Table of Contents

GENERAL RULES AND INFORMATION ............................................................ 2

MMIS DRUG MODIFIERS .................................................................................... 4

DRUGS ............................................................................................................... 5
  IMMUNE GLOBULINS ...................................................................................... 5
  VACCINES, TOXOIDS .................................................................................... 5
  HYDRATION, THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS
  AND INFUSIONS (EXCLUDES CHEMOTHERAPY) ............................................. 8

DRUGS ADMINISTERED OTHER THAN ORAL METHOD .................................... 10

CHEMOTHERAPY ADMINISTRATION ................................................................. 19

CHEMOTHERAPY DRUGS .................................................................................. 21
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](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

-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 (Report required)
90371 Hepatitis B immune globulin (HB Ig), human, for intramuscular use
90375 Rabies immune globulin (R Ig), human, for intramuscular and/or subcutaneous use (150 IU/ml)
90376 Rabies immune globulin, heat-treated (R Ig-HT), human, for intramuscular and/or subcutaneous use (Report required)
90379 Respiratory syncytial virus immune globulin (RVS-IgIV), human, for intravenous use
90384 Rho(D) immune globulin (Rh Ig), human, full-dose, for intramuscular use
90385 Rho(D) immune globulin (Rh Ig), human, mini-dose, for intramuscular use
90386 Rho(D) immune globulin (Rh Ig IV), human, for intravenous use
90389 Tetanus immune globulin (T Ig), human, for intramuscular use
90393 Variocella-zoster immune globulin, human, for intramuscular use (Report required)
90396 Varicella-zoster immune globulin, human, for intramuscular use
90399 Unlisted immune globulin

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, 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
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
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-Hep B-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, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90734 Japanese encephalitis virus vaccine, for subcutaneous use
90736 Zoster (shingles) vaccine, live, for subcutaneous injection
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 (HepB-Hib), for intramuscular use
90749 Unlisted vaccine/toxoid
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 90760-90779. 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 36550)

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 90760-90761 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.
90760 Intravenous infusion, hydration; initial, up to one hour
(Do not report 90760 if performed as a concurrent infusion service)

90761 each additional hour
(List separately in addition to primary procedure)
(Use 90761 in conjunction with 90760)
(Report 90761 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
(Report 90761 to identify hydration if provided as a secondary or subsequent service after a different initial service [90760, 90765, 96409, 96413] is administrated through the same IV access).
(Do not report intravenous infusion for hydration of 30 minutes or less)

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

A therapeutic, prophylactic or diagnosis IV infusion or injection (90765-90779) (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.

Intravenous or intra-arterial push is defined as: a) an injection in which the health care 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.

(Do not report 90765-90779 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))

(These codes are not to be used for intradermal, subcutaneous or intramuscular or routine IV drug injections. These codes may not be used in addition to prolonged service codes)

90765 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

90766 each additional hour
(List separately in addition to primary procedure)
(Report 90766 in conjunction with 90765, 90767)
(Report 90766 for additional hour(s) of sequential infusion)
(Report 90766 for infusion intervals of greater than 30 minutes beyond 1 hour increments)
**90767** additional sequential infusion, up to 1 hour  
(List separately in addition to primary procedure)  
(Report 90767 in conjunction with 90765, 96409, 96413 if provided as a secondary or subsequent service after a different initial service is administered through the same IV access. Report 90767 only once per sequential infusion of same infusate mix)

**90768** concurrent infusion  
(List separately in addition to primary procedure)  
(Report 90768 only once per encounter)  
(Report 90768 in conjunction with 90765, 96413, 96415, 96416)

**90769** Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)

(For infusions of 15 minutes or less, use 90772)

**90770** each additional hour  
(List separately in addition to primary procedure)  
(Use 90770 in conjunction with 90769)  
(Use 90770 for infusion intervals of greater than 30 minutes beyond one hour increments)

**90771** additional pump set-up with establishment of new subcutaneous infusion site(s)  
(List separately in addition to primary procedure)  
(Use 90771 in conjunction with 90769)  
(Use 90769 and 90771 only once per encounter)

**90779** Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion

**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.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0129</td>
<td>Abatacept, 10 mg</td>
</tr>
<tr>
<td>J0135</td>
<td>Adalimumab, 20 mg</td>
</tr>
<tr>
<td>J0150</td>
<td>Adenosine, for therapeutic use, 6 mg</td>
</tr>
<tr>
<td></td>
<td>(Not to be used to report any adenosine phosphate compounds, instead use unlisted code)</td>
</tr>
<tr>
<td>J0170</td>
<td>Adrenalin, epinephrine, up to 1 ml ampule</td>
</tr>
<tr>
<td>J0180</td>
<td>Agalsidase beta, 1 mg</td>
</tr>
<tr>
<td>J0205</td>
<td>Alglercose, per 10 units</td>
</tr>
<tr>
<td>J0207</td>
<td>Amifostine, 500 mg</td>
</tr>
<tr>
<td>J0210</td>
<td>Methyldopate HCl, up to 250 mg</td>
</tr>
<tr>
<td>J0215</td>
<td>Alefacept, 0.5 mg</td>
</tr>
<tr>
<td>J0220</td>
<td>Aglucosidase alfa, 10 mg</td>
</tr>
<tr>
<td>J0256</td>
<td>Alprostadil, per 1.25 mcg</td>
</tr>
<tr>
<td></td>
<td>(Administered under direct physician supervision, not for self-administration)</td>
</tr>
<tr>
<td>J0275</td>
<td>Alprostadil urethral suppository</td>
</tr>
<tr>
<td></td>
<td>(Administered under direct physician supervision, not for self-administration)</td>
</tr>
<tr>
<td>J0280</td>
<td>Aminophyllin, up to 250 mg</td>
</tr>
<tr>
<td>J0290</td>
<td>Ampicillin sodium, 500 mg</td>
</tr>
<tr>
<td>J0295</td>
<td>Ampicillin sodium/sulbactam sodium, per 1.5 g</td>
</tr>
<tr>
<td>J0300</td>
<td>Amobarbital, up to 125 mg</td>
</tr>
<tr>
<td>J0360</td>
<td>Hydralazine HCl, up to 20 mg</td>
</tr>
<tr>
<td>J0364</td>
<td>Apomorphine hydrochloride, 1 mg</td>
</tr>
<tr>
<td>J0380</td>
<td>Metaraminol bitartrate, per 10 mg</td>
</tr>
<tr>
<td>J0390</td>
<td>Chloroquine HCl, up to 250 mg</td>
</tr>
<tr>
<td>J0400</td>
<td>Aripiprazole, intramuscular, 0.25 mg</td>
</tr>
<tr>
<td>J0456</td>
<td>Azithromycin, 500 mg</td>
</tr>
<tr>
<td>J0460</td>
<td>Atropine sulfate, up to 0.3 mg</td>
</tr>
<tr>
<td>J0470</td>
<td>Dimercaprol, per 100 mg</td>
</tr>
<tr>
<td>J0475</td>
<td>Baclofen, 10 mg (Vendor invoice &amp; Report required)</td>
</tr>
<tr>
<td>J0500</td>
<td>Dicyclomine HCl, up to 20 mg</td>
</tr>
<tr>
<td>J0515</td>
<td>Benztropine mesylate, per 1 mg</td>
</tr>
<tr>
<td>J0520</td>
<td>Bethanechol chloride, Mytonachol or Urecholine, up to 5 mg</td>
</tr>
<tr>
<td>J0530</td>
<td>Penicillin G benzathine and penicillin G procaine, up to 600,000 units</td>
</tr>
<tr>
<td>J0540</td>
<td>Penicillin G benzathine and penicillin G procaine, up to 1,200,000 units</td>
</tr>
<tr>
<td>J0550</td>
<td>Penicillin G benzathine and penicillin G procaine, up to 2,400,000 units</td>
</tr>
<tr>
<td>J0560</td>
<td>Penicillin G benzathine, up to 600,000 units</td>
</tr>
<tr>
<td>J0570</td>
<td>Penicillin G benzathine, up to 1,200,000 units</td>
</tr>
<tr>
<td>J0580</td>
<td>Penicillin G benzathine, up to 2,400,000 units</td>
</tr>
<tr>
<td>J0585</td>
<td>Botulinum toxin type A, per unit (Bill per each 100 units)</td>
</tr>
<tr>
<td>J0587</td>
<td>Botulinum toxin type B, per 100 units (Bill per each 500 units)</td>
</tr>
<tr>
<td>J0600</td>
<td>Edetate calcium disodium, up to 1000 mg</td>
</tr>
<tr>
<td>J0610</td>
<td>Calcium gluconate, per 10 ml</td>
</tr>
<tr>
<td>J0620</td>
<td>Calcium glycerophosphate and calcium lactate, per 10 ml</td>
</tr>
</tbody>
</table>
Physician – Procedure Codes, Section 3- Drugs and Drug Administration

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 cefturoxime 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 Ceftriaxone 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 Corticorelin ovine triflutate, 1 mcg
J0835 Cosyntropin, per 0.25 mg
J0881 Darbepoetin alfa, 1 mcg (Non-ESRD use)
J0885 Epoetin alfa, (Non-ESRD 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 Acetzolamide 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
J1302  Amitriptyline HCl, up to 20 mg
J1330  Ergonovine maleate, up to 0.2 mg
J1334  Erythromycin lactobionate, per 500 mg
J1380  Estradiol valerate, up to 10 mg
J1390  Estradiol valerate, up to 20 mg
J1410  Estrone, per 1 mg
J1412  Estrogen conjugated, per 25 mg
J1418  Estrone, per 1 mg
J1435  Dexamethasone, 4 mg
J1440  Filgrastim (G-CSF), 300 mcg
J1441  Filgrastim (G-CSF), 480 mcg
J1450  Fluconazole, 200 mg
J1451  Fomivirsen sodium, intraocular, 1.65 mg
J1452  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
J1751  Iron dextran 165, 50 mg
J1752  Iron dextran 267, 50 mg
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
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  Chlorzoxazone 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 Procaainamide 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3130</td>
<td>Testosterone enanthate, up to 200 mg</td>
</tr>
<tr>
<td>J3140</td>
<td>Testosterone suspension, up to 50 mg</td>
</tr>
<tr>
<td>J3150</td>
<td>Testosterone propionate, up to 100 mg</td>
</tr>
<tr>
<td>J3230</td>
<td>Chlorpromazine HCl, up to 50 mg</td>
</tr>
<tr>
<td>J3240</td>
<td>Thyrotropin alpha, 0.9 mg. provided in 1.1 mg vial</td>
</tr>
<tr>
<td>J3250</td>
<td>Trimethobenzamide HCl, up to 200 mg</td>
</tr>
<tr>
<td>J3260</td>
<td>Tobramycin sulfate, up to 80 mg</td>
</tr>
<tr>
<td>J3265</td>
<td>Torsemide, 10 mg/ml</td>
</tr>
<tr>
<td>J3280</td>
<td>Thiethylperazine maleate, up to 10 mg</td>
</tr>
<tr>
<td>J3285</td>
<td>Treprostinil, 1 mg</td>
</tr>
<tr>
<td>J3301</td>
<td>Triamcinolone acetonide, per 10 mg</td>
</tr>
<tr>
<td>J3302</td>
<td>Triamcinolone diacetate, per 5 mg</td>
</tr>
<tr>
<td>J3303</td>
<td>Triamcinolone hexacetonide, per 5 mg</td>
</tr>
<tr>
<td>J3305</td>
<td>Trimetrexate glucorinate, per 25 mg</td>
</tr>
<tr>
<td>J3310</td>
<td>Perphenazine, up to 5 mg</td>
</tr>
<tr>
<td>J3315</td>
<td>Triptorelin pamoate, 3.75 mg</td>
</tr>
<tr>
<td>J3320</td>
<td>Spectinomycin dihydrochloride, up to 2 g</td>
</tr>
<tr>
<td>J3325</td>
<td>Trimethobenzamide HCl, up to 200 mg</td>
</tr>
<tr>
<td>J3330</td>
<td>Diazepam, up to 5 mg</td>
</tr>
<tr>
<td>J3340</td>
<td>Urokinase, 5,000 IU vial</td>
</tr>
<tr>
<td>J3360</td>
<td>Vancomycin HCl, 500 mg</td>
</tr>
<tr>
<td>J3386</td>
<td>Verteporfin, 0.1 mg</td>
</tr>
<tr>
<td>J3400</td>
<td>Triflupromazine HCl, up to 20 mg</td>
</tr>
<tr>
<td>J3410</td>
<td>Hydroxyzine HCl, up to 25 mg</td>
</tr>
<tr>
<td>J3411</td>
<td>Thiamine HCl, 100 mg</td>
</tr>
<tr>
<td>J3415</td>
<td>Pyridoxine HCl, 100 mg</td>
</tr>
<tr>
<td>J3420</td>
<td>Vitamin B-12 cyanocobalamin, up to 1000 mcg</td>
</tr>
<tr>
<td>J3430</td>
<td>Phytonadione, (vitamin K), per 1 mg</td>
</tr>
<tr>
<td>J3470</td>
<td>Hyaluronidase, up to 150 units</td>
</tr>
<tr>
<td>J3475</td>
<td>Magnesium sulfate, per 500 mg</td>
</tr>
<tr>
<td>J3480</td>
<td>Potassium chloride, per 2 mEq</td>
</tr>
<tr>
<td>J3487</td>
<td>Zoledronic acid (Zometa), 1 mg</td>
</tr>
<tr>
<td>J3488</td>
<td>Zoledronic acid (Reclast), 1 mg</td>
</tr>
<tr>
<td>J3520</td>
<td>Edetate disodium, per 150 mg</td>
</tr>
<tr>
<td>J3590</td>
<td>Unclassified Biologicals</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS DRUGS AND SOLUTIONS**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4216*</td>
<td>Sterile water, saline and/or dextrose (diluent), 10 ml</td>
</tr>
<tr>
<td>A4218*</td>
<td>Sterile saline or water, metered dose dispenser, 10 ml</td>
</tr>
<tr>
<td>J7030</td>
<td>Infusion, normal saline solution (or water), 1000 cc</td>
</tr>
<tr>
<td>J7040</td>
<td>Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)</td>
</tr>
<tr>
<td>J7042</td>
<td>5% dextrose/normal saline (500 ml = 1 unit)</td>
</tr>
<tr>
<td>J7050</td>
<td>Infusion, normal saline solution (or water), 250 cc</td>
</tr>
<tr>
<td>J7060</td>
<td>5% dextrose/water (500 ml = 1 unit)</td>
</tr>
</tbody>
</table>
J7070  Infusion, D5W, 1000 cc  
J7100  Infusion, dextran 40, 500 ml  
J7110  Infusion, dextran 75, 500 ml  
J7120  Ringers lacetate 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 (Report required)  
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  
J7340*  Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per sq. cm. (Report required)  
J7341*  Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter (Report required)  
J7342*  Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter (Report required)  
J7347*  Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Integra Matrix), per square centimeter (Report required)  
J7348*  Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (TissueMend), per square centimeter (Report required)  
J7349*  Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (PriMatrix), per square centimeter (Report required)  
J7501  Azathioprine, parenteral (eg Imuran), 100 mg  
J7504  Lymphocyte immune globulin, anti-thymocyte globulin equine, parenteral, 250 mg  
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)  
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 per 0.5 mg (Levalbuterol)  
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*M Collagen skin test (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)
90779  Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
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 38623. 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
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 difitox, 300 mcg
J9165  Diethylstilbestrol diphosphate, 250 mg
J9170  Docetaxel, 20 mg
J9175  Elliotts’ B solution, 1 ml (Report required)
J9178  Epirubicin HCl, 2 mg
J9181  Etoposide, 10 mg
J9182  Etoposide, 100 mg
J9185  Fludarabine phosphate, 50 mg
J9190  Fluourouracil, 500 mg
J9200  Floxuridine, 500 mg
J9201  Gemcitabine HCl, 200 mg
J9202* Goserelin acetate implant per 3.6 mg
J9206  Irinotecan, 20 mg
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 (Report required)
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  Pegasparagase, 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
J9340  Thiotepa, 15 mg
J9350  Topotecan, 4 mg
J9355  Trastuzumab, 10 mg
J9357  Valrubicin, intravesical, 200 mg
J9360  Vinblastine sulfate, 1 mg
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9370</td>
<td>Vincristine sulfate, 1 mg</td>
</tr>
<tr>
<td>J9375</td>
<td>Vincristine sulfate, 2 mg</td>
</tr>
<tr>
<td>J9380</td>
<td>Vincristine sulfate, 5 mg</td>
</tr>
<tr>
<td>J9390</td>
<td>Vinorelbine tartrate, per 10 mg</td>
</tr>
<tr>
<td>J9395</td>
<td>Fulvestrant, 25 mg</td>
</tr>
<tr>
<td>J9600</td>
<td>Porfimer sodium, 75 mg</td>
</tr>
<tr>
<td>J9999</td>
<td>Not otherwise classified, antineoplastic drugs</td>
</tr>
<tr>
<td>Q0165</td>
<td>Prochlorperazine maleate, 10 mg, oral</td>
</tr>
<tr>
<td>Q0174</td>
<td>Thiethylperazine maleate, 10 mg, oral</td>
</tr>
<tr>
<td>Q0177</td>
<td>Hydroxyzine pamoate, 25 mg, oral</td>
</tr>
<tr>
<td>Q2017</td>
<td>Teniposide, 50 mg</td>
</tr>
</tbody>
</table>