

**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

- 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 (HBIG), human, for intramuscular use
- 90375 Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use (150 IU/ml)
- 90376 Rabies immune globulin, heat-treated (RIG-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 (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 **(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 (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
- 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 administered 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.

- 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
- J0270 Alprostadil, per 1.25 mcg
(Administered under direct physician supervision, not for self-administration)
- J0275 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 **(Vendor invoice & Report required)**
- 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 **(Bill per each 100 units)**
- J0587 Botulinum toxin type B, per 100 units **(Bill per each 500 units)**
- 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 (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	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
- 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
- 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
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	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
<u>J2440</u>	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
<u>J2760</u>	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
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
J3520	Edetate disodium, per 150 mg
J3590	Unclassified Biologicals

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 (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* Collagen skin test **(Report required)**
- S0190 Mifepristone, 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 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
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 (Report required)

J9178 Epirubicin HCl, 2 mg
 J9181 Etoposide, 10 mg
 J9182 Etoposide, 100 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
 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 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
 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