Alabama Medicaid Agency

Physician Drug Fee Schedule

Report: HMNRF011

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'A' codes are currently under Agency review.

Units are subject to change upon Agency review. Some codes have diagnosis restrictions; see LMRP List under 'Policy & Coverage Changes'.

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof. The pricing file through the Automated Voice Response System (AVRS) must be verified to determine coverage and reimbursement amounts. Providers may access AVRS by calling 1-800-727-7848 is addressed in Appendix L in the Provider Manual. There may be other restrictions to a procedure code not available from AVRS. Please consult the Provider Manual or call the Provider Assistance Center at 1-800-688-7989.

Procedure Code	Procedure Code Description	Type of Service Code	Number of Units Allowed	Maximum Allowed Amount	Prior Authorization
90378	90378-RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH	1	999.00	$679.34	PA Required
90471	90471-IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION	1	1.00	$5.00	PA Not Required
90585	90585-BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	1	1.00	$143.28	PA Not Required
90586	90586-BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE	1	1.00	$143.28	PA Not Required
90645	90645-HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$24.32	PA Not Required

90647	90647-HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$8.00	PA Not Required
90648	90648-HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$8.00	PA Not Required
90657	90657-INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	V	1.00	$4.01	PA Not Required
90658	90658-INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR USE IN INDIVIDUALS 3 YEARS OF AGE AND ABOVE, FOR INTRAMUSCULAR USE	V	1.00	$8.02	PA Not Required
90669	90669-PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, FOR CHILDREN UNDER FIVE YEARS, FOR INTRAMUSCULAR USE	V	1.00	$8.00	PA Not Required
90675	90675-RABIES VACCINE, FOR INTRAMUSCULAR USE	1	1.00	$121.83	PA Not Required
90676	90676-RABIES VACCINE, FOR INTRADERMAL USE	1	1.00	$121.83	PA Not Required
90700	90700-DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), FOR INTRAMUSCULAR USE	1	1.00	$22.41	PA Not Required
90702	90702-DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED FOR USE IN INDIVIDUALS YOUNGER THAN SEVEN YEARS, FOR INTRAMUSCULAR USE	1	1.00	$8.00	PA Not Required
90703	90703-TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	1	1.00	$12.86	PA Not Required
90704	90704-MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$17.38	PA Required
90705	90705-MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$13.45	PA Required
90706	90706-RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$14.97	PA Required
90707	90707-MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	1	1.00	$40.71	PA Not Required

90708	90708-MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$8.00	PA Not Required
90713	90713-POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS USE	1	1.00	$25.71	PA Not Required
90716	90716-VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$68.83	PA Not Required
90717	90717-YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	1	1.00	$52.93	PA Not Required
90718	90718-TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR INTRAMUSCULAR USE	1	1.00	$11.52	PA Not Required
90719	90719-DIPHTHERIA TOXOID, FOR INTRAMUSCULAR USE	1	1.00	$10.72	PA Required
90721	90721-DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS INFLUENZA B VACCINE (DTAP-HIB), FOR INTRAMUSCULAR USE	1	1.00	$48.84	PA Not Required
90723	90723-DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE,	1	1.00	$8.00	PA Not Required
90727	90727-PLAGUE VACCINE, FOR INTRAMUSCULAR USE	1	1.00	$18.24	PA Not Required
90732	90732-PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, FOR USE IN INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR	V	1.00	$13.10	PA Not Required
90733	90733-MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE	1	1.00	$58.66	PA Not Required
90734	90734-MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE	1	1.00	$59.13	PA Not Required
90735	90735-JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE	1	1.00	$71.37	PA Not Required
90740	90740-HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$110.92	PA Not Required

90744	90744-HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$27.05	PA Not Required
90746	90746-HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	1	1.00	$55.46	PA Not Required
90747	90747-HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	1	1.00	$99.25	PA Not Required
90748	90748-HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	1	1.00	$8.00	PA Not Required
90780	90780-INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR	1	1.00	$25.89	PA Not Required
90781	90781-INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS	1	8.00	$13.17	PA Not Required
90782	90782-THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); SUBCUTANEOUS OR INTRAMUSCULAR	1	1.00	$5.00	PA Not Required
90783	90783-THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL	1	1.00	$9.60	PA Not Required
90784	90784-THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOUS	1	4.00	$11.15	PA Not Required
90788	90788-INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	1	3.00	$2.90	PA Not Required
90799	90799-UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	1	1.00	$0.00	PA Required
95115	95115-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION	1	1.00	$9.16	PA Not Required
95117	95117-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE INJECTIONS	1	1.00	$11.62	PA Not Required
95120	95120-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; SINGLE	1	1.00	$15.00	PA Not Required

95125	95125-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; TWO OR MORE	1	1.00	$15.00	PA Not Required
95130	95130-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; SINGLE	1	1.00	$18.00	PA Not Required
95131	95131-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; TWO STINGING	1	1.00	$34.00	PA Not Required
95132	95132-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; THREE	1	1.00	$42.00	PA Not Required
95133	95133-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; FOUR STINGING	1	1.00	$43.00	PA Not Required
95134	95134-PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION OF ALLERGENIC EXTRACT; FIVE STINGING	1	1.00	$44.00	PA Not Required
95144	95144-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE DOSE VIAL(S) (SPECIFY NUMBER OF	1	6.00	$7.32	PA Not Required
95145	95145-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING	1	5.00	$12.70	PA Not Required
95146	95146-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); TWO SINGLE	1	1.00	$15.39	PA Not Required
95147	95147-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); THREE SINGLE	1	1.00	$20.31	PA Not Required
95148	95148-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FOUR SINGLE	1	1.00	$19.87	PA Not Required
95149	95149-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FIVE SINGLE	1	1.00	$24.57	PA Not Required
95165	95165-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY	1	84.00	$6.20	PA Not Required
95170	95170-PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY EXTRACT OF BITING INSECT OR	1	20.00	$7.55	PA Not Required

95180	95180-RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE SERUM)	1	24.00	$87.30	PA Not Required
J0150	J0150-INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	1	7.00	$34.80	PA Not Required
J0152	J0152-INJECTION, ADENOSINE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	1	4.00	$66.56	PA Not Required
J0170	J0170-INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	1	2.00	$2.10	PA Not Required
J0205	J0205-INJECTION, ALGLUCERASE, PER 10 UNITS	1	180.00	$37.13	PA Not Required
J0207	J0207-INJECTION, AMIFOSTINE, 500 MG	1	6.00	$405.29	PA Not Required
J0210	J0210-INJECTION, METHYLDOPATE HCL, UP TO 250 MG	1	8.00	$10.63	PA Not Required
J0215	J0215-INJECTION, ALEFACEPT, 0.5 MG	1	30.00	$28.19	PA Not Required
J0256	J0256-INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	1	90.00	$2.38	PA Not Required
J0280	J0280-INJECTION, AMINOPHYLLIN, UP TO 250 MG	1	12.00	$0.89	PA Not Required
J0282	J0282-INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	1	33.00	$5.51	PA Not Required
J0285	J0285-INJECTION, AMPHOTERICIN B, 50 MG	1	3.00	$9.30	PA Not Required
J0287	J0287-INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	1	40.00	$19.55	PA Not Required
J0288	J0288-INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	1	80.00	$13.60	PA Not Required

J0289	J0289-INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	1	60.00	$32.03	PA Not Required
J0290	J0290-INJECTION, AMPICILLIN SODIUM, 500 MG	1	60.00	$1.48	PA Not Required
J0295	J0295-INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	1	6.00	$6.64	PA Not Required
J0300	J0300-INJECTION, AMOBARBITAL, UP TO 125 MG	1	24.00	$2.38	PA Not Required
J0330	J0330-INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	1	15.00	$0.17	PA Not Required
J0360	J0360-INJECTION, HYDRALAZINE HCL, UP TO 20 MG	1	2.00	$14.34	PA Not Required
J0380	J0380-INJECTION, METARAMINOL BITARTRATE, PER 10 MG	1	40.00	$1.14	PA Not Required
J0456	J0456-INJECTION, AZITHROMYCIN, 500 MG	1	2.00	$22.72	PA Not Required
J0460	J0460-INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	1	15.00	$0.74	PA Not Required
J0470	J0470-INJECTION, DIMERCAPROL, PER 100 MG	1	8.00	$21.18	PA Not Required
J0475	J0475-INJECTION, BACLOFEN, 10 MG	1	2.00	$192.53	PA Not Required
J0476	J0476-INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	1	3.00	$71.40	PA Not Required
J0500	J0500-INJECTION, DICYCLOMINE HCL, UP TO 20 MG	1	6.00	$15.27	PA Not Required
J0515	J0515-INJECTION, BENZTROPINE MESYLATE, PER 1 MG	1	9.00	$3.49	PA Not Required

J0520	J0520-INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	1	3.00	$4.78	PA Not Required
J0530	J0530-INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	1	6.00	$10.67	PA Not Required
J0540	J0540-INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	1	4.00	$20.94	PA Not Required
J0550	J0550-INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	1	2.00	$44.84	PA Not Required
J0560	J0560-INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	1	4.00	$8.85	PA Not Required
J0570	J0570-INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	1	2.00	$17.70	PA Not Required
J0580	J0580-INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	1	1.00	$35.39	PA Not Required
J0583	J0583-INJECTION, BIVALIRUDIN, 1 MG	1	250.00	$1.43	PA Not Required
J0585	J0585-BOTULINUM TOXIN TYPE A, PER UNIT	1	600.00	$4.43	PA Not Required
J0587	J0587-BOTULINUM TOXIN TYPE B, PER 100 UNITS	1	1.00	$7.86	PA Not Required
J0592	J0592-INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	1	7.00	$0.92	PA Not Required
J0595	J0595-INJECTION, BUTORPHANOL TARTRATE, 1 MG	1	4.00	$3.94	PA Not Required
J0600	J0600-INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	1	5.00	$39.46	PA Not Required
J0610	J0610-INJECTION, CALCIUM GLUCONATE, PER 10 ML	1	22.00	$0.91	PA Not Required

J0620	J0620-INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	1	2.00	$5.55	PA Not Required
J0630	J0630-INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1	1.00	$34.37	PA Not Required
J0636	J0636-INJECTION, CALCITRIOL, 0.1 MCG	1	3.00	$0.01	PA Not Required
J0637	J0637-INJECTION, CASPOFUNGIN ACETATE, 5 MG	1	1.00	$29.48	PA Not Required
J0640	J0640-INJECTION,LEUCOVORIN CALCIUM,PER 50MG	1	30.00	$3.00	PA Not Required
J0670	J0670-INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	1	10.00	$1.85	PA Not Required
J0690	J0690-INJECTION, CEFAZOLIN SODIUM, 500 MG	1	3.00	$2.01	PA Not Required
J0692	J0692-INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	1	1.00	$0.77	PA Not Required
J0694	J0694-INJECTION, CEFOXITIN SODIUM, 1 GM	1	9.00	$9.56	PA Not Required
J0696	J0696-INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	1	16.00	$16.48	PA Not Required
J0697	J0697-INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	1	8.00	$3.09	PA Not Required
J0698	J0698-INJECTION, CEFOTAXIME SODIUM, PER GM	1	6.00	$8.51	PA Not Required
J0702	J0702-INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	1	3.00	$4.45	PA Not Required
J0704	J0704-INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	1	3.00	$0.96	PA Not Required

J0706	J0706-INJECTION, CAFFEINE CITRATE, 5MG	1	1.00	$3.07	PA Not Required
J0713	J0713-INJECTION, CEFTAZIDIME, PER 500 MG	1	12.00	$6.05	PA Not Required
J0715	J0715-INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	1	12.00	$4.44	PA Not Required
J0720	J0720-INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	1	4.00	$6.46	PA Not Required
J0725	J0725-INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	1	1.00	$2.39	PA Not Required
J0735	J0735-INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	1	1.00	$49.35	PA Not Required
J0740	J0740-INJECTION, CIDOFOVIR, 375 MG	1	2.00	$754.80	PA Not Required
J0743	J0743-INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	1	16.00	$14.20	PA Not Required
J0744	J0744-INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	1	1.00	$12.25	PA Not Required
J0745	J0745-INJECTION, CODEINE PHOSPHATE, PER 30 MG	1	12.00	$0.41	PA Not Required
J0760	J0760-INJECTION, COLCHICINE, PER 1MG	1	4.00	$6.32	PA Not Required
J0770	J0770-INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	1	5.00	$48.45	PA Not Required
J0780	J0780-INJECTION, PROCHLORPERAZINE, UP TO 10 MG	1	18.00	$3.74	PA Not Required
J0800	J0800-INJECTION, CORTICOTROPIN, UP TO 40 UNITS	1	2.00	$83.15	PA Not Required

J0835	J0835-INJECTION, COSYNTROPIN, PER 0.25 MG	1	2.00	$16.32	PA Not Required
J0850	J0850-INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	1	5.00	$637.12	PA Not Required
J0880	J0880-INJECTION, DARBEPOETIN ALFA, 5 MCG	1	62.00	$21.20	PA Not Required
J0895	J0895-INJECTION, DEFEROXAMINE MESYLATE, 500 MG	1	12.00	$13.98	PA Not Required
J0900	J0900-INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	1	10.00	$1.46	PA Not Required
J0945	J0945-INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	1	4.00	$0.85	PA Not Required
J0970	J0970-INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	1	2.00	$1.44	PA Not Required
J1000	J1000-INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	1	1.00	$1.70	PA Not Required
J1020	J1020-INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	1	4.00	$2.40	PA Not Required
J1030	J1030-INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	1	2.00	$3.70	PA Not Required
J1040	J1040-INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	1	1.00	$7.40	PA Not Required
J1051	J1051-INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	1	20.00	$4.50	PA Not Required
J1055	J1055-INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	1	1.00	$58.44	PA Not Required
J1056	J1056-INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	1	1.00	$22.02	PA Not Required

J1060	J1060-INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	1	10.00	$3.99	PA Not Required
J1070	J1070-INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	1	4.00	$4.43	PA Not Required
J1080	J1080-INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	1	2.00	$8.44	PA Not Required
J1094	J1094-INJECTION, DEXAMETHASONE ACETATE, 1 MG	1	40.00	$0.64	PA Not Required
J1100	J1100-INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	1	16.00	$0.10	PA Not Required
J1110	J1110-INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	1	6.00	$36.04	PA Not Required
J1160	J1160-INJECTION, DIGOXIN, UP TO 0.5 MG	1	4.00	$1.59	PA Not Required
J1165	J1165-INJECTION, PHENYTOIN SODIUM, PER 50 MG	1	45.00	$0.77	PA Not Required
J1170	J1170-INJECTION, HYDROMORPHONE, UP TO 4 MG	1	6.00	$1.38	PA Not Required
J1180	J1180-INJECTION, DYPHYLLINE, UP TO 500 MG	1	4.00	$8.07	PA Not Required
J1190	J1190-INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	1	2.00	$209.34	PA Not Required
J1200	J1200-INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	1	8.00	$1.43	PA Not Required
J1205	J1205-INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	1	2.00	$9.38	PA Not Required
J1240	J1240-INJECTION, DIMENHYDRINATE, UP TO 50 MG	1	9.00	$0.34	PA Not Required

J1245	J1245-INJECTION, DIPYRIDAMOLE, PER 10 MG	1	6.00	$5.10	PA Not Required
J1250	J1250-INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	1	1.00	$4.24	PA Not Required
J1260	J1260-INJECTION, DOLASETRON MESYLATE, 10 MG	1	27.00	$13.85	PA Not Required
J1270	J1270-INJECTION, DOXERCALCIFEROL, 1 MCG	1	4.00	$4.92	PA Not Required
J1320	J1320-INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	1	9.00	$2.15	PA Not Required
J1327	J1327-INJECTION, EPTIFIBATIDE, 5 MG	1	5.00	$11.48	PA Not Required
J1335	J1335-INJECTION, ERTAPENEM SODIUM, 500 MG	1	2.00	$21.24	PA Not Required
J1364	J1364-INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	1	6.00	$3.14	PA Not Required
J1380	J1380-INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	1	5.00	$0.48	PA Not Required
J1390	J1390-INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	1	3.00	$1.02	PA Not Required
J1410	J1410-INJECTION, ESTROGEN CONJUGATED, PER 25 MG	1	6.00	$55.04	PA Not Required
J1435	J1435-INJECTION, ESTRONE, PER 1 MG	1	3.00	$0.51	PA Not Required
J1436	J1436-INJECTION, ETIDRONATE DISODIUM, PER 300 MG	1	4.00	$68.85	PA Not Required
J1438	J1438-INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	1	2.00	$138.83	PA Required

J1440	J1440-INJECTION, FILGRASTIM (G-CSF), 300 MCG	1	5.00	$158.50	PA Not Required
J1441	J1441-INJECTION, FILGRASTIM (G-CSF), 480 MCG	1	3.00	$267.79	PA Not Required
J1450	J1450-INJECTION FLUCONAZOLE, 200 MG	1	3.00	$85.83	PA Not Required
J1452	J1452-INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	1	1.00	$850.00	PA Not Required
J1455	J1455-INJECTION, FOSCARNET SODIUM, PER 1000 MG	1	14.00	$11.70	PA Not Required
J1460	J1460-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	1	3.00	$10.20	PA Not Required
J1470	J1470-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	1	2.00	$20.40	PA Not Required
J1480	J1480-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	1	1.00	$30.63	PA Not Required
J1490	J1490-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	1	1.00	$40.80	PA Not Required
J1500	J1500-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	1	1.00	$51.00	PA Not Required
J1510	J1510-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	1	1.00	$61.08	PA Not Required
J1520	J1520-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	1	1.00	$71.33	PA Not Required
J1530	J1530-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	1	1.00	$81.60	PA Not Required
J1540	J1540-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	1	1.00	$91.89	PA Not Required

J1550	J1550-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	1	1.00	$102.00	PA Not Required
J1560	J1560-INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	1	1.00	$10.89	PA Not Required
J1563	J1563-INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	1	60.00	$52.00	PA Not Required
J1564	J1564-INJECTION, IMMUNE GLOBULIN, 10 MG	1	600.00	$0.77	PA Not Required
J1570	J1570-INJECTION, GANCICLOVIR SODIUM, 500 MG	1	2.00	$31.53	PA Not Required
J1580	J1580-INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	1	10.00	$1.70	PA Not Required
J1590	J1590-INJECTION, GATIFLOXACIN, 10MG	1	50.00	$0.81	PA Not Required
J1595	J1595-INJECTION, GLATIRAMER ACETATE, 20 MG	1	1.00	$30.13	PA Not Required
J1600	J1600-INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	1	2.00	$12.10	PA Not Required
J1610	J1610-INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	1	3.00	$40.80	PA Not Required
J1620	J1620-INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	1	2.00	$180.72	PA Not Required
J1626	J1626-INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	1	10.00	$15.62	PA Not Required
J1630	J1630-INJECTION, HALOPERIDOL, UP TO 5 MG	1	3.00	$6.11	PA Not Required
J1631	J1631-INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	1	8.00	$8.16	PA Not Required

J1642	J1642-INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	1	60.00	$0.05	PA Not Required
J1644	J1644-INJECTION, HEPARIN SODIUM, PER 1000 UNITS	1	20.00	$0.35	PA Not Required
J1645	J1645-INJECTION, DALTEPARIN SODIUM, PER 2500 IU	1	6.00	$14.04	PA Not Required
J1650	J1650-INJECTION, ENOXAPARIN SODIUM, 10 MG	1	30.00	$5.46	PA Not Required
J1652	J1652-INJECTION, FONDAPARINUX SODIUM, 0.5 MG	1	6.00	$7.40	PA Not Required
J1655	J1655-INJECTION, TINZAPARIN SODIUM, 1000 IU	1	27.00	$3.43	PA Not Required
J1670	J1670-INJECTION,TETANUS IMMUNE GLOBULIN,HUMAN,UP TO 250 UNITS	1	2.00	$106.25	PA Not Required
J1700	J1700-INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	1	2.00	$0.30	PA Not Required
J1710	J1710-INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	1	8.00	$4.98	PA Not Required
J1720	J1720-INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	1	45.00	$1.85	PA Not Required
J1730	J1730-INJECTION, DIAZOXIDE, UP TO 300 MG	1	2.00	$110.01	PA Not Required
J1742	J1742-INJECTION, IBUTILIDE FUMARATE, 1 MG	1	3.00	$224.89	PA Not Required
J1745	J1745-INJECTION INFLIXIMAB, 10 MG	1	75.00	$58.79	PA Required
J1750	J1750-INJECTION, IRON DEXTRAN, 50 MG	1	50.00	$16.03	PA Not Required

J1756	J1756-INJECTION, IRON SUCROSE, 1 MG	1	100.00	$0.58	PA Not Required
J1790	J1790-INJECTION, DROPERIDOL, UP TO 5 MG	1	6.00	$2.50	PA Not Required
J1800	J1800-INJECTION, PROPRANOLOL HCL, UP TO 1 MG	1	18.00	$10.40	PA Not Required
J1810	J1810-INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	1	30.00	$8.45	PA Not Required
J1815	J1815-INJECTION, INSULIN, PER 5 UNITS	1	100.00	$0.09	PA Not Required
J1825	J1825-INJECTION, INTERFERON BETA-1A, 33 MCG	1	1.00	$99.54	PA Not Required
J1830	J1830-INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN	1	2.00	$60.14	PA Not Required
J1840	J1840-INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	1	5.00	$2.94	PA Not Required
J1850	J1850-INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	1	30.00	$0.44	PA Not Required
J1885	J1885-INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	12.00	$3.19	PA Not Required
J1890	J1890-INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	1	3.00	$9.18	PA Not Required
J1940	J1940-INJECTION, FUROSEMIDE, UP TO 20 MG	1	15.00	$0.88	PA Not Required
J1950	J1950-INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	1	1.00	$453.79	PA Not Required
J1955	J1955-INJECTION, LEVOCARNITINE, PER 1 GM	1	8.00	$30.60	PA Not Required

J1956	J1956-INJECTION, LEVOFLOXACIN, 250 MG	1	5.00	$18.62	PA Not Required
J1960	J1960-INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	1	3.00	$3.37	PA Not Required
J1980	J1980-INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	1	12.00	$7.66	PA Not Required
J1990	J1990-INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	1	3.00	$22.37	PA Not Required
J2001	J2001-INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	1	30.00	$0.17	PA Not Required
J2010	J2010-INJECTION, LINCOMYCIN HCL, UP TO 300 MG	1	40.00	$2.84	PA Not Required
J2060	J2060-INJECTION, LORAZEPAM, 2 MG	1	6.00	$2.81	PA Not Required
J2150	J2150-INJECTION, MANNITOL, 25% IN 50 ML	1	3.00	$2.92	PA Not Required
J2175	J2175-INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	1	18.00	$0.48	PA Not Required
J2180	J2180-INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	1	6.00	$4.02	PA Not Required
J2185	J2185-INJECTION, MEROPENEM, 100 MG	1	10.00	$4.40	PA Not Required
J2210	J2210-INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	1	2.00	$3.67	PA Not Required
J2250	J2250-INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	1	12.00	$1.14	PA Not Required
J2260	J2260-INJECTION, MILRINONE LACTATE, 5 MG	1	2.00	$46.15	PA Not Required

J2270	J2270-INJECTION, MORPHINE SULFATE, UP TO 10 MG	1	9.00	$0.69	PA Not Required
J2271	J2271-INJECTION, MORPHINE SULFATE, 100 MG	1	1.00	$4.08	PA Not Required
J2275	J2275-INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	1	9.00	$1.70	PA Not Required
J2300	J2300-INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	1	24.00	$1.35	PA Not Required
J2310	J2310-INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	1	15.00	$2.12	PA Not Required
J2320	J2320-INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	1	4.00	$3.43	PA Not Required
J2321	J2321-INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	1	3.00	$6.25	PA Not Required
J2322	J2322-INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	1	2.00	$14.08	PA Not Required
J2324	J2324-INJECTION, NESIRITIDE, 0.5 MG	1	1.00	$129.20	PA Not Required
J2353	J2353-INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	1	30.00	$71.09	PA Not Required
J2354	J2354-INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	1	40.00	$3.94	PA Not Required
J2355	J2355-INJECTION, OPRELVEKIN, 5 MG	1	3.00	$239.67	PA Not Required
J2360	J2360-INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	1	3.00	$4.85	PA Not Required
J2370	J2370-INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	1	3.00	$1.15	PA Not Required

J2400	J2400-INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	1	2.00	$5.72	PA Not Required
J2405	J2405-INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	1	48.00	$5.58	PA Not Required
J2410	J2410-INJECTION, OXYMORPHONE HCL, UP TO 1 MG	1	14.00	$2.64	PA Not Required
J2430	J2430-INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	1	5.00	$237.88	PA Not Required
J2440	J2440-INJECTION, PAPAVERINE HCL, UP TO 60 MG	1	15.00	$2.98	PA Not Required
J2460	J2460-INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	1	9.00	$0.91	PA Not Required
J2501	J2501-INJECTION, PARICALCITOL, 1 MCG	1	116.00	$4.49	PA Not Required
J2505	J2505-INJECTION, PEGFILGRASTIM, 6 MG	1	6.00	$2,507.50	PA Not Required
J2510	J2510-INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	1	6.00	$8.58	PA Not Required
J2515	J2515-INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	1	6.00	$1.18	PA Not Required
J2540	J2540-INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	1	50.00	$0.26	PA Not Required
J2543	J2543-INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	1	18.00	$4.36	PA Not Required
J2550	J2550-INJECTION, PROMETHAZINE HCL, UP TO 50 MG	1	4.00	$2.55	PA Not Required
J2560	J2560-INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	1	15.00	$1.44	PA Not Required

J2590	J2590-INJECTION, OXYTOCIN, UP TO 10 UNITS	1	6.00	$1.15	PA Not Required
J2597	J2597-INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	1	6.00	$3.09	PA Not Required
J2650	J2650-INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	1	30.00	$0.22	PA Not Required
J2675	J2675-INJECTION, PROGESTERONE, PER 50 MG	1	1.00	$3.18	PA Not Required
J2680	J2680-INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	1	6.00	$8.02	PA Not Required
J2690	J2690-INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	1	6.00	$1.27	PA Not Required
J2700	J2700-INJECTION, OXACILLIN SODIUM, UP TO 250 MG	1	6.00	$0.71	PA Not Required
J2710	J2710-INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	1	12.00	$0.59	PA Not Required
J2720	J2720-INJECTION, PROTAMINE SULFATE, PER 10 MG	1	3.00	$0.68	PA Not Required
J2725	J2725-INJECTION, PROTIRELIN, PER 250 MCG	1	3.00	$21.83	PA Not Required
J2730	J2730-INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	1	6.00	$92.12	PA Not Required
J2760	J2760-INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	1	3.00	$28.56	PA Not Required
J2765	J2765-INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	1	6.00	$1.32	PA Not Required
J2783	J2783-INJECTION, RASBURICASE, 0.5 MG	1	30.00	$105.54	PA Not Required

J2788	J2788-INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	1	1.00	$45.82	PA Not Required
J2790	J2790-INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	1	2.00	$89.76	PA Not Required
J2792	J2792-INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	1	30.00	$18.39	PA Not Required
J2795	J2795-INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	1	750.00	$0.06	PA Not Required
J2800	J2800-INJECTION, METHOCARBAMOL, UP TO 10 ML	1	5.00	$3.40	PA Not Required
J2820	J2820-INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	1	15.00	$24.47	PA Not Required
J2910	J2910-INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	1	1.00	$15.49	PA Not Required
J2912	J2912-INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	1	5.00	$0.44	PA Not Required
J2916	J2916-INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	1	2.00	$7.31	PA Not Required
J2920	J2920-INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	1	6.00	$1.41	PA Not Required
J2930	J2930-INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	1	2.00	$1.72	PA Not Required
J2941	J2941-INJECTION, SOMATROPIN, 1 MG	1	1.00	$41.09	PA Not Required
J2950	J2950-INJECTION, PROMAZINE HCL, UP TO 25 MG	1	18.00	$0.41	PA Not Required
J2993	J2993-INJECTION, RETEPLASE, 18.1 MG	1	2.00	$1,168.75	PA Not Required

J2995	J2995-INJECTION, STREPTOKINASE, PER 250,000 IU	1	9.00	$79.69	PA Not Required
J2997	J2997-INJECTION, ALTEPLASE RECOMBINANT, 1 MG	1	100.00	$32.83	PA Not Required
J3000	J3000-INJECTION, STREPTOMYCIN, UP TO 1 GM	1	2.00	$5.67	PA Not Required
J3010	J3010-INJECTION, FENTANYL CITRATE, 0.1 MG	1	2.00	$0.72	PA Not Required
J3030	J3030-INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	1	3.00	$23.76	PA Not Required
J3070	J3070-INJECTION, PENTAZOCINE, 30 MG	1	12.00	$4.67	PA Not Required
J3105	J3105-INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	1	1.00	$26.30	PA Not Required
J3120	J3120-INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	1	5.00	$8.03	PA Not Required
J3130	J3130-INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	1	3.00	$16.07	PA Not Required
J3140	J3140-INJECTION,TESTOSTERONE SUSPENSION,UP TO 50MG	1	10.00	$0.28	PA Not Required
J3150	J3150-INJECTION,TESTOSTERONE PROPIONATE,UP TO 100MG	1	6.00	$0.84	PA Not Required
J3230	J3230-INJECTION,CHLORPROMAZINE HCL,UP TO 50MG	1	8.00	$3.93	PA Not Required
J3245	J3245-INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	1	1.00	$421.77	PA Not Required
J3250	J3250-INJECTION,TRIMETHOBENZAMIDE HCL,UP TO 200MG	1	6.00	$1.39	PA Not Required

J3260	J3260-INJECTION,TOBRAMYCIN SULFATE,UP TO 80MG	1	10.00	$3.99	PA Not Required
J3265	J3265-INJECTION, TORSEMIDE, 10 MG/ML	1	3.00	$1.39	PA Not Required
J3280	J3280-INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	1	5.00	$5.06	PA Not Required
J3301	J3301-INJECTION,TRIAMCINOLONE ACETONIDE,PER 10MG	1	9.00	$1.43	PA Not Required
J3302	J3302-INJECTION,TRIAMCINOLONE DIACETATE, PER 5MG	1	12.00	$0.31	PA Not Required
J3303	J3303-INJECTION,TRIAMCINOLONE HEXACETONIDE,PER 5MG	1	6.00	$0.90	PA Not Required
J3305	J3305-INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	1	6.00	$127.50	PA Not Required
J3315	J3315-INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	1	1.00	$356.66	PA Not Required
J3320	J3320-INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	1	3.00	$25.30	PA Not Required
J3360	J3360-INJECTION, DIAZEPAM, UP TO 5 MG	1	9.00	$0.77	PA Not Required
J3364	J3364-INJECTION, UROKINASE, 5000 IU VIAL	1	2.00	$9.15	PA Not Required
J3365	J3365-INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	1	3.00	$457.66	PA Not Required
J3370	J3370-INJECTION, VANCOMYCIN HCL, 500 MG	1	6.00	$2.57	PA Not Required
J3395	J3395-INJECTION, VERTEPORFIN, 15MG	1	1.00	$1,304.75	PA Not Required

J3410	J3410-INJECTION,HYDROXYZINE HCL,UP TO 25MG	1	24.00	$1.08	PA Not Required
J3411	J3411-INJECTION, THIAMINE HCL, 100 MG	1	1.00	$0.85	PA Not Required
J3415	J3415-INJECTION, PYRIDOXINE HCL, 100 MG	1	1.00	$0.47	PA Not Required
J3420	J3420-INJECTION,VITAMIN B-12 CYANOCOBALAMIN,UP TO 1000MCG	1	2.00	$0.15	PA Not Required
J3430	J3430-INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	1	38.00	$1.98	PA Not Required
J3465	J3465-INJECTION, VORICONAZOLE, 10 MG	1	60.00	$4.51	PA Not Required
J3475	J3475-INJECTION, MAGNESIUM SULFATE, PER 500 MG	1	10.00	$0.21	PA Not Required
J3480	J3480-INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	1	150.00	$0.07	PA Not Required
J3485	J3485-INJECTION, ZIDOVUDINE, 10 MG	1	180.00	$0.91	PA Not Required
J3486	J3486-INJECTION, ZIPRASIDONE MESYLATE, 10 MG	1	2.00	$18.60	PA Not Required
J3487	J3487-INJECTION, ZOLEDRONIC ACID, 1 MG	1	4.00	$194.54	PA Not Required
J3490	J3490-UNCLASSIFIED DRUGS	1	999.99	$0.00	PA Not Required
J7030	J7030-INFUSION, NORMAL SALINE SOLUTION , 1000 CC	1	4.00	$7.43	PA Not Required
J7040	J7040-INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	1	2.00	$4.19	PA Not Required

J7042	J7042-5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	1	2.00	$8.45	PA Not Required
J7050	J7050-INFUSION, NORMAL SALINE SOLUTION , 250 CC	1	2.00	$1.64	PA Not Required
J7060	J7060-5% DEXTROSE/WATER (500 ML = 1 UNIT)	1	2.00	$7.86	PA Not Required
J7070	J7070-INFUSION, D5W, 1000 CC	1	1.00	$9.81	PA Not Required
J7100	J7100-INFUSION, DEXTRAN 40, 500 ML	1	6.00	$22.47	PA Not Required
J7110	J7110-INFUSION, DEXTRAN 75, 500 ML	1	3.00	$12.72	PA Not Required
J7120	J7120-RINGERS LACTATE INFUSION, UP TO 1000 CC	1	1.00	$10.51	PA Not Required
J7130	J7130-HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	1	3.00	$0.46	PA Not Required
J7300	J7300-INTRAUTERINE COPPER CONTRACEPTIVE	1	1.00	$344.00	PA Not Required
J7302	J7302-LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1	1.00	$395.00	PA Not Required
J7317	J7317-SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION	1	2.00	$124.11	PA Not Required
J7320	J7320-HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	1	3.00	$201.24	PA Not Required
J7340	J7340-DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	1	44.00	$26.21	PA Required
J7342	J7342-DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	1	38.00	$14.42	PA Required

J9000	J9000-DOXORUBICIN HCL, 10 MG	1	23.00	$8.67	PA Not Required
J9001	J9001-DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	1	23.00	$352.06	PA Not Required
J9010	J9010-ALEMTUZUMAB, 10 MG	1	3.00	$523.00	PA Not Required
J9015	J9015-ALDESLEUKIN, PER SINGLE USE VIAL	1	5.00	$657.15	PA Not Required
J9017	J9017-ARSENIC TRIOXIDE, 1MG	1	20.00	$2.81	PA Not Required
J9020	J9020-ASPARAGINASE, 10,000 UNITS	1	15.00	$56.02	PA Not Required
J9031	J9031-BCG (INTRAVESICAL) PER INSTILLATION	1	1.00	$143.28	PA Not Required
J9040	J9040-BLEOMYCIN SULFATE, 15 UNITS	1	5.00	$150.61	PA Not Required
J9045	J9045-CARBOPLATIN, 50 MG	1	22.00	$126.83	PA Not Required
J9050	J9050-CARMUSTINE, 100 MG	1	6.00	$121.84	PA Not Required
J9060	J9060-CISPLATIN, POWDER OR S0LUTION, PER 10 MG	1	40.00	$13.56	PA Not Required
J9062	J9062-CISPLATIN, 50 MG	1	14.00	$67.79	PA Not Required
J9065	J9065-INJECTION, CLADRIBINE, PER 1 MG	1	5.00	$47.81	PA Not Required
J9070	J9070-CYCLOPHOSPHAMIDE, 100 MG	1	34.00	$5.13	PA Not Required

J9080	J9080-CYCLOPHOSPHAMIDE, 200 MG	1	2.00	$9.74	PA Not Required
J9090	J9090-CYCLOPHOSPHAMIDE, 500 MG	1	10.00	$20.45	PA Not Required
J9091	J9091-CYCLOPHOSPHAMIDE, 1.0 GRAM	1	5.00	$40.92	PA Not Required
J9092	J9092-CYCLOPHOSPHAMIDE, 2.0 GRAM	1	3.00	$81.82	PA Not Required
J9093	J9093-CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	1	4.00	$5.21	PA Not Required
J9094	J9094-CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	1	38.00	$10.41	PA Not Required
J9095	J9095-CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	1	15.00	$20.45	PA Not Required
J9096	J9096-CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	1	5.00	$40.92	PA Not Required
J9097	J9097-CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	1	3.00	$83.95	PA Not Required
J9098	J9098-CYTARABINE LIPOSOME, 10 MG	1	53.00	$332.35	PA Not Required
J9100	J9100-CYTARABINE, 100 MG	1	180.00	$7.33	PA Not Required
J9110	J9110-CYTARABINE, 500 MG	1	32.00	$7.65	PA Not Required
J9120	J9120-DACTINOMYCIN, 0.5 MG	1	5.00	$12.41	PA Not Required
J9130	J9130-DACARBAZINE, 100 MG	1	7.00	$10.04	PA Not Required

J9140	J9140-DACARBAZINE, 200 MG	1	4.00	$19.73	PA Not Required
J9150	J9150-DAUNORUBICIN, 10 MG	1	12.00	$66.42	PA Not Required
J9165	J9165-DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	1	6.00	$12.89	PA Not Required
J9170	J9170-DOCETAXEL, 20 MG	1	15.00	$301.40	PA Not Required
J9178	J9178-INJECTION, EPIRUBICIN HCL, 2 MG	1	150.00	$24.73	PA Not Required
J9181	J9181-ETOPOSIDE, 10 MG	1	30.00	$1.53	PA Not Required
J9182	J9182-ETOPOSIDE, 100 MG	1	50.00	$15.30	PA Not Required
J9185	J9185-FLUDARABINE PHOSPHATE, 50 MG	1	2.00	$318.59	PA Not Required
J9190	J9190-FLUOROURACIL, 500 MG	1	3.00	$1.85	PA Not Required
J9200	J9200-FLOXURIDINE, 500 MG	1	1.00	$124.42	PA Not Required
J9201	J9201-GEMCITABINE HCL, 200 MG	1	15.00	$101.90	PA Not Required
J9202	J9202-GOSERELIN ACETATE IMPLANT, PER 3.6 MG	1	1.00	$375.99	PA Not Required
J9206	J9206-IRINOTECAN, 20 MG	1	53.00	$122.73	PA Not Required
J9208	J9208-IFOSFAMIDE, 1 GM	1	5.00	$134.55	PA Not Required

J9209	J9209-MESNA, 200 MG	1	12.00	$31.45	PA Not Required
J9211	J9211-IDARUBICIN HYDROCHLORIDE, 5 MG	1	8.00	$375.73	PA Not Required
J9212	J9212-INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	1	15.00	$3.67	PA Not Required
J9213	J9213-INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1	12.00	$31.21	PA Not Required
J9214	J9214-INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	1	4.00	$13.31	PA Not Required
J9215	J9215-INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	1	24.00	$7.03	PA Not Required
J9216	J9216-INTERFERON, GAMMA 1-B, 3 MILLION UNITS	1	1.00	$187.19	PA Not Required
J9217	J9217-LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	1	4.00	$500.58	PA Not Required
J9218	J9218-LEUPROLIDE ACETATE,PER 1MG	1	30.00	$23.26	PA Not Required
J9230	J9230-MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	1	3.00	$10.74	PA Not Required
J9245	J9245-INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	1	1.00	$375.88	PA Not Required
J9250	J9250-METHOTREXATE SODIUM, 5 MG	1	75.00	$0.34	PA Not Required
J9260	J9260-METHOTREXATE SODIUM, 50 MG	1	8.00	$4.25	PA Not Required
J9263	J9263-INJECTION, OXALIPLATIN, 0.5 MG	1	446.00	$8.45	PA Not Required

J9265	J9265-PACLITAXEL, 30 MG	1	18.00	$139.90	PA Not Required
J9266	J9266-PEGASPARGASE, PER SINGLE DOSE VIAL	1	10.00	$1,277.13	PA Not Required
J9268	J9268-PENTOSTATIN, PER 10 MG	1	2.00	$1,644.27	PA Not Required
J9270	J9270-PLICAMYCIN, 2.5 MG	1	2.00	$83.93	PA Not Required
J9280	J9280-MITOMYCIN, 5 MG	1	12.00	$57.12	PA Not Required
J9290	J9290-MITOMYCIN, 20 MG	1	3.00	$185.64	PA Not Required
J9291	J9291-MITOMYCIN, 40 MG	1	2.00	$255.00	PA Not Required
J9293	J9293-INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	1	9.00	$321.52	PA Not Required
J9300	J9300-GEMTUZUMAB OZOGAMICIN, 5MG	1	5.00	$1,953.94	PA Not Required
J9310	J9310-RITUXIMAB, 100 MG	1	12.00	$427.28	PA Not Required
J9320	J9320-STREPTOZOCIN, 1 GM	1	2.00	$126.58	PA Not Required
J9340	J9340-THIOTEPA, 15 MG	1	8.00	$83.73	PA Not Required
J9350	J9350-TOPOTECAN, 4 MG	1	4.00	$706.17	PA Not Required
J9355	J9355-TRASTUZUMAB, 10 MG	1	60.00	$52.01	PA Not Required

J9357	J9357-VALRUBICIN, INTRAVESICAL, 200 MG	1	4.00	$471.24	PA Not Required
J9360	J9360-VINBLASTINE SULFATE, 1 MG	1	38.00	$2.81	PA Not Required
J9370	J9370-VINCRISTINE SULFATE, 1 MG	1	2.00	$15.99	PA Not Required
J9375	J9375-VINCRISTINE SULFATE, 2 MG	1	2.00	$46.40	PA Not Required
J9380	J9380-VINCRISTINE SULFATE, 5 MG	1	1.00	$79.97	PA Not Required
J9390	J9390-VINORELBINE TARTRATE, PER 10 MG	1	9.00	$76.19	PA Not Required
J9395	J9395-INJECTION, FULVESTRANT, 25 MG	1	10.00	$78.36	PA Not Required
J9999	J9999-NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	1	99.99	$0.00	PA Not Required
Q0136	Q0136-INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	1	95.00	$11.62	PA Not Required
Q0187	Q0187-FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	1	16.00	$1.26	PA Not Required
Q2002	Q2002-INJECTION, ELLIOTTS B SOLUTION, PER ML	1	10.00	$3.02	PA Not Required
Q2003	Q2003-INJECTION, APROTININ, 10,000 KIU	1	400.00	$12.81	PA Not Required
Q2005	Q2005-INJECTION, CORTICORELIN OVINE TRIFLUTATE, PER DOSE	1	1.00	$398.44	PA Not Required
Q2006	Q2006-INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	1	1.00	$618.72	PA Not Required

Q2007	Q2007-INJECTION, ETHANOLAMINE OLEATE, 100 MG	1	10.00	$64.81	PA Not Required
Q2008	Q2008-INJECTION, FOMEPIZOLE, 15 MG	1	2.00	$10.80	PA Not Required
Q2009	Q2009-INJECTION, FOSPHENYTOIN, 50 MG	1	3.00	$5.44	PA Not Required
Q2011	Q2011-INJECTION, HEMIN, PER 1 MG	1	816.00	$6.62	PA Not Required
Q2012	Q2012-INJECTION, PEGADEMASE BOVINE, 25 IU	1	100.00	$147.25	PA Not Required
Q2013	Q2013-INJECTION, PENTASTARCH, 10% SOLUTION, PER 100 ML	1	20.00	$13.52	PA Not Required
Q2014	Q2014-INJECTION, SERMORELIN ACETATE, 0.5 MG	1	100.00	$14.12	PA Not Required
Q2017	Q2017-INJECTION, TENIPOSIDE, 50 MG	1	100.00	$241.04	PA Not Required
Q2018	Q2018-INJECTION, UROFOLLITROPIN, 75 IU	1	2.00	$84.88	PA Not Required
Q2019	Q2019-INJECTION, BASILIXIMAB, 20 MG	1	2.00	$1,445.31	PA Not Required
Q2021	Q2021-INJECTION, LEPIRUDIN, 50 MG	1	9.00	$134.51	PA Not Required
Q2022	Q2022-VON WILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	1	12,700.00	$0.95	PA Not Required