3 - DRUGS and  
DRUG ADMINISTRATION**

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## GENERAL RULES AND INFORMATION

1. **BY REPORT:** A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service. Additional items which may be included are: complexity of symptoms, final diagnosis, pertinent physical findings (such as size, locations, and number of lesions(s), if appropriate), diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care.

When the value of a procedure is to be determined "By Report" (BR), information concerning the nature, extent and need for the procedure or service must be furnished in addition to the time, skill and equipment necessitated. Appropriate documentation (eg, procedure description, itemized invoices, etc.) should accompany all claims submitted.

Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.

2. **PRIOR APPROVAL:** Payment for those listed procedures where the MMIS code number is underlined is dependent upon obtaining the approval of the Department of Health prior to performance of the procedure. If such prior approval is not obtained, no reimbursement will be made.
3. **REIMBURSEMENT FOR DRUGS:** (including vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**NOTE:** The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert acquisition cost per dose in amount charged field on claim form. For codes listed as BR in the Fee Schedule, also attach an itemized invoice to claim form.

4. **INJECTIONS:** are usually given in conjunction with a medical service. When an injection is the only service performed, a minimal service may be listed in addition to the injection.
5. **SEPARATE SERVICE:** If a significantly separately identifiable Evaluation and Management services (eg, office service, preventative medicine services) is performed, the appropriate E/M code should be reported in addition to the vaccine and toxoid codes.

6. **FAMILY PLANNING CARE:** In accordance with approval received by the State Director of the Budget, effective July 1, 1973 in the Medicaid Program, all family planning services are to be reported on claims using appropriate MMIS code numbers listed in this fee schedule in combination with modifier '-FP'

This reporting procedure will assure to New York State the higher level of federal reimbursement which is available when family planning services are provided to Medicaid patients (90% instead of 50% for other medical care). It will also provide the means to document conformity with mandated federal requirements on provision of family planning services.

7. **PAYMENT IN FULL:** Fees paid in accordance with the allowances in the Physician Fee Schedule shall be considered full payment for services rendered. No additional charge shall be made by a physician.
8. **FEES:** The fees **are** listed in the Physician-Drugs and Drug Administration Fee Schedule, available at <http://www.emedny.org/ProviderManuals/Physician/index.html>

## MMIS DRUG MODIFIERS

Under certain circumstances, the procedure code identifying a specific procedure or service must be expanded by two additional characters to further define or explain the nature of the procedure.

The circumstances under which such further description is required are detailed below along with the appropriate modifiers to be added to the basic code when the particular circumstance applies.

If more than one modifier is required, the "multiple modifier" code should be added to the basic procedure code number and other applicable modifiers shall be listed as part of the service description

**-AQ:** Services provided in a Health Professional Shortage Area (HPSA): For dates of service on or after January 1, 2006, 'AQ' replaces two (2) existing modifiers, QB and QU, for physician services provided in HPSAs.

**-EP:** Child/Teen Health Program (EPSDT Program): Service provided as part of the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program or Child/Teen Health Program will be identified by adding the modifier -EP to the usual procedure number. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)

**-FP:** Service Provided as Part of Family Planning Program: All Family Planning Services will be identified by adding the modifier -FP to the usual procedure code number. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)

**-SL:** State Supplied Vaccine: (Used to identify administration of vaccine supplied by the Vaccine for Children's Program (VFC) for children under 19 years of age). When administering vaccine supplied by the state (VFC program), you **must** append modifier –SL State Supplied Vaccine to the procedure code number representing the vaccine administered. Omission of this modifier on claims for recipients under 19 years of age will cause your claim to deny. (Reimbursement will not exceed \$17.85, the administration fee for the VFC program.)

## DRUGS

### IMMUNE GLOBULINS

Immune globulin products listed here include broad-spectrum and anti-infective immune globulins, antitoxins, and various isoantibodies.

(For allergy testing, allergy vaccines and venom proteins, see Allergy and Clinical Immunology, Section 2-Medicine).

- 90281 Immune globulin (Ig), human, for intramuscular use
- 90283 Immune globulin (IgIV), human, for intravenous use
- 90284 Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
- 90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use  
**(BR)**
- 90371 Hepatitis B immune globulin (HBIG), human, for intramuscular use
- 90375 Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use
- 90376 Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use **(BR)**
- 90379 Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
- 90384 Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use
- 90385 Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use
- 90386 Rho(D) immune globulin (RhIGIV), human, for intravenous use
- 90389 Tetanus immune globulin (TIG), human, for intramuscular use
- 90393 Vaccinia immune globulin, human, for intramuscular use **(BR)**
- 90396 Varicella-zoster immune globulin, human, for intramuscular use
- 90399 Unlisted immune globulin **(BR)**

### VACCINES, TOXOIDS

For dates of service on or after 7/1/03 when immunization materials are supplied by the Vaccine for Children Program (VFC), bill using the procedure code that represents the immunization(s) administered and **append modifier –SL State Supplied Vaccine** to receive the VFC administration fee. See Modifier Section for further information.

**NOTE:** The maximum fees for immunization injection codes are adjusted periodically by the State to reflect the current acquisition cost of the antigen. For immunizations not supplied by the VFC Program insert acquisition cost per dose plus a two dollar (\$2.00) administration fee in amount charged field on claim form. For codes listed **BR/Report required**, also attach itemized invoice to claim form.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported with modifier -SL. Multiple codes for a particular vaccine are provided in CPT when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

Separate codes are available for combination vaccines (eg, DTP-Hib, DtaP-Hib, HepB-Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the Unlisted procedure code should be reported, until a new code becomes available.

- 90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
- 90586 Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
- 90632 Hepatitis A vaccine, adult dosage, for intramuscular use
- 90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
- 90636 Hepatitis A and hepatitis B vaccine (HEPA– HEPB), adult dose, for intramuscular use
- 90645 Hemophilus influenza B vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
- 90646 Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
- 90647 Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
- 90648 Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
- 90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
- 90655 Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
- 90656 Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
- 90657 Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
- 90658 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
- 90660 Influenza virus vaccine, live, for intranasal use
- 90665 Lyme disease vaccine, adult dosage, for intramuscular use
- 90669 Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use
- 90675 Rabies vaccine, for intramuscular use
- 90676 Rabies vaccine, for intradermal use
- 90680 Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
- 90681** Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
- 90690 Typhoid vaccine, live, oral
- 90691 Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
- 90692 Typhoid vaccine, heat-and phenol-inactivated (H-P), for subcutaneous or intradermal use
- 90696** Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use

- 90698 Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP – Hib - IPV), for intramuscular use
- 90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
- 90701 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
- 90702 Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use
- 90703 Tetanus toxoid absorbed, for intramuscular use
- 90704 Mumps virus vaccine, live, for subcutaneous use
- 90705 Measles virus vaccine, live, for subcutaneous use
- 90706 Rubella virus vaccine, live, for subcutaneous use
- 90707 Measles, Mumps and Rubella virus vaccine (MMR), live, for subcutaneous use
- 90708 Measles and Rubella virus vaccine, live, for subcutaneous use
- 90710 Measles, Mumps, Rubella, and Varicella vaccine (MMRV), live, for subcutaneous use
- 90712 Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
- 90713 Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
- 90714 Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
- 90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
- 90716 Varicella virus vaccine, live, for subcutaneous use
- 90717 Yellow fever vaccine, live, for subcutaneous use
- 90718 Tetanus and diphtheria toxoids (Td) absorbed when administered to individuals 7 years or older, for intramuscular use
- 90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
- 90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
- 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
- 90725 Cholera vaccine for injectable use
- 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
- 90733 Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use
- 90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
- 90735 Japanese encephalitis virus vaccine, for subcutaneous use
- 90736 Zoster (shingles) vaccine, live, for subcutaneous injection
- 90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use
- 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
- 90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use



- 90744 Hepatitis B vaccine, pediatric/adolescent dosage, (3 dose schedule) for intramuscular use
- 90746 Hepatitis B vaccine, adult dose, for intramuscular use
- 90747 dialysis or immunosuppressed patient, dosage (4 dose schedule), for intramuscular use
- 90748 Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
- 90749 Unlisted vaccine/toxoid **(BR)**

### **HYDRATION, THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS (EXCLUDES CHEMOTHERAPY)**

Physician work related to hydration, injection, and infusion services predominantly involves affirmation of treatment plan and direct supervision of staff.

If a significant separately identifiable Evaluation and Management service is performed, the appropriate E/M service code should be reported using modifier '25' in addition to 96360-96549. For same day E/M service a different diagnosis is not required.

If performed to facilitate the infusion or injection, the following services are included and are not reported separately:

- a. Use of local anesthesia
- b. IV start
- c. Access to indwelling IV, subcutaneous catheter or port
- d. Flush at conclusion of infusion
- e. Standard tubing, syringes, and supplies

(For declotting a catheter or port, see 36593)

When multiple drugs are administered, report the service(s) and the specific materials or drugs for each.

When administering multiple infusions, injections or combinations, only one "initial" service code should be reported, unless protocol requires that two separate IV sites must be used. The "initial" code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported (eg, the first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code). When reporting codes for which infusion time is a factor, use the actual time over which the infusion is administered.

### **HYDRATION**

Codes 96360-96361 are intended to report a hydration IV infusion to consist of a pre-packaged fluid and electrolytes (eg, normal saline, D5-1/2 normal saline+30mEq KCL/liter), but are not used to report infusion of drugs or other substances. Hydration IV infusions typically require direct physician supervision for purposes of consent, safety oversight, or intraservice supervision of staff. Typically such infusions require little special handling to prepare or dispose of, and staff that administer these do not typically require advanced practice training. After initial set-up, infusion typically entails little patient risk and thus little monitoring.

- 96360** Intravenous infusion, hydration; initial, 31minutes to 1 hour  
(Do not report 96360 if performed as a concurrent infusion service)  
(Do not report intravenous infusion for hydration of 30 minutes or less)
- 96361** each additional hour  
(List separately in addition to primary procedure)  
(Use 96361 in conjunction with 96360)  
(Report 96361 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)  
(Report 96361 to identify hydration if provided as a secondary or subsequent service after a different initial service [96360, 96365, 96374, 96409, 96413] is administered through the same IV access)

**THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS  
(EXCLUDES CHEMOTHERAPY)**

A therapeutic, prophylactic or diagnosis IV infusion or injection (other than hydration) is for the administration of substances/drugs. The fluid used to administer the drug(s) is incidental hydration and is not separately reportable. These services typically require direct physician supervision for any or all purposes of patient assessment, provision of consent, safety oversight and intra-service supervision of staff. Typically such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion.

These codes are not intended to be reported by the physician in the facility setting.

(Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure [eg, administration of contrast material for a diagnostic imaging study])

- 96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug);initial, up to 1 hour
- 96366** each additional hour  
(List separately in addition to primary procedure)  
(Report 96366 in conjunction with 96365, 96367)  
(Report 96366 for additional hour[s] of sequential infusion)  
(Report 96366 for infusion intervals of greater than 30minutes beyond 1 hour increments)
- 96367** additional sequential infusion, up to 1 hour  
(List separately in addition to primary procedure)  
(Report 96367 in conjunction with 96365, 96374, 96409, 96413 if provided as a secondary or subsequent service after a different initial service is administered through the same IV access, Report 96367 only once per sequential infusion of same infusate mix)

- 96368** concurrent infusion  
(List separately in addition to primary procedure)  
(Report 96368 only once per encounter)  
(Report 96368 in conjunction with 96365, 96366, 96413, 96415, 96416)
- 96369** Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)  
(For infusions of 15 minutes or less, use 96372)
- 96370** each additional hour  
(List separately in addition to primary procedure)  
(Use 96370 in conjunction with 96369)  
(Use 96370 for infusion intervals of greater than 30 minutes beyond 1 hour increments)
- 96371** additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to primary procedure)  
(Use 96371 in conjunction with 96369)  
(Use 96369, 96371 only once per encounter)
- J3490** Unclassified drugs (**BR**)

### **DRUGS ADMINISTERED OTHER THAN ORAL METHOD**

#### **THERAPEUTIC INJECTIONS**

The following list of drugs can be injected either subcutaneous, intramuscular or intravenous. A listing of chemotherapy drugs can be found in the Chemotherapy Drug Section.

New York State Medicaid's policy for coverage of drugs administered by subcutaneous, intramuscular or intravenous methods in the physician's office is as follows: These drugs are covered for FDA approved indications and those recognized off-label indications listed in the drug compendia (the American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, the DrugDex information system or Facts and Comparisons). In the absence of such a recognized indication, an approved Institutional Review Board (IRB) protocol would be required with documentation maintained in the patient's clinical file. Drugs are not covered for investigational or experimental use.

- J0129 Abatacept, 10 mg  
J0135 Adalimumab, 20 mg  
J0150 Adenosine, for therapeutic use, 6 mg  
(Not to be used to report any adenosine phosphate compounds, instead use unlisted code)
- J0170 Adrenalin, epinephrine, up to 1 ml ampule  
J0180 Agalsidase beta, 1 mg  
J0205 Alglucerase, per 10 units  
J0207 Amifostine, 500 mg  
J0210 Methyldopate HCl, up to 250 mg

J0215	Alefacept, 0.5 mg
J0220	Aglucosidase alfa, 10 mg
J0256	Alpha 1-proteinase inhibitor-human, 10 mg
<u>J0270</u>	Alprostadil, per 1.25 mcg (Administered under direct physician supervision, not for self-administration)
<u>J0275</u>	Alprostadil urethral suppository (Administered under direct physician supervision, not for self-administration)
J0280	Aminophyllin, up to 250 mg
J0290	Ampicillin sodium, 500 mg
J0295	Ampicillin sodium/sulbactam sodium, per 1.5 g
J0300	Amobarbital, up to 125 mg
J0360	Hydralazine HCl, up to 20 mg
J0364	Apomorphine hydrochloride, 1 mg
J0380	Metaraminol bitartrate, per 10 mg
J0390	Chloroquine HCl, up to 250 mg
J0400	Aripiprazole, intramuscular, 0.25 mg
J0456	Azithromycin, 500 mg
J0460	Atropine sulfate, up to 0.3 mg
J0470	Dimercaprol, per 100 mg
J0475	Baclofen, 10 mg <b>(Vendor invoice &amp; Report required)</b>
J0500	Dicyclomine HCl, up to 20 mg
J0515	Benztropine mesylate, per 1 mg
J0520	Bethanechol chloride, Mytonachol or Urecholine, up to 5 mg
J0530	Penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	Penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	Penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0560	Penicillin G benzathine, up to 600,000 units
J0570	Penicillin G benzathine, up to 1,200,000 units
J0580	Penicillin G benzathine, up to 2,400,000 units
J0585	Botulinum toxin type A, per unit <b>(Bill per each 100 units)</b>
J0587	Botulinum toxin type B, per 100 units <b>(Bill per each 500 units)</b>
J0600	Edetate calcium disodium, up to 1000 mg
J0610	Calcium gluconate, per 10 ml
J0620	Calcium glycerophosphate and calcium lactate, per 10 ml
J0630	Calcitonin salmon, up to 400 units
J0636	Calcitrol, 0.1 mcg
J0640	Leucovorin calcium, per 50 mg
J0690	Cefazolin sodium, 500 mg
J0694	Cefoxitin sodium, 1 g
J0696	Ceftriaxone sodium, per 250 mg
J0697	Sterile cefuroxime sodium, per 750 mg
J0698	Cefotaxime sodium, per g
J0702	Betamethasone acetate 3 mg and betamethasone sodium phosphate 3mg
J0704	Betamethasone sodium phosphate, per 4 mg
J0710	Cephapirin sodium, up to 1 g

J0713	Ceftazidime, per 500 mg
J0715	Ceftizoxime sodium, per 500 mg
J0720	Chloramphenicol sodium succinate, up to 1 g
J0725	Chorionic gonadotropin, per 1,000 USP units
J0740	Cidofovir, 375 mg
J0744	Ciprofloxacin for intravenous infusion, 200 mg
J0745	Codeine phosphate, per 30 mg
J0760	Colchicine, per 1 mg
J0770	Colistimethate sodium, up to 150 mg
J0780	Prochlorperazine, up to 10 mg
J0795	Corticotropin ovine triflutate, 1 mcg
J0835	Cosyntropin, per 0.25 mg
J0881	Darbepoetin alfa, 1 mcg ( <b>Non-ESRD</b> use)
J0885	Epoetin alfa, ( <b>Non-ESRD</b> use), 1000 units
J0895	Deferoxamine mesylate, 500 mg
J0900	Testosterone enanthate and estradiol valerate, up to 1 cc
J0945	Brompheniramine maleate, per 10 mg
J0970	Estradiol valerate, up to 40 mg
J1000	Depo-estradiol cypionate, up to 5 mg
J1020	Methylprednisolone acetate, 20 mg
J1030	Methylprednisolone acetate, 40 mg
J1040	Methylprednisolone acetate, 80 mg
J1051	Medroxyprogesterone acetate, 50 mg
J1055	Medroxyprogesterone acetate, for contraceptive use, 150 mg
J1056	Medroxyprogesterone acetate/estradiol cypionate, 5 mg/25mg
J1060	Testosterone cypionate and estradiol cypionate (Depo-Testadiol), up to 1 ml
J1070	Testosterone cypionate, up to 100 mg
J1080	Testosterone cypionate, 1 cc, 200 mg
J1094	Dexamethasone acetate, 1 mg
J1100	Dexamethasone sodium phosphate, 1 mg
J1110	Dihydroergotamine mesylate, per 1 mg
J1120	Acetazolamide sodium, up to 500 mg
J1160	Digoxin, up to 0.5 mg
J1165	Phenytoin sodium, per 50 mg
J1170	Hydromorphone, up to 4 mg
J1180	Dyphylline, up to 500 mg
J1190	Dexrazoxane HCl, per 250 mg
J1200	Diphenhydramine HCL, up to 50 mg
J1205	Chlorothiazide sodium, per 500 mg
J1212	DMSO, dimethyl sulfoxide, 50%, 50 ml
J1230	Methadone HCl, up to 10 mg
J1240	Dimenhydrinate, up to 50 mg
J1260	Dolasetron mesylate, 10 mg
<b>J1300</b>	Eculizumab, 10 mg
J1320	Amitriptyline HCl, up to 20 mg
J1330	Ergonovine maleate, up to 0.2 mg

- J1364 Erythromycin lactobionate, per 500 mg
- J1380 Estradiol valerate, up to 10 mg
- J1390 Estradiol valerate, up to 20 mg
- J1410 Estrogen conjugated, per 25 mg
- J1435 Estrone, per 1 mg
- J1436 Etidronate disodium, per 300 mg
- J1438 Etanercept, 25 mg  
(Administered under direct physician supervision, not self administered)
  
- J1440 Filgrastim (G-CSF), 300 mcg
- J1441 Filgrastim (G-CSF), 480 mcg
- J1450 Fluconazole, 200 mg
- J1452 Fomivirsen sodium, intraocular, 1.65 mg
- J1453** Fosaprepitant Injection, 1 mg
- J1455 Foscarnet sodium, per 1000 mg
- J1458 Galsulfase, 1 mg (**Report required**)
- J1570 Ganciclovir sodium, 500 mg
- J1573 Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml (**Report required**)
- J1580 Garamycin, gentamicin, up to 80 mg
- J1590 Gatifloxacin, 10 mg
- J1595 Glatiramer acetate, 20 mg
- J1600 Gold sodium thiomaleate, up to 50 mg
- J1610 Glucagon HCl, per 1 mg
- J1620 Gonadorelin HCl, per 100 mcg
- J1626 Granisetron HCl, 100 mcg
- J1630 Haloperidol, up to 5 mg
- J1631 Haloperidol decanoate, per 50 mg
- J1642 Heparin sodium, (heparin lock flush), per 10 units
- J1644 Heparin sodium, per 1000 units
- J1645 Dalteparin sodium, per 2500 IU
- J1652 Fondaparinux sodium, 0.5 mg
- J1655 Tinzaparin sodium, 1000 IU
- J1710 Hydrocortisone sodium phosphate, up to 50 mg
- J1720 Hydrocortisone sodium succinate, up to 100 mg
- J1730 Diazoxide, up to 300 mg
- J1740 Ibandronate sodium, 1 mg
- J1743 Idursulfase, 1 mg (**Report required**)
- J1745 Infliximab, 10 mg
- J1750** Injection, Iron Dextran, 50mg
- J1756 Iron sucrose, 1 mg
- J1785 Imiglucerase, per unit (per vial) (**Report required**)
- J1790 Droperidol, up to 5 mg
- J1800 Propranolol HCl, up to 1 mg
- J1815 Insulin, per 5 units
- J1817 Insulin (i.e., insulin pump) per 50 units

- J1825 Interferon beta-1a, 33 mcg  
(Administered under direct physician supervision, not for self-administration)
- J1830 Interferon beta-1b, 0.25 mg  
(Administered under direct physician supervision, not for self-administration)
- J1840 Kanamycin sulfate, up to 500 mg
- J1850 Kanamycin sulfate, up to 75 mg
- J1885 Ketorolac tromethamine, per 15 mg
- J1890 Cephalothin sodium, up to 1 g
- J1930** Injection, Lanreotide, 1mg
- J1931 Laronidase, 0.1 mg
- J1940 Furosemide, up to 20 mg
- J1950 Leuprolide acetate (for depot suspension), per 3.75 mg
- J1955 Levocarnitine, per 1 g
- J1960 Levorphanol tartrate, up to 2 mg
- J1980 Hyoscyamine sulfate, up to 0.25 mg
- J1990 Chlordiazepoxide HCl, up to 100 mg
- J2001 Lidocaine HCl for intravenous infusion, 10 mg
- J2010 Lincomycin HCl, up to 300 mg
- J2060 Lorazepam, 2 mg
- J2150 Mannitol, 25% in 50 ml
- J2175 Meperidine HCl, per 100 mg
- J2210 Methylergonovine maleate, up to 0.2 mg
- J2248 Micafungin sodium, 1 mg
- J2260 Milrinone lactate, per 5 mg
- J2270 Morphine sulfate, up to 10 mg
- J2275 Morphine sulfate (preservative-free sterile solution), per 10 mg
- J2278 Ziconotide, 1 mcg
- J2320 Nandrolone decanoate, up to 50 mg
- J2321 Nandrolone decanoate, up to 100 mg
- J2322 Nandrolone decanoate, up to 200 mg
- J2323 Natalizumab, 1 mg (**Report required**)
- J2353 Octreotide, depot form for intramuscular injection, 1 mg
- J2355 Oprelvekin, 5 mg
- J2357 Omalizumab, 5 mg
- J2360 Orphenadrine citrate, up to 60 mg
- J2370 Phenylephrine HCl, up to 1 ml
- J2405 Ondansetron HCl, per 1 mg
- J2410 Oxymorphone HCl, up to 1 mg
- J2425 Palifermin, 50 mcg
- J2430 Pamidronate disodium, per 30 mg
- J2440 Papaverine HCl, up to 60 mg
- J2460 Oxytetracycline HCl, up to 50 mg
- J2469 Palonosetron HCl, 25 mcg
- J2503 Pegaptanib sodium, 0.3 mg
- J2504 Pegademase bovine, 25 IU

J2505 Pegfilgrastim, 6 mg  
J2510 Penicillin G procaine, aqueous, up to 600,000 units  
J2515 Pentobarbital sodium, per 50 mg  
J2540 Penicillin G potassium, up to 600,000 units  
J2545 Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg  
J2550 Promethazine HCl, up to 50 mg  
J2560 Phenobarbital sodium, up to 120 mg  
J2590 Oxytocin, up to 10 units  
J2597 Desmopressin acetate, per 1 mcg  
J2650 Prednisolone acetate, up to 1 ml  
J2670 Tolazoline HCl, up to 25 mg  
J2675 Progesterone, per 50 mg  
J2680 Fluphenazine decanoate, up to 25 mg  
J2690 Procainamide HCl, up to 1 g  
J2700 Oxacillin sodium, up to 250 mg  
J2710 Neostigmine methylsulfate, up to 0.5 mg  
J2720 Protamine sulfate, per 10 mg  
J2730 Pralidoxime chloride, up to 1 g  
J2760 Phentolamine mesylate, up to 5 mg  
J2765 Metoclopramide HCl, up to 10 mg  
J2778 Ranibizumab, 0.1 mg (**Report required**)  
J2780 Ranitidine HCl, 25 mg  
J2783 Rasburicase, 0.5 mg  
J2794 Risperidone, long acting, 0.5 mg  
J2800 Methocarbamol, up to 10 ml  
J2820 Sargramostim (GM-CSF), 50 mcg  
J2910 Aurothioglucose, up to 50 mg  
J2920 Methylprednisolone sodium succinate, up to 40 mg  
J2930 Methylprednisolone sodium succinate, up to 125 mg  
J2940 Somatrem, 1 mg  
J2941 Somatropin, 1 mg  
J2995 Streptokinase, per 250,000 IU  
J3000 Streptomycin, up to 1 g  
J3030 Sumatriptan succinate, 6 mg  
J3070 Pentazocine, 30 mg  
J3105 Terbutaline sulfate, up to 1 mg  
J3120 Testosterone enanthate, up to 100 mg  
J3130 Testosterone enanthate, up to 200 mg  
J3140 Testosterone suspension, up to 50 mg  
J3150 Testosterone propionate, up to 100 mg  
J3230 Chlorpromazine HCl, up to 50 mg  
J3240 Thyrotropin alpha, 0.9 mg. provided in 1.1 mg vial  
J3250 Trimethobenzamide HCl, up to 200 mg  
J3260 Tobramycin sulfate, up to 80 mg  
J3265 Torsemide, 10 mg/ml



- J3280 Thiethylperazine maleate, up to 10 mg
- J3285 Treprostinil, 1 mg
- J3300** Triamcinolone Acetonide, 1mg (**Report required**)
- J3301 Triamcinolone acetonide, per 10 mg
- J3302 Triamcinolone diacetate, per 5 mg
- J3303 Triamcinolone hexacetonide, per 5 mg
- J3305 Trimetrexate glucuronate, per 25 mg
- J3310 Perphenazine, up to 5 mg
- J3315 Triptorelin pamoate, 3.75 mg
- J3320 Spectinomycin dihydrochloride, up to 2 g
- J3360 Diazepam, up to 5 mg
- J3364 Urokinase, 5,000 IU vial
- J3370 Vancomycin HCl, 500 mg
- J3396 Verteporfin, 0.1 mg
- J3400 Triflupromazine HCl, up to 20 mg
- J3410 Hydroxyzine HCl, up to 25 mg
- J3411 Thiamine HCl, 100 mg
- J3415 Pyridoxine HCl, 100 mg
- J3420 Vitamin B-12 cyanocobalamin, up to 1000 mcg
- J3430 Phytonadione, (vitamin K), per 1 mg
- J3470 Hyaluronidase, up to 150 units
- J3475 Magnesium sulfate, per 500 mg
- J3480 Potassium chloride, per 2 mEq
- J3487 Zoledronic acid (Zometa), 1 mg
- J3488 Zoledronic acid (Reclast), 1 mg
- J3490** Unclassified drugs (**BR**)
- J3520 Edetate disodium, per 150 mg
- J3590 Unclassified Biologicals (**BR**)

### **MISCELLANEOUS DRUGS AND SOLUTIONS**

**Codes followed by an \* do not require an NDC to be provided when billed.**

- A4216\* Sterile water, saline and/or dextrose (diluent), 10 ml
- A4218\* Sterile saline or water, metered dose dispenser, 10 ml
- J7030 Infusion, normal saline solution (or water), 1000 cc
- J7040 Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)
- J7042 5% dextrose/normal saline (500 ml = 1 unit)
- J7050 Infusion, normal saline solution (or water), 250 cc
- J7060 5% dextrose/water (500 ml = 1 unit)
- J7070 Infusion, D5W, 1000 cc
- J7100 Infusion, dextran 40, 500 ml
- J7110 Infusion, dextran 75, 500 ml
- J7120 Ringers lactate infusion, up to 1000 cc
- J7130 Hypertonic saline solution, 50 or 100 mEq, 20 cc vial
- J7300\* Intrauterine copper contraceptive
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg

J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7306*	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307*	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7311*	Fluocinolone acetonide, intravitreal implant <b>(Report required)</b>
J7321*	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7322*	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose
J7323*	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324*	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7501	Azathioprine, parenteral (eg Imuran), 100 mg
J7504	Lymphocyte immune globulin, anti-thymocyte globulin equine, parenteral, 250 mg
<b>J7606</b>	Formoterol Fumarate, inhalation solution, non-compounded, administered through DME, unit dose form, 20 mcg
<b>J7611</b>	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1mg
<b>J7612</b>	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg
<b>J7613</b>	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg
<b>J7614</b>	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME. Unit dose. 0.5 mg
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg

- J7674 Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
- J7682 Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, 300 mg
- J8501 Aprepitant, oral, 5 mg
- J9226\* Histrelin implant (Supprelin LA), 50 mg **(Report required)**
- L8603\* Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies **(Report required)**
- Q3031\* Collagen skin test **(Report required)**
- Q4101\*** Skin substitute, apligraf, per square centimeter **(Report required)**
- Q4102\*** Skin substitute, oasis wound matrix, per square centimeter **(Report required)**
- Q4103\*** Skin substitute, oasis burn matrix, per square centimeter **(Report required)**
- Q4106\*** Skin substitute, dermagraft, per square centimeter **(Report required)**
- Q4108\*** Skin substitute, integra matrix, per square centimeter **(Report required)**
- Q4109\*** Skin substitute, tissuemend, per square centimeter **(Report required)**
- Q4110\*** Skin substitute, primatrix, per square centimeter **(Report required)**
- Q4111\*** Skin substitute, gammagraft, per square centimeter **(Report required)**
- S0190 Mitepristone, oral, 200 mg  
(When administered for medically necessary non-surgical abortion)
- S0191 Misoprostol, oral, 200 mcg  
(When administered for medically necessary non-surgical abortion)
- S9435\* Medical foods for inborn errors of metabolism  
(Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of Inborn Metabolic Disease Centers) **(Report required)**

## **CHEMOTHERAPY ADMINISTRATION**

Procedures 96405-96549 are independent of the patient's office visit. Either may occur independently from the other on any given day, or they may occur sequentially on the same day. Intravenous chemotherapy injections are administered by a physician, a nurse practitioner or by a qualified assistant under supervision of the physician or nurse practitioner. Preparation of chemotherapy agent(s) is included in the service for administration of the agent.

Regional (isolation) chemotherapy perfusion should be reported using the codes for arterial infusion (96420-96425). Placement of the intra-arterial catheter should be reported using the appropriate code from the Cardiovascular Surgery section. Placement of arterial and venous cannula(s) for extracorporeal circulation via a membrane oxygenator perfusion pump should be reported using code 36823. Code 36823 includes dose calculation and administration of the chemotherapy agent by injection into the perfusate. Do not report code(s) 96409-96425 in conjunction with code 36823.

Report separate codes for each parenteral method of administration employed when chemotherapy is administered by different techniques. Medications (eg, antibiotics, steroidal agents, antiemetics, narcotics, analgesics, biological agents) administered independently or sequentially as supportive management of chemotherapy administration, should be separately reported using 90760-90768, as appropriate.

## **INJECTION AND INTRAVENOUS INFUSION CHEMOTHERAPY**

Intravenous or intra-arterial push is defined as: a) an injection in which the healthcare professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or b) an infusion of 15 minutes or less.

- 96405 Chemotherapy administration, intralesional; up to and including 7 lesions
- 96406       intralesional, more than 7 lesions
- 96409       intravenous; push technique, single or initial substance/drug
- 96413 Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug  
(Report 90761 to identify hydration if administered as a secondary or subsequent service in association with 96413 through the same IV access)  
(Report 90766, 90767 to identify therapeutic, prophylactic, or diagnostic drug infusion or injection, if administered as a secondary or subsequent service in association with 96413 through the same IV access)
- 96415       each additional hour  
(List separately in addition to primary procedure)  
(Use 96415 in conjunction with 96413)  
(Report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)
- 96416       initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

**INTRA-ARTERIAL CHEMOTHERAPY**

- 96420 Chemotherapy administration, intra-arterial; push technique  
96422 infusion technique, up to one hour  
96423 infusion technique, each additional hour  
(List separately in addition to primary procedure)  
(Use 96423 in conjunction with code 96422)  
(Report 96423 for infusion intervals of greater than 30 minutes beyond 1-hour increments)
- 96425 infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

**OTHER CHEMOTHERAPY**

Codes 96521-96523 may be reported when these devices are used for therapeutic drugs other than chemotherapy.

- 96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis  
96445 Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis  
96450 Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture  
(For intravesical (bladder) chemotherapy administration, see 51720)  
(For insertion of subarachnoid catheter and reservoir for infusion of drug, see 62350, 62351, 62360-62362)  
(For insertion of intraventricular catheter and reservoir, see 61210, 61215)
- 96521 Refilling and maintenance of portable pump  
96522 Refilling and maintenance of implantable pump or reservoir for drug delivery systemic (eg, intravenous, intra-arterial)  
(Access of pump port is included in filling of implantable pump)  
(For refilling and maintenance of an implantable infusion pump for spinal or brain drug infusion, use 95990-95991)
- 96542 Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents  
96549 Unlisted chemotherapy procedure  
J9999 Not otherwise classified, antineoplastic drugs

## **CHEMOTHERAPY DRUGS**

(Chemotherapy drugs are billed separately and does not include the administration fee)

**Codes followed by an \* do not require an NDC to be provided when billed.**

J0128	Abarelix, 10 mg
J9000	Doxorubicin HCl, 10 mg
J9001	Doxorubicin HCl, all lipid formulations, 10 mg
J9010	Alemtuzumab, 10 mg
J9015	Aldesleukin, per single use vial
J9017	Arsenic trioxide, 1 mg
J9020	Asparaginase, 10,000 units
J9025	Azacitidine, 1 mg
J9027	Clofarabine, 1 mg
J9031*	BCG live (intravesical), per installation
<b>J9033</b>	<b>Bendamustine injection HCL, 1mg</b>
J9035	Bevacizumab, 10 mg
J9040	Bleomycin sulfate, 15 units
J9041	Bortezomib, 0.1 mg
J9045	Carboplatin, 50 mg
J9050	Carmustine, 100 mg
J9055	Cetuximab, 10 mg
J9060	Cisplatin, powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9065	Cladribine, per 1 mg
J9070	Cyclophosphamide, 100 mg
J9080	Cyclophosphamide, 200 mg
J9090	Cyclophosphamide, 500 mg
J9091	Cyclophosphamide, 1 g
J9092	Cyclophosphamide, 2 g
J9093	Cyclophosphamide, lyophilized, 100 mg
J9094	Cyclophosphamide, lyophilized, 200 mg
J9095	Cyclophosphamide, lyophilized, 500 mg
J9096	Cyclophosphamide, lyophilized, 1 g
J9097	Cyclophosphamide, lyophilized, 2 g
J9098	Cytarabine liposome, 10 mg
J9100	Cytarabine, 100 mg
J9110	Cytarabine, 500 mg
J9120	Dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9140	Dacarbazine, 200 mg
J9150	Daunorubicin HCl, 10 mg
J9151	Daunorubicin citrate, liposomal formulation, 10 mg
J9160	Denileukin diftitox, 300 mcg
J9165	Diethylstilbestrol diphosphate, 250 mg
J9170	Docetaxel, 20 mg

J9175	Elliotts' B solution, 1 ml ( <b>Report required</b> )
J9178	Epirubicin HCl, 2 mg
J9181	Etoposide, 10 mg
J9185	Fludarabine phosphate, 50 mg
J9190	Fluorouracil, 500 mg
J9200	Floxuridine, 500 mg
J9201	Gemcitabine HCl, 200 mg
J9202*	Goserelin acetate implant per 3.6 mg
J9206	Irinotecan, 20 mg
<b>J9207</b>	Ixabepilone, injection, 1mg
J9208	Ifosfomide, 1 g
J9209	Mesna, 200 mg
J9211	Idarubicin HCl, 5 mg
J9212	Interferon alfacon-1, recombinant, 1 mcg
J9213	Interferon, alfa-2a, recombinant, 3 million units
J9214	Interferon, alfa-2b, recombinant, 1 million units
J9215	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	Interferon, gamma 1-B, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219*	Leuprolide acetate implant, 65 mg
J9225*	Histrelin implant (Vantas), 50 mg ( <b>Report required</b> )
J9230	Mechlorethamine HCl (nitrogen mustard), 10 mg
J9245	Melphalan HCl, 50 mg
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9261	Nelarabine, 50 mg
J9263	Oxaliplatin, 0.5 mg
J9264	Paclitaxel protein-bound particles, 1 mg
J9265	Paclitaxel, 30 mg
J9266	Pegaspargase, per single dose vial
J9268	Pentostatin, per 10 mg
J9270	Plicamycin, 2.5 mg
J9280	Mitomycin, 5 mg
J9290	Mitomycin, 20 mg
J9291	Mitomycin, 40 mg
J9293	Mitoxantrone HCl, per 5 mg
J9300	Gemtuzumab ozogamicin, 5 mg
J9303	Panitumumab, 10 mg
J9305	Pemetrexed, 10 mg
J9310	Rituximab, 100 mg
J9320	Streptozocin, 1 g
<b>J9330</b>	Temsirolimus, injection, 1 mg
J9340	Thiotepa, 15 mg
J9350	Topotecan, 4 mg
J9355	Trastuzumab, 10 mg

J9357 Valrubicin, intravesical, 200 mg  
J9360 Vinblastine sulfate, 1 mg  
J9370 Vincristine sulfate, 1 mg  
J9375 Vincristine sulfate, 2 mg  
J9380 Vincristine sulfate, 5 mg  
J9390 Vinorelbine tartrate, per 10 mg  
J9395 Fulvestrant, 25 mg  
J9600 Porfimer sodium, 75 mg  
J9999 Not otherwise classified, antineoplastic drugs  
Q0165 Prochlorperazine maleate, 10 mg, oral  
Q0174 Thiethylperazine maleate, 10 mg, oral  
Q0177 Hydroxyzine pamoate, 25 mg, oral  
Q2017 Teniposide, 50 mg