Kansas Medical Assistance Program

August 2006 **Provider Bulletin Number 600**

Professional Providers

Healthcare Common Procedure Coding System Annual Revisions

Effective with dates of service on and after January 1, 2006, the following updates to the Healthcare Common Procedure Coding System (HCPCS) codes were made. There is no overlapping grace period.

The following codes were added:

A9698	C2637	C9224	C9225	J0132	J0133	J0278	J0480	J0885
J1566	J1567	J1751	J1752	J2325	J2425	J3471	J3472	J7306
J7620	J9025	J9027	J9264	S0197	S0613	1965	1966	22010
22015	22523	22524	22525	28890	33507	33548	33768	33880
33881	33883	33884	33886	33889	33891	36598	37184	37185
37186	37187	37188	44213	44227	45395	45397	45400	45402
45990	46710	46712	50250	50382	50384	50387	50389	50592
57295	58110	61630	61635	61640	61641	61642	64650	75956
75957	75958	75959	77421	77422	77423	80195	82271	82272
83037	83631	83655	83900	83907	83908	83909	83914	84202
86200	86480	86923	87209	88333	88334	88384	88385	88386
90649	90713	90714	90715	90736	90760	90761	90765	90766
90767	90768	90772	90773	90774	90775	92626	92627	95865
95866	99318							

The following codes were deleted:

A4260	C9211	C9212	C9218	J0880	J1750	J2324	J7051	J7320
J7616	J7617	Q0136	Q0137	Q4075	Q9941	Q9942	Q9943	Q9944
S0072	S0118	S0168	01964	15342	15343	16010	16015	21493
21494	31585	31586	32522	32525	42325	42326	42638	42639
69410	78160	78162	78170	78455	82273	86585	90780	90781
90782	90784	90788	90871	90939	92391	92393	92395	92396
92510	97020	97504	97520	97703	99261	99262	99263	99271
99272	99273	99274	99275	99301	99302	99312	99313	

Information about the Kansas Medical Assistance Program, as well as provider manuals and other publications, are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Professional Provider Manual*, pages 7-8, 8-63, 8-66, AI-3, AI-5 through AI-9, AI-11, AI-12, AI-14, and AI-16 through AI-19.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in state providers) or (785)274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

SPECIFIC BILLING INFORMATION

7010. Updated 8/06

Adult Care Home (ACH):

Bill procedure code ~~99301~~ 99318 Evaluation and management of a new or established patient involving an annual nursing facility assessment when providing a routine annual history and physical examination.

If the ACH resident is seen for medical reasons other than what can be billed under ~~W1145~~, ~~99301~~ 99318 the appropriate CPT code(s) should be used. If the resident is Medicare eligible, bill Medicare first.

Allergy:

When billing for an allergy evaluation, follow the instructions in the CPT Manual and utilize Evaluation and Management (E & M) office visit codes.

The number of units in field 24G for allergen immunotherapy should equal either the number of injections or the number of antigens, dependent upon the code billed.

Anesthesia:

Medicaid claims for anesthesia shall be billed using the American Society of Anesthesiologists (ASA) codes. Medical direction or supervision of anesthesia services by an anesthesiologist can not be billed in addition to CRNA anesthesia services. Only direct patient time should be billed, not wait time.

In field 24G, indicate the number of **minutes** anesthesia was administered. Give only whole numbers. Round all decimals upward to the nearest whole number. Example: 13.4 minutes of anesthesia administered should be indicated as "14" in field 24G.

Chemotherapy:

Chemotherapy injection codes (96400-96450) shall be used for chemotherapy **administration**.

Chemotherapy **drugs** should be billed with the appropriate **injection** procedure code. (Refer to Appendix I.)

Children Immunization Administration:

Effective with dates of service on and after June 1, 2001, CPT codes 90471, Immunization Administration and 90472, each additional vaccine, will be covered. CPT codes for vaccines covered under the Vaccine for Children (VFC) program will be non-covered. Providers must bill the appropriate administration code in addition to the vaccine/toxoid code for each dose administered.

8420. Updated 8/06

LOCAL HEALTH PROCEDURE CODES AND NOMENCLATURE

Local health departments who employ or contract with a physician may bill any appropriate CPT procedure code.

COV.	PROCEDURE CODE	NOMENCLATURE
		FAMILY PLANNING*
	~~A4260~~	~~Levonorgestrel implant (Norplant) and insertion~~
	J1055	Medroxyprogesterone Acetate for Contraceptive
	J7300	Intrauterine Copper Contraceptive
	J7302	Intrauterine Levonorgestrel Releasing Contraceptive
	J7303	Contraceptive supply, hormone containing vaginal ring
	J7304	Contraceptive Supply, Hormone Containing Patch, each
	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
	S4993	Contraceptive pills for birth control
	S0610	Annual gynecological examination ; new patient (This includes complete physical examination, counseling and follow-up).
	S0612	Annual gynecological examination; established patient (This includes complete physical examination, counseling and follow-up)
	S0613	Annual gynecological examination; clinical breast examination without pelvic examination
		NURSING ASSESSMENT / EVALUATION
	T1001	Nursing assessment/evaluation completed by a Registered Nurse (RN)
		PRENATAL HEALTH PROMOTION AND RISK REDUCTION (PHP/RR)
	H1000	Prenatal care, at risk assessment
	S9470	Nutritional counseling, dietitian visit
	H1002	Prenatal care, at risk enhanced service; care coordination
	H1005	Prenatal care, at risk enhanced service package
	S0197	Prenatal vitamins, 30-day supply
		POSTPARTUM/NEWBORN HOME VISIT
	99502	Home visit for newborn care and assessment

8430. Updated 8/06

COV.	PROCEDURE CODE	NOMENCLATURE
		INORGANIC CHEMISTRY
	83655	Lead, quantitative
	84202	Protoporphyrin, RBC; quantitative
		DIAGNOSTIC MICROBIOLOGY
	83631	Lactoferrin, fecal; quantitative
	83907	Molecular diagnostics; lysis of cells prior to nuclei acid extraction (for example, stool specimens, paraffin embedded tissue)
	87015	Concentration (any type), for infectious agents
	87046	Culture, bacterial; stool, additional pathogens, isolation and preliminary examination (e.g., campylobacter, yersinia, vibro, e. coli 0157), each plate
	87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
	87081	Culture, presumptive, pathogenic organisms, screening only
	87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair or nail
	87102	Culture, fungi, other source except blood
	87116	Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
	87118	Culture, mycobacterial, definitive identification, each isolate
	87140	Culture, typing; immunofluorescent method, each antiserum
	87147	Culture, typing; immunologic method, other than immunofluoresence (e.g., agglutination grouping), per antiserum
	87172	Pinworm exam (e.g., cellophane tape prep)
	87177	Ova and parasites, direct smears, concen.
	87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
	87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
	87205	Smear, primary source with interpretation; gram or giemsa stain for bacteria, fungi, or cell types
	87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
	87210	Smear, primary source with interpretation; wet mount for infectious agents (e.g., Saline, India Ink, KOH preps)

COV.	PROCEDURE CODE	NOMENCLATURE Updated 8/06
	P9048	Infusion, plasma protein fraction (human), 5%, 250ml
	P9050	Granulocytes, pheresis, each unit
	P9051	Whole blood or red blood cells, leukocytes reduced CMV-negative, each unit
	P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit
	P9053	Platelets, pheresis, leukocytes reduced,CMV-negative, irradiated each unit
	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, glycerol, washed, each unit
	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit
	P9056	Whole blood, leukocytes reduced, irradiated, each unit
	P9057	Ted blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit
	P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit
	P9059	Fresh frozen plasma between 8-24 hours of collection each unit
	P9060	Fresh frozen plasma, donor retested, each unit

(The above codes include processing and collection for transfusion; IV infusion sets include volume controller cassettes and buretrols).

MATERNITY

	59409	Vaginal Delivery Only
	59425*	Antepartum care only, 4-6 visits
	59426	Antepartum care only, 7 or more visits

* For 1-3 antepartum care visits, see appropriate E&M code(s) in the CPT book.

NURSING HOME VISITS

	~~99301~~	~~Evaluation and management of a new or established patient involving and annual nursing facility assessment~~
	99318	Evaluation and management of a patient involving an annual nursing facility assessment.

PRIMARY PSYCHIATRIC SERVICES

	W1081	NF/MH individual psychiatric visit (30 minutes)
	W1082	NF/MH group psychiatric visit (limited to one unit per day, regardless of time spent)

SPLINTS AND ACCESSORIES SUPPLIED BY PHYSICIANS

	99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided).

SURGERY

	W3050	Directly related supplies for therapeutic and diagnostic surgical procedures performed in the office

MUSCULOSKELETAL

	A4590	Special casting materials (e.g., fiberglass)

INJECTIONS Updated 8/06

Injection procedure codes listed below are placed in alphabetical order by generic name. Reference this list by using the generic drug name to find the procedure code. Utilize units to designate the dosage administered if there is not a specific injection code for the dosage.

CHILDREN IMMUNIZATION ADMINISTRATION

Providers must bill the appropriate administration code in addition to the vaccine and toxoid code for each Vaccine for Children (VFC) dose administered. VFC program is for beneficiaries 18 years of age and under.

Administration codes:

90471 Immunization administration (Utilize with the initial or the only vaccine procedure code – one unit)

90472 each additional vaccine (Utilize with additional vaccines administered – one or more unit.)

ADULT IMMUNIZATION ADMINISTRATION

Reimbursement for adult (non-VFC) immunization administration is included in the total cost; i.e., providers are reimbursed one rate for the vaccine and the administration.

COVERAGE INDICATORS

KBH - Covered for KAN Be Healthy participants (KBH medical screen current) only.
MCD - Injection covered for Medicaid recipients only.
PA - Prior authorization is required.
* Administration only (patient brings own medication). Medication shall not be billed in conjunction with this procedure.
VFC Vaccine for Children (18 years of age and under) Note that these procedures are for VFC eligible consumers only.

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
	90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular		
	90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial		
	90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug		
	90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)		
	~~90782*~~	~~Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular~~		
	~~90788*~~	~~Intramuscular injection of dose antibiotic (specify)~~		
	J1120	Acetazolamide Sodium	up to 500 mg	vial
	Q0475	Acyclovir, Zovirax	up to 500 mg	- - -

COV.	PROCEDURE CODE	Update 8/06 NOMENCLATURE	STRENGTH	QUANTITY
	J0132	Injection, acetylcysteine	100 mg	
	J0133	Acyclovir	5 mg	
	~~Q4075~~	~~Acyclovir~~	~~5 mg~~	
	J0135	Adalimumab	20 mg	
	J0150	Adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)		
	J0152	Adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)		
	J0170	Adrenalin, Epinephrine	up to 1 ml	1 cc
	J0180	Agalsidase beta	1 mg	
	J0152	Adenosine	30 mg	
	J0170	Adrenalin, Epinephrine	up to 1 ml	1 cc
	J0200	Alatrofloxacin Mesylate	100 mg	- - -
	*	Administration only (patient brings own medication). Medication shall not be billed in conjunction with this procedure		
PA	J0215	Alefacept	0.5 mg	
	J9015	Aldesleukin	vial	
MCD	J0205	Alglucerase	10 units	
	J2997	Alteplase Recombinant	1 mg	
	J0207	Amifostine	500 mg	- - -
	~~S0072~~	~~Amikacin Sulfate~~	~~up to 500 mg~~	
	J0278	Amikacin Sulfate	100 mg	
	S0017	Aminocaproic	250 mg	1 cc
	J0280	Aminophyllin	up to 250 mg	- - -
	J0282	Amiodarone HCL	30 mg	
	J1320	Amitriptyline HCL	up to 20 mg	2 cc
	J0300	Amobarbital	up to 125 mg	vial
	J0285	Amphotericin B	50 mg	- - -
	J0287	Amphotericin B lipid complex	10 mg	
	J0289	Amphotericin B Liposome	10 mg	
	J0290	Ampicillin Sodium	500 mg	vial
	J0295	Ampicillin Sodium/Sulbactam	1.5 gm	vial
	J0350	Anistreplase	30 units	vial
	J7197	Antithrombin III (Human)	- - -	1 unit
MCD	Z2064	Antivenin Polyvant (crotalide)	- - -	1 ml
	J9020	Asparaginase, Elspar	up to 10,000 Units	10 cc
	J0128	Arbarelix	10 mg	
	J2910	Aurothioglucose	up to 50 mg	1 cc
	J7501	Azathioprine (e.g., Imuran)-parenteral, vial	100 mg	20 ml
	~~C9218~~	~~Azacitidine~~	~~per 1 mg~~	
	J9025	Azacitidine	per 1 mg	

COV.	PROCEDURE CODE	Update 8/06 NOMENCLATURE	STRENGTH	QUANTITY
	J0456	Azithromycin	500 mg	- - -
	J3490	Aztreonam	500 mg	15 cc
	J3490	Bacitracin	50,000 units	vial
MCD	J0475	Baclofen (NDC and product name must be provided)	10 mg	- - -
	J0476	Baclofen, for intrathecal trial	50 mcg	
	J9025	Azacitidine	1 mg	
	J9027	Injection, clofarabine	1 mg	
	J9031	BCG Live (Intravesical)	50 mg	vial
	J9050	BCNU, Bischlorethyl Nitrosourea, Carmustine	100 mg	vial
	J7622	Beclomethasome, Inhalation Solution Administered Through DME, Unit Dose Form	per mg	
	J0515	Benztropine	1 mg	1 cc
	J7624	Betamethasome, Inhalation Solution Administered Through DME, Unit Dose Form	per mg	
	J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate	3 mg	1 cc
	J0704	Betamethasone Sodium Phosphate	4 mg	1 cc
	J0520	Bethanechol Chloride, Myotonachol or Urecholine	up to 5 mg	1 cc
	J9035	Bevacizumab	10 mg	
	J0583	Bivalirudin	1 mg	
	J9040	Bleomycin Sulfate	15 units	amp
	J9041	Bortezomib	0.1 mg	
PA	J0585	Botulinum Toxin Type A	per unit	- - -
PA	J0587	Botulinum Toxin Type B	per 100 units	
	J0595	Butorphanol Tartrate	1 mg	
	J7626	Budesonide Inhalation Solution Administered Through DME, Unit Dose Form	0.25 mg	
	J7633	Budesonide Inhalation Solution Administered through DME, Concentrated form	0.25 mg	
	S0020	Bupivacaine Hydrochloride	0.5 %	- - -
	J0592	Buprenorphine Hydrochloride	0.1 mg	
	J0592	Buprenorphine	0.3 mg	1 cc
	J0595	Butorphanol Tartrate	1 mg	1 cc
	J0706	Caffeine Citrate	5 mg	
	J0630	Calcitonin Salmon	up to 400 units	- - -
	J0636	Calcitriol	0.1mcg	
	J3490	Calcium Chloride	1 gm	10 cc
	J3490	Calcium Gluceptate	standard	5 cc

COV.	PROCEDURE CODE	Update 8/06 NOMENCLATURE	STRENGTH	QUANTITY
	J0610	Calcium Gluconate	10%	10 cc
	J9045	Carboplatin	50 mg	vial
	J0637	Caspofungin Acetate	5 mg	
	J0690	Cefazolin Sodium	500 mg	10 cc
	J0692	Cefepime Hydrochloride	500 mg	
	S0021	Cefoperazone, Cefobid	up to 1 gm	- - -
	J0698	Cefotaxime Sodium	1 gm	vial
	S0074	Cefotetan Disodium (Cefotan)	1 gm	vial
	J0694	Cefoxitin	up to 1 gm	10 cc
	J0713	Ceftazidime	500 mg	
	J0715	Ceftazidime Sodium	500 mg	- - -
	J0696	Ceftriaxone Sodium	250 mg	vial
	J1890	Cephalothin Sodium	up to 1 gm	10 cc
	J0710	Cephapirin Sodium	up to 1 gm	vial
	J9055	Cetuximab	10 mg	
	J0720	Chloramphenicol Sodium Siccomate	up to 1 gm	- - -
	J1205	Chlorothiazide Sodium	500 mg	20 cc
	J3230	Chlorpromazine HCL	up to 50 mg	- - -
	90725	Cholera	standard	1 cc
	J0725	Chorionic Gonadotropin	100 units	- - -
	J0743	Cilastatin Sodium; Imipenem	250 mg	vial
	J0744	Ciprofloxacin for Intravenous Infusion	200 mg	
	J9060	Cisplatin	10 mg	vial
	J9062	Cisplatin	50 mg	- - -
	S0077	Clindamycin	up to 300 mg	- - -
	J0745	Codeine Phosphate	30 mg	1 cc
	J0760	Colchicine	up to 2 mg	2 cc
	J0770	Colistimethate Sodium	up to 150 mg	2 cc
	J0835	Cosyntropin	0.25 mg	- - -
	J9070	Cyclophosphamide	100 mg	10 cc
	J9080	Cyclophosphamide	200 mg	20 cc
	J9090	Cyclophosphamide	500 mg	30 cc
	J9091	Cyclophosphamide	1 gm	- - -
	J9092	Cyclophosphamide	2 gm	- - -
	J9093	Cyclophosphamide, Lyophilized	100 mg	- - -
	J9094	Cyclophosphamide, Lyophilized	200 mg	- - -
	J9095	Cyclophosphamide, Lyophilized	500 mg	- - -
	J9096	Cyclophosphamide, Lyophilized	1.0 gm	- - -
	J9097	Cyclophosphamide, Lyophilized	2.0 gm	- - -
	J7516	Cyclosporine (e.g., Sandimmune)-Parentera	250 mg	- - -
	J9098	Cytarabine	10 mg	
	J9100	Cytarabine	100 mg	- - -
	J9110	Cytarabine	500 mg	- - -

COV.	PROCEDURE CODE	Update 8/06 NOMENCLATURE	STRENGTH	QUANTITY
	J9130	Dacarbazine	100 mg	10 cc
	J9140	Dacarbazine	200 mg	10 cc
	J7513	Daclizumab, parenteral	25 mg	
	J9120	Dactinomycin, Actinomycin D	0.5 mg	3 cc
MCD	J1645	Dalteparin Sodium	2500 IU	- - -
	J0878	Daptomycin	1 mg	
	J9150	Daunorubicin	10 mg	vial
	J9151	Daunorubicin Citrate Liposomal Formulation	10 mg	
	~~Q0137~~	~~Darbepoetin Alfa~~	~~1 mcg (non ESRD use)~~	
	J0895	Deferoxamine Mesylate	500 mg	amp
	J9160	Denileukin Diftitox	300 mcg	
	J1060	Depandrogyn	standard	1 cc
	J1000	Depo-Estradiol Cypionate	up to 5 mg	1 cc
	J1094	Dexamethasone Acetate	1 mg	
	J1100	Dexamethasone Sodium Phosphate	1 mg	1 cc
	J1100 & J0670	Dexamethasone Acetate .5 cc and Mepivacaine Hydrochloride 1% .5 cc	standard	- - -
	J1190	Dexrazoxane HCL	250 mg	- - -
	J0500	Dicyclomine	up to 20 mg	2 cc
	J9165	Diethylstilbestrol Diphosphate	250 mg	- - -
	J1160	Digoxin	up to 0.5 mg	1 cc
	J1110	Dihydroergotamine	up to 0.1 mg	1 cc
MCD	J1240	Dimenhydrinate	up to 50 mg	- - -
	J1200	Diphenhydramine HCL	up to 50 mg	1 cc
	90701	Diphtheria and Tetanus Toxoids and Pertussis Vaccine (DTP); Immunization, Active	- - -	.5 cc
	90720	Diphtheria, Tetanus, and Pertussis (DTP) and Hemophilus Influenza B (HIB) Vaccine	standard	- - -
	90723	Diphtheria, Tetanus Toxoids, Pertussis, Hepatitis B, and Poliovirus, Inactivated (DTAP-HEPB-IPV) for intramuscular use		
	J1245	Dipyridamole	10 mg	2 ml
	J1250	Dobutamine HCL	250 mg	1 cc
	J9170	Docetaxel (Taxotere)	20 mg	1 ml
	J1260	Dolasetron Mesylate	10 mg	
	J1270	Doxercalciferol	1 mcg	
	J9000	Doxorubicin HCL	10 mg	vial
	J9001	Doxorubicin HCL, all lipid formulations	10 mg	- - -
	J1810	Droperidol and Fentanyl Citrate (NDC and product name/description must be provided)	up to 2 ml	amp

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH QUANTITY	
	J3520	Edetate Disodium	150 mg	- - -
MCD	J1650	Enoxaparin Sodium	30mg	1 ml
	J0170	Epinephrine Hydrochloride	1:200 mg	0.3 cc
	J9178	Epirubicin HCL	2 mg	
MCD	J1325	Epoprostenol	0.5 mg	- - -
	J1330	Ergonovine Maleate	up to 0.2 mg	1 cc
	J1335	Ertapenem Sodium	500 mg	
	J1364	Erythromycin Lactobionate	500 mg	- - -
	~~Q0136~~	~~Epoetin Alpha~~	~~1000 units~~	~~- - -~~
	J0885	Epoetin Alpha	1000 units	
	J1380	Estradiol Valerate	up to 10 mg	1 cc
	J1390	Estradiol Valerate	up to 20 mg	1 cc
	J0970	Estradiol Valerate	up to 40 mg	1 cc
	J1410	Estrogen Conjugated	25 mg	- - -
	J1435	Estrone	1 mg	- - -
PA	J1438	Etanercept	25 mg	- - -
	J3490	Ethacrynic Acid	50 mg	1 cc
	J1436	Etidronate Disodium	300 mg	6 ml amp
	J9181	Etoposide	10 mg	2.5 cc
	J9182	Etoposide	100 mg	5 cc
	J7190	Factor VIII (Antihemophilic Factor (NDC and product name/description must be provided)	per i.u.	- - -
	J7191	Factor VIII (Antihemophilic Factor [Porcine])	per i.u.	- - -
	J7192	Factor VIII (Antihemophilic Factor [Recombinant])	per unit	- - -
	J7193	Factor IX (Antihemophilic Factor, Purified, Non-Recombinant)	per i.u.	
	J7195	Factor IX (Antihemophilic Factor, Recombinant)	per i.u.	
MCD	S0028	Famotidine	10 mg/ml	1 ml
	J3010	Fentanyl Citrate	0.1 mg	2 cc
MCD	J1440	Filgrastim (G-CSF)	300 mcg	- - -
MCD	J1441	Filgrastim (G-CSF)	480 mcg	- - -
	J9200	Floxuridine	500 mg	5 cc
	J1450	Fluconazole	200 mg	- - -
	J9185	Fludarabine Phosphate	50 mg	1 ml
	J7641	Flunisolide, Inhalation Solution Administered Through DME, Unit Dose Form	per mg	

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
		Updated 8/06		
	90746	Hepatitis B Vaccine; Adult Dosage	standard	vial
	90747	Hepatitis B Vaccine; dialysis or immunosuppressed patient, any age (4 dose schedule)	- - -	- - -
	J3470	Hyaluronidase	up to 150 units	1 cc
	J3471	Injection, Hyaluronidase, ovine, Preservative free, per usp unit	up to 999 usp units	
	J3472	Injection, Hyaluronidase, ovine, Preservative free	per 1000 usp units	
	J0360	Hydralazine HCL	up to 20 mg	amp
	J1700	Hydrocortisone Acetate,	up to 25 mg	1 cc
	J1720	Hydrocortisone Sodium Succinate	up to 100 mg	2 cc
	J1710	Hydrocortisone Sodium Phosphate	up to 50 mg	1 cc
	J1170	Hydromorphone	up to 4 mg	1 cc
	J3410	Hydroxyzine HCL	up to 25 mg	1 cc
	~~J7320*~~	~~Hylan G-F (Synvisc®)~~	~~16 mg~~	
	*Second series requires prior authorization			
MCD	J9211	Idarubicin Hydrochloride	5 mg	vial
	J9208	Ifosfomide per gm	1 gm	vial
MCD	J1785	Imiglucerase	- - -	unit
	~~Q9941~~	~~Immune globulin, intravenous, lyophilized, 1 g~~		
	~~Q9942~~	~~Immune globulin, intravenous, lyophilized, 10 mg~~		- - -
	~~Q9943~~	~~Immune globulin, intravenous, non-lyophilized, 1 g~~		
	~~Q9944~~	~~Immune globulin, intravenous, non-lyophilized, 10 mg~~		
PA	J1745	Infliximab (Remicade)	10 mg	vial
	90657	Influenza Virus Vaccine, Split Virus 6-36 Months Dosage, For Intramuscular or Jet Injection Use		
	90658	Influenza Virus Vaccine, Split Virus 3 Years and Above Dosage, For Intramuscular or Jet Injection Use		
	J9213	Interferon, Alfa-2A, Recombinant	3 mill. units	vial
	J9214	Interferon, Alfa-2B, Recombinant	1 mill. units	- - -
	J9215	Interferon, Alfa-N3 (Human Leukocyte Derived)	250,000 units	- - -
	J9212	Interferon, Alfacon-1, Recombinant	1 mcg	
	J1825	Interferon Beta-1A	33 mcg	
MCD	J1830	Interferon Beta 1-B	0.25 mg	- - -
	J9216	Interferon, Gamma 1-B	3 mill. units	vial

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
	J9206	Irinotecan HCI	20 mg/ml	1 ml
	~~J1750~~	~~Iron Dextran~~	~~50 mg~~	
	J1751	Iron Dextran	50 mg	
	J1752	Iron Dextran	50 mg	
	J1756	Iron Sucrose	21 mg	
	J7658	Isoproterenol Hydrochloride conc. form	per mg	
	J7659	Isoproterenol Hydrochloride unit dose form (NDC and product name/description must be provided)	per mg	
	J1835	Itraconazole	50 mg	
	J1840	Kanamycin Sulfate	up to 500 mg	2 cc
	J1850	Kanamycin Sulfate	up to 75 mg	2 cc
	J1885	Ketorolac Tromethamine (NDC and product name/description must be provided)	15 mg	ml
	J1931	Laronidase	0.1 mg	
	J0640	Leucovorin Calcium	50 mg	vial
	J1950	Leuprolide Acetate (For Depot) Suspension)	3.75 mg	- - -
	J9218	Leuprolide Acetate	1 mg	1 ml
	J9217	Leuprolide Acetate, For Depot Suspension	7.5 mg/ml	1.5 ml
	J9219	Leuprolide Acetate Implant (NDC and product name/description must be provided)	65 mg	
	J1956	Levofloxacin	250 mg	- - -
	J2001	Lidocaine HCL (For intravenous infusion)	10 mg	
	J2010	Lincomycin HCL	up to 300 mg	1 cc
MCD	J2001	Lidocaine HCL (Lidocaine HCL w/epinephrine)	1 - 0.0005	per ml
	J2020	Linezolid	200 mg	
	J7511	Lymphocyte Immune Globulin, Antihymocyte Globulin, Rabbit, Parenteral	25 mg	
	J3475	Magnesium Sulfate	500 mg	- - -
	J2150	Mannitol	25%	50 ml
	J9230	Mechlorethamine HCL (Nitrogen Mustard), HN2	10 mg	20 cc
	J1051	Medroxyprogesterone Acetate	50 mg	
	J1055	Medroxyprogesterone Acetate For Contraceptive Use	150 mg	1 cc

PROCEDURE COV.	CODE	NOMENCLATURE	STRENGTH	QUANTITY
MCD	J2405	Ondansetron Hydrochloride	1 mg	0.5 ml
	J2355	Oprelvekin	5 mg	
	J2700	Oxacillin Sodium	up to 250 mg	vial
	J9263	Oxaliplatin	0.5 mg	
	J2410	Oxymorphone HCL	up to 1 mg	1 cc
	J2460	Oxytetracycline HCL	up to 50 mg	1 ml
	J2460	Oxytetracycline HCL	500 mg	10 cc
	J2590	Oxytocin	up to 10 units	1 cc
	J9264	Injection, paclitaxel protein-bound particles	1 mg	
	J9265	Paclitaxel	30 mg	5 ml
KBH,PA	90378	Palivizumab (Synagis)	up to 50 mg	vial
	J2469	Palonosetron HCL	25 mcg	
	J2430	Pamidronate Dissodium	30 mg	vial
	J2440	Papaverine HCL	up to 60 mg	2 cc
	J2501	Paricalacitol	1 mcg	
	J2505	Pegfilgrastim	6 mg	
	J9305	Pemetrexed	10 mg	
	J0530	Penicillin G Benzathine & Penicillin G Procaine	up to 600,000 units	1 cc
	J0540	Penicillin G Benzathine & Penicillin G Procaine	up to 1,200,000 units	2 cc
	J0550	Penicillin G Benzathine & Penicillin G Procaine	up to 2,400,000 units	4 cc
	J0560	Penicillin G Benzathine	up to 600,000 units	1 cc
	J0570	Penicillin G Benzathine	up to 1,200,000 units	2 cc
	J0580	Penicillin G Benzathine	up to 2,400,000 units	4 cc
	J2540	Penicillin G Potassium	up to 600,000 units	1 cc
	J2510	Penicillin G Procaine, Aqueous	up to 600,000	1 cc
	94642	Pentamidine, aerosol inhalation	300 mg	vial
	J3070	Pentazocine HCL	up to 30 mg	1 cc
	J2515	Pentobarbital Sodium	50 mg	1 cc
	J3310	Perphenazine	up to 5 mg units	1 cc
	J2560	Phenobarbital Sodium	up to 120 mg	2 cc
	J1165	Phenytoin Sodium	100 mg	2 cc
	J2543	Piperacillin Sodium/Tazobactum Sodium	1 gm/0.125 gm	vial
	J9270	Plicamycin (Mithramycin)	2.5 mg	

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
	J2993	Reteplase (two single use vials)	18.1 mg	
	90384	RHO (D) Immune Globulin (RHIG), Human, Full-Dose For Intramuscular Use		
	J2788	RHO (D) Immune Globulin, Human, Mini-Dose	50 mg	
	90385	RHO (D) Immune Globulin (RHIG), Human, Mini-Dose For Intramuscular Use		
	90386	RHO (D) Immune Globulin (RHIGIV), Human, For Intravenous Use		
	J2792	RHO D Immune Globulin, Human Solvent Detergent	100 IU	
	J2794	Risperidone, long acting	0.5 mg	
	J9310	Rituximab	100 mg	
MCD	J2820	Sargramostin (GM-CSF)	50mcg	vial
	J2912	Sodium Chloride 0.9%	2 ml	
	J2916	Sodium Ferric Gluconate	12.5 mg	
PA,KBH	J2940	Somatrem	1 mg	
	J2941	Somatropin	1 mg	
	J3320	Spectinomycin Dihydrochloride	up to 2 gm	3.2 cc
	J0697	Sterile Cefuroxime Sodium	750 mg	vial
	~~J7051~~	~~Sterile saline or water~~	~~up to 5 cc~~	~~vial~~
	S0040	Sterile Ticarcillin Disodium and Clavulanate	3.1 gm	vial
	J2995	Streptokinase	250,000 unit	vial
	J0330	Succinycholine Chloride	up to 20 mg	vial
	J3030	Sumatriptan Succinate	6 mg	- - -
	J7525	Tacrolimus, Parenteral	5 mg	
	J3100	Tenecteplase	50 mg	
	Q2017	Teniposide	- - -	1 ml

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
	J3105	Terbutaline Sulfate	up to 1 mg	- - -
	J3140	Testosterone Suspension	up to 50 mg	1 cc
	J1060	Testosterone Cypionate & Estradiol Cypionate	up to 1 ml	1 ml
	J1070	Testosterone Cypionate	up to 100 mg	1 cc
	J1080	Testosterone Cypionate	200 mg	1 cc
	J3120	Testosterone Enanthate	up to 100 mg	.5 cc
	J3130	Testosterone Enanthate	up to 200 mg	1 cc
	J0900	Testosterone Enanthate and Estradiol Valerate	up to 1 cc	- - -
	J3150	Testosterone Propionate	up to 100 mg	2 cc
	90389	Tetanus Immune Globulin (TIG), Human, For Intramuscular Use		
	90707	Measles, Mumps and Rubella virus vaccine (MMR), live for subcutaneous use		
	~~90784~~	~~Therapeutic or diagnostic injection (NDC and product name/description must be provided)~~		
	J3280	Thiethylperazine Maleate	up to 10 mg	2 cc
	J9340	ThioTepa	15 mgm	- - -
	J1655	Tinzaparin Sodium	1000 IU	
	J3246	Tirofiban HCL	0.25 mg	
	J3260	Tobramycin Sulfate	up to 80 mg	2 cc
MCD	J9350	Topotecan HCL (Hycamtin)	4 mg	vial
	J9355	Trastuzumab (Herceptin)	10 mg	
	J3302	Triamcinolone Diacetate	5 mg/ml	1 ml
	J3303	Triamcinolone Hexacetonide	5 mg/ml	1 ml
	J3400	Triflupromazine HCL	up to 20 mg	1 cc
	J3250	Trimethobenzamide HCL	up to 200 mg	2 cc
	J3315	Triptorelin Pamoate	3.75 mg	
	90690	Typhoid Vaccine, Live, Oral		
	90691*	Typhoid Vaccine, VI Capsular Polysaccharide (VICPS), For Intramuscular Use *Second series requires prior authorization		
	90692	Typhoid Vaccine, Heat- and Phenol-Inactivated (H-P) For Subcutaneous or Intradermal Use		
	J3364	Urokinase	5000 units	1 ml
	J9357	Valrubicin, intravesical	200 mg	
	J3370	Vancomycin HCL	500 mg	10 cc
	J3490	Verapamil Hydrochloride	5 mg/2 ml	2 ml
	J3396	Verteporfin	0.1 mg	

COV.	PROCEDURE CODE	NOMENCLATURE	STRENGTH	QUANTITY
	J9360	Vinblastine Sulfate	1 mg	1 cc
	J9370	Vincristine Sulfate	1 mg/ml	1 ml vial
	J9375	Vincristine Sulfate	2 mg	2 ml vial
	J9380	Vincristine Sulfate	5 mg	5 ml vial
	J9390	Vinorelbine Tartrate	10 mg	1 ml
	J3420	Vitamin B-12 Cyanocobalamin	up to 1000 mcg	- - -
	J3430	Vitamin K, Phytonadione, Menadione, Menadiol Sodium Diphosphate	up to 10 mg	1 cc
	J3486	Zipasidone	10 mg	
	J3487	Zoledronic Acid	1 mg	

IV INFUSIONS

	PROCEDURE CODE	NOMENCLATURE	DOSE
	J7030	Infusion, normal saline soln.	1000 cc
	J7040	Infusion, normal saline soln.	500 ml
	J7042	5% dextrose/normal saline	500 ml
	J7050	Infusion, normal saline soln.	250 cc
	~~J7051~~	~~Sterile saline or water~~	~~up to 5 cc~~
	J7060	5% dextrose/Water	500 ml = 1 unit
	J7070	Infusion, D5W	1000 cc
MCD	J7100	Infusion, Dextran 40	500 ml
MCD	J7110	Infusion, Dextran 75	500 ml
	J7120	Ringers lactate infusion	up to 1000 cc
	J7130	Hypertonic saline soln	50 or 100 meq., 20 cc vial

NOT OTHERWISE CLASSIFIED INJECTIONS

J3490	Unclassified drugs
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7599	Immunosuppressive drug, not otherwise classified
J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise classified
J8999	Prescription drug, oral, chemotherapeutic, not otherwise classified
J9999	Antineoplastic drug, not otherwise classified

NOTE: The NDC and drug name must be included on the claim or the claim will deny

CHILDREN IMMUNIZATION ADMINISTRATION Updated 8/06

Providers must bill the appropriate administration code in addition to the vaccine and toxoid code for each dose administered.

Administration codes:

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	each additional vaccine

Vaccine codes:

90633	Hepatitis A, Pediatric/Adolescent Dosage 2 Dose Schedule, For Intramuscular Use
90634	Hepatitis A, Pediatric/Adolescent Dosage 3 Dose Schedule, For Intramuscular Use
90645	Hemophilus Influenza B (HIB) HBOC Conjugate (4 Dose Schedule), For Intramuscular Use
90646	Hemophilus Influenza B (HIB) PRP-D Conjugate, For Booster Use Only, For Intramuscular Use
90647	Hemophilus Influenza B (HIB) PRP-OMP Conjugate, 3 Dose Schedule, For Intramuscular Use
90648	Hemophilus Influenza B (HIB)
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use PRP-T Conjugate, 4 Dose Schedule, For Intramuscular Use
90669	Pneumococcal Conjugate, Polyvalent, for Children under Five Years, for Intramuscular Use
90698	Diphtheria, Tetanus Toxoids, Acellular Pertussis vaccine, haemophilus influenza type B and poliovirus vaccine, inactivated (DTAP P HIB P IPV), for intramuscular use
90700	Diphtheria, Tetanus Toxoids and Acillular Pertussis (DTAP)
90702	Diphtheria and Tetanus Toxoids (DT) adsorbed s, for intramuscular use
90703	Tetanus Toxoid adsorbed, for intramuscular use
90707	Measles mumps and rubella virus vaccine (MMR) live for subcutaneous use.
90713	Poliovirus, Inactivated, (IPV), for Subcutaneous Use
90714	Tetanus and diphtheria toxoids (TD) absorbed, preservative free, for use in individuals seven years or older, for intramuscular use
90715	Tetanus, Diphtheria Toxoids, and accellular pertussis vaccine (TDAP), for use in individuals seven years or older, for intramuscular use
90716	Immunization, active, Varicella (chicken pox)
90718	Tetanus and Diphtheria Toxoids (TD) adsorbed for use in individual 7 years or older, for intramuscular or jet injection
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussi Vaccine Hepatitias B and Poliovirus vaccine, inactivated (DTAP HEPB IPV) for intramuscular use
90734	Meningococcal conjugate vaccin, serogroups, A, C, Y, and W-135 (Tetravalent), for intramuscular use
90736	Zoster (shingles) vaccine, live, for subcutaneous injection
90743	Hepatitis B, Adolescent (2 Dose Schedule), for Intramuscular Use
90744	Hepatitis B; Pediatric/Adolescent Dosage (3 dose schedule), for intramuscular use
90748	Hepatitis B and Hemophilus Influenza Type B (HIB)