

PHYSICIAN ADMINISTERED DRUG FEE SCHEDULE Effective 01/01/2020

Print Date: 2/4/20

Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed.

CPT copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the AMA.

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90371	Not Covered		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	0	999	01/01/1999	12/31/9999	1	0.00
90375	Fee on File		RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEO	0	999	01/01/2020	12/31/9999	1	277.34
90376	Fee on File		RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR	0	999	01/01/2020	12/31/9999	1	278.70
90378	Not Covered		RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH	0	999	01/01/2000	12/31/9999	1	0.00
90384	Fee on File		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE	0	999	04/01/2018	12/31/9999	1	95.39
90385	Fee on File		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	0	999	04/01/2018	12/31/9999	1	34.74
90386	Not Covered		RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE	0	999	01/01/1999	12/31/9999	1	0.00
90389	Fee on File		TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE	19	999	10/01/2018	12/31/9999	1	597.64
90393	Not Covered		VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	0	999	01/01/1999	12/31/9999	1	0.00
90396	Not Covered		VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	0	999	01/01/1999	12/31/9999	1	0.00
90399	Not Covered		UNLISTED IMMUNE GLOBULIN	0	999	01/01/1999	12/31/9999	1	0.00
90460	Fee on File		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION WITH	0	18	07/01/2019	12/31/9999	10	13.82
90461	Fee on File		IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION WITH	0	18	07/01/2019	12/31/9999	6	10.63
90471	Fee on File		IMMUNIZATION ADMINISTRATION; 1 SINGLE/COMBINATION VACCINE/TOXOID	0	999	07/01/2019	12/31/9999	1	13.82
90472	Fee on File		IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTA	0	999	07/01/2019	12/31/9999	8	10.63
90473	Fee on File		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SI	0	18	07/01/2019	12/31/9999	1	13.82
90474	Fee on File		IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	0	18	07/01/2019	12/31/9999	1	10.63
90476	Not Covered		ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	0	999	10/01/2003	12/31/9999	1	0.00
90477	Not Covered		ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	0	999	10/01/2003	12/31/9999	1	0.00
90581	Not Covered		ANTHRAX VACCINE, FOR SUBCUTANEOUS USE	0	999	01/01/1999	12/31/9999	1	0.00
90585	Not Covered		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCU	0	999	01/01/1999	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90586	Not Covered		BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR	0	999	01/01/1999	12/31/9999	1	0.00
90587	Not Covered		DENGUE VACCINE, QUADRIVALENT, LIVE, 3 DOSE SCHEDULE, FOR SUBCUTANEOUS USE	0	999	07/01/2017	12/31/9999	1	0.00
90619	Not Covered		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, T, QUADRIVALENT, TETANUS TOXOID CARRIER (MENACWY-TT), FOR INTRAMUSCULAR USE	0	999	07/01/2019	12/31/9999	1	0.00
90620	Fee on File		MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB-4C) 2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10	25	04/01/2018	12/31/9999	1	198.75
90621	Fee on File		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B, (MENB-FHBP), 2 OR 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10	25	04/01/2018	12/31/9999	1	160.20
90625	Not Covered		CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE, FOR ORAL USE	0	999	01/01/2016	12/31/9999	1	0.00
90630	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE FOR INTRADERMAL USE	19	64	10/01/2016	12/31/9999	1	20.34
90632	Not Covered		HEPATITIS A VACCINE (HEPA) ADULT DOSAGE FOR INTRAMUSCULAR USE	0	999	01/01/1999	12/31/9999	1	0.00
90633	Fee on File		HEPATITIS A VACCINE (HEPA) PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	0	18	10/01/2003	12/31/9999	1	0.00
90634	Not Covered		HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	0	999	01/01/1999	12/31/9999	1	0.00
90636	Not Covered		HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR	0	999	01/01/1999	12/31/9999	1	0.00
90644	Fee on File		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND	0	2	07/01/2015	12/31/9999	1	29.35
90647	Fee on File		HAEMOPHILUS INFLUENZAE B VACCINE (HIB), PRP-OMP CONJUGATE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	999	10/01/2017	12/31/9999	1	62.66
90648	Fee on File		HAEMOPHILUS INFLUENZAE B VACCINE (HIB), PRP-T CONJUGATE, (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	999	07/01/2016	12/31/9999	1	18.75
90649	Fee on File		HUMAN PAPILLOMA VIRUS VACCINE, TYPES 6, 11, 16, 18, (QUADRIVALENT) (HPV4), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	9	26	04/01/2018	12/31/9999	1	384.90
90650	Fee on File		HUMAN PAPILLOMA VIRUS VACCINE, TYPES 16, 18, BIVALENT (HPV2), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR	9	26	01/01/2016	12/31/9999	1	154.35
90651	Fee on File		HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT (9VHPV), 2 OR 3-DOSE SCHEDULE, FOR INTRAMUSCULAR USE	9	26	08/01/2019	12/31/9999	1	455.86

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90653	Fee on File		INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	65	999	10/01/2019	12/31/9999	1	59.53
90654	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	19	999	10/01/2013	12/31/9999	1	18.92
90655	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	2	07/01/2013	12/31/9999	1	17.24
90656	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	3	999	10/01/2018	12/31/9999	1	19.77
90657	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	3	07/01/2014	12/31/9999	1	6.02
90658	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	3	999	04/01/2018	12/31/9999	1	37.23
90660	Not Covered		INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL	2	49	10/01/2013	12/31/9999	1	0.00
90661	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (CCIIV3), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE FOR INTRAMUSCULAR USE	0	999	08/01/2016	12/31/9999	1	22.29
90662	Fee on File		INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE	0	999	10/01/2019	12/31/9999	1	56.01
90664	Not Covered		INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FORMULATION FOR INTRANASAL USE	0	999	01/01/2010	12/31/9999	1	0.00
90666	Not Covered		INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE	0	999	01/01/2010	12/31/9999	1	0.00
90667	Not Covered		INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE	0	999	01/01/2010	12/31/9999	1	0.00
90668	Not Covered		INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS FOR INTRAMUSCULAR USE	0	999	01/01/2010	12/31/9999	1	0.00
90670	Fee on File		PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR INTRAMUSCULAR USE	0	999	01/01/2020	12/31/9999	1	214.62
90672	Not Covered		INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE (LAIV4), FOR INTRANASAL USE	0	999	10/01/2016	12/31/9999	1	0.00
90673	Fee on File		INFLUENZA VIRUS VACCINE, TRIVALENT (RIV3), DERIVED FROM RECOMBINANT DNA (RIV3) HEMAGGLUTININ (HA)	18	999	07/01/2017	12/31/9999	1	40.61
90674	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT	4	999	10/01/2019	12/31/9999	1	28.13

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90675	Fee on File		RABIES VACCINE, FOR INTRAMUSCULAR USE	0	999	01/01/2020	12/31/9999	1	277.82
90676	Not Covered		RABIES VACCINE, FOR INTRADERMAL USE	0	999	01/01/1999	12/31/9999	1	0.00
90680	Fee on File		ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	0	1	10/01/2006	12/31/9999	1	0.00
90681	Fee on File		ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	0	1	08/01/2008	12/31/9999	1	0.00
90682	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ	18	999	10/01/2019	12/31/9999	1	56.01
90685	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	2	10/01/2019	12/31/9999	1	20.34
90686	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	0	999	10/01/2016	12/31/9999	1	19.03
90687	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	2	10/01/2016	12/31/9999	1	9.40
90688	Fee on File		INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	0	999	10/01/2016	12/31/9999	1	17.84
90689	Fee on File		INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4), INACTIVATED, ADJUVANTED, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	999	01/01/2019	12/31/9999	1	98.98
90690	Not Covered		TYPHOID VACCINE, LIVE, ORAL	0	999	01/01/1999	12/31/9999	1	0.00
90691	Not Covered		TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR U	0	999	01/01/1999	12/31/9999	1	0.00
90694	Not Covered		INFLUENZA VIRUS VACCINE, QUADRIVALENT INACTIVATED ADJUVANTED PRESERVATIVE FREE 0.5 MG DOSAGE FOR INTRAMUSCULAR USE	0	999	01/01/2020	12/31/9999	1	0.00
90696	Fee on File		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND INACTIVATED POLIOVIRUS VACCINE	4	6	08/01/2008	12/31/9999	1	0.00
90697	Not Covered		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, INACTIVATED POLIOVIRUS VACCINE	0	999	01/01/2015	12/31/9999	1	0.00
90698	Fee on File		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZAE TYPE B, AND INACTIVATED POLIOVIRUS VACCINE, FOR INTRAMUSCULAR USE	0	18	08/01/2008	12/31/9999	1	0.00
90700	Fee on File		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP) WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS FOR INTRAMUSCULAR USE	0	6	10/01/2003	12/31/9999	1	0.00
90702	Fee on File		DIPHTHERIA AND TETANUS TOXOIDS ADSORBED (DT) WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	0	6	10/01/2003	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90707	Fee on File		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	0	59	04/01/2018	12/31/9999	1	84.65
90710	Fee on File		MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTA	1	12	05/01/2006	12/31/9999	1	0.00
90713	Fee on File		POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	0	18	10/01/2003	12/31/9999	1	0.00
90714	Fee on File		TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	7	18	01/01/2020	12/31/9999	1	25.11
90715	Fee on File		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) WHEN ADMINISTERED TO 7 YEARS OR OLDER FOR INTRAMUSCULAR USE	10	999	01/01/2020	12/31/9999	1	33.64
90716	Fee on File		VARICELLA VIRUS VACCINE4 (VAR), LIVE, FOR SUBCUTANEOUS USE	0	999	04/01/2018	12/31/9999	1	146.28
90717	Not Covered		YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE, L	0	999	07/01/1983	12/31/9999	1	0.00
90723	Fee on File		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-PIV, FOR INTRAMUSCULAR USE	0	18	10/01/2003	12/31/9999	1	0.00
90732	Fee on File		PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23), ADULT OR IMMUNOSUPPRESSED PATIENT	2	999	04/01/2019	12/31/9999	1	114.21
90733	Fee on File		MENINGOCOCCAL POLYSACCHARIDE VACCINE, SEROGROUPS A, C Y, W-135, QUADRIVALENT (MPSV4), FOR SUBCUTANEOUS USE	2	18	05/01/2006	12/31/9999	1	0.00
90734	Fee on File		MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPSA, C, W, Y, QUADRIVALENT, DIPHTHERIA TOXOID	0	18	05/01/2006	12/31/9999	1	0.00
90736	Fee on File		ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS USE	60	999	04/01/2018	12/31/9999	1	267.74
90738	Not Covered		JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	0	999	07/01/2008	12/31/9999	1	0.00
90739	Not Covered		HEPATITIS B VACCINE (HEPB), ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	999	01/01/2013	12/31/9999	2	0.00
90740	Fee on File		HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	19	999	04/01/2019	12/31/9999	1	134.12
90743	Not Covered		HEPATITIS B VACCINE (HEPB), ADOLESCENT, (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	999	01/01/2001	12/31/9999	1	0.00
90744	Fee on File		HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	18	01/01/2005	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90746	Fee on File		HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	19	999	04/01/2019	12/31/9999	1	67.06
90747	Fee on File		HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, (4 DOSE SCHEDULE).FOR INTRAMUSCULAR USE	19	999	04/01/2019	12/31/9999	1	134.12
A9500	Fee on File		TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	18	999	04/01/2018	12/31/9999	3	354.00
A9501	Manual Pricing		TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	0	999	01/01/2008	12/31/9999	1	0.00
A9502	Fee on File		TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	18	999	04/01/2018	12/31/9999	3	2,923.80
A9503	Fee on File		TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	18	999	04/01/2018	12/31/9999	1	30.00
A9504	Not Covered		TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	0	999	07/01/2014	12/31/9999	1	0.00
A9505	Fee on File		THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	18	999	04/01/2018	12/31/9999	4	147.84
A9507	Fee on File		INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	18	999	04/01/2018	12/31/9999	1	879.20
A9508	Not Covered		IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	0	999	07/01/2014	12/31/9999	1	0.00
A9509	Not Covered		IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	0	999	07/01/2014	12/31/9999	273	0.00
A9510	Fee on File		TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	18	999	04/01/2018	12/31/9999	1	84.00
A9512	Fee on File		TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	0	999	01/01/2015	12/31/9999	10	13.52
A9513	Fee on File		LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	18	999	07/01/2019	12/31/9999	1	259.17
A9515	Fee on File		CHOLINE C 11, DIAGNOSTIC, PER STUDY DOSE	18	999	01/01/2017	12/31/9999	1	5,700.00
A9516	Fee on File		IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURIES	18	999	01/01/2015	12/31/9999	4	242.54
A9517	Fee on File		IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	0	999	01/01/2019	12/31/9999	1	20.76
A9520	Fee on File		TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	18	999	04/01/2018	12/31/9999	1	563.76
A9521	Fee on File		TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	18	999	04/01/2018	12/31/9999	1	1,747.16
A9524	Fee on File		IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	18	999	04/01/2018	12/31/9999	1	65.00
A9526	Manual Pricing		NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40	0	999	06/01/2007	12/31/9999	1	0.00
A9527	Fee on File		IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	0	999	01/01/2020	12/31/9999	1	31.26
A9528	Fee on File		IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	18	999	07/01/2014	12/31/9999	1	42.87

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A9529	Fee on File		IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	0	999	01/01/2015	12/31/9999	1	10.28
A9530	Fee on File		ODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	0	999	01/01/2019	12/31/9999	1	13.57
A9531	Fee on File		IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	0	999	01/01/2015	12/31/9999	1	154.28
A9532	Manual Pricing		IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	0	999	06/01/2007	12/31/9999	1	0.00
A9536	Not Covered		TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	07/01/2014	12/31/9999	1	0.00
A9537	Fee on File		TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	0	999	04/01/2018	12/31/9999	1	84.00
A9538	Fee on File		TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	04/01/2018	12/31/9999	1	48.00
A9539	Not Covered		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	07/01/2014	12/31/9999	2	0.00
A9540	Not Covered		TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	07/01/2014	12/31/9999	1	0.00
A9541	Fee on File		TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	0	999	04/01/2018	12/31/9999	1	390.00
A9542	Fee on File		INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	0	999	04/01/2008	12/31/9999	1	2,769.63
A9543	Fee on File		YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES	0	999	10/01/2019	12/31/9999	1	42,472.67
A9546	Manual Pricing		COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	0	999	06/01/2007	12/31/9999	1	0.00
A9547	Fee on File		INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	0	999	04/01/2018	12/31/9999	1	2,145.75
A9548	Fee on File		INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	18	999	04/01/2018	12/31/9999	1	1,115.62
A9550	Manual Pricing		TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	06/01/2007	12/31/9999	1	0.00
A9551	Fee on File		TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	0	999	04/01/2018	12/31/9999	1	3,596.52
A9552	Fee on File		FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	0	999	01/01/2015	12/31/9999	1	197.76
A9553	Not Covered		CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	0	999	07/01/2014	12/31/9999	1	0.00
A9554	Fee on File		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MICROCURIES	0	999	01/01/2015	12/31/9999	1	1,050.00
A9555	Fee on File		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	0	999	01/01/2016	12/31/9999	2	500.00
A9556	Fee on File		GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	18	999	07/01/2014	12/31/9999	10	67.42
A9557	Manual Pricing		TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	06/01/2007	12/31/9999	1	0.00
A9558	Fee on File		XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	18	999	07/01/2011	12/31/9999	2	38.96
A9559	Manual Pricing		COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	0	999	06/01/2007	12/31/9999	1	0.00
A9560	Fee on File		TECHNETIUM TC-99M LABELED RED	18	999	01/01/2015	12/31/9999	1	112.08

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
			BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES						
A9561	Fee on File		TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	18	999	07/01/2012	12/31/9999	1	50.16
A9562	Fee on File		TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	0	999	01/01/2015	12/31/9999	1	619.20
A9563	Fee on File		SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	0	999	01/01/2019	12/31/9999	999	730.03
A9564	Fee on File		CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	0	999	01/01/2017	12/31/9999	999	71.14
A9566	Manual Pricing		TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	0	999	06/01/2007	12/31/9999	1	0.00
A9567	Manual Pricing		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	0	999	06/01/2007	12/31/9999	1	0.00
A9568	Fee on File		TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	0	999	06/01/2007	12/31/9999	1	1,196.00
A9569	Fee on File		TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	0	999	04/01/2018	12/31/9999	1	8,735.82
A9570	Manual Pricing		INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	0	999	01/01/2008	12/31/9999	1	0.00
A9571	Fee on File		INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	0	999	01/01/2015	12/31/9999	1	4,291.50
A9572	Fee on File		INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	0	999	01/01/2015	12/31/9999	1	3,405.60
A9575	Fee on File		INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	2	999	01/01/2020	12/31/9999	32	0.18
A9576	Fee on File		INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	0	999	01/01/2020	12/31/9999	273	1.41
A9577	Fee on File		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	0	999	01/01/2020	12/31/9999	273	1.93
A9578	Fee on File		INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	0	999	01/01/2020	12/31/9999	273	1.91
A9579	Fee on File		INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	0	999	01/01/2020	12/31/9999	273	1.55
A9580	Manual Pricing		SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	0	999	01/01/2009	12/31/9999	20	0.00
A9581	Fee on File		INJECTION, GADOXETATE DISODIUM, 1 ML	0	999	01/01/2020	12/31/9999	14	14.75
A9582	Fee on File		IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15	0	999	07/01/2014	12/31/9999	7	944.64
A9583	Fee on File		INJECTION, GADOFOSVESET TRISODIUM, 1 ML	0	999	04/01/2017	12/31/9999	17	18.56
A9584	Fee on File		IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	21	999	01/01/2015	12/31/9999	1	1,140.48
A9585	Fee on File		INJECTION, GADOBUTROL, 0.1 ML	2	999	01/01/2020	12/31/9999	999	0.36
A9586	Not Covered		FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	18	999	01/01/2013	12/31/9999	999	0.00
A9587	Fee on File		GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	0	999	04/01/2019	12/31/9999	1	68.70



Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A9588	Fee on File		FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	18	999	04/01/2019	12/31/9999	10	424.53
A9589	Not Covered		INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	0	999	01/01/2019	12/31/9999	1	0.00
A9590	Not Covered		IODINE I-131, IOBENGUANE, 1 MILLICURIE	12	999	01/01/2020	12/31/9999	1	0.00
A9597	Not Covered		POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	0	999	01/01/2017	12/31/9999	1	0.00
A9598	Not Covered		POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	0	999	01/01/2017	12/31/9999	1	0.00
A9600	Fee on File	Yes	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	0	999	10/01/2019	12/31/9999	999	2,045.70
A9604	Fee on File		SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	0	999	10/01/2019	12/31/9999	999	16,040.56
A9606	Fee on File		RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	18	999	10/01/2019	12/31/9999	215	138.82
A9698	Manual Pricing		NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	0	999	06/01/2007	12/31/9999	1	0.00
A9699	Manual Pricing	Yes	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE	0	999	06/01/2007	12/31/9999	1	0.00
A9700	Manual Pricing	Yes	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER	0	999	06/01/2007	12/31/9999	1	0.00
C9041	Fee on File		INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED (ANDEXXA), 10 MG	18	999	04/01/2019	12/31/9999	80	291.50
C9046	Fee on File		COCAINE HYDROCHLORIDE NASAL SOLUTION FOR TOPICAL ADMINISTRATION, 1 MG	0	999	10/01/2019	12/31/9999	400	0.86
C9047	Not Covered		INJECTION, CAPLACIZUMAB-YHDP, 1 MG	18	999	07/01/2019	12/31/9999	22	0.00
C9054	Not Covered		INJECTION, LEFAMULIN (XENLETA), 1 MG	0	999	01/01/2020	12/31/9999	1	0.00
C9055	Not Covered		INJECTION, BREXANOLONE, 1MG	0	999	01/01/2020	12/31/9999	1	0.00
C9113	Not Covered		INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	0	999	01/01/2002	12/31/9999	1	0.00
C9132	Not Covered		PROTRHOMBIN COMPLEX CONCENTRATE (HUMAN) KCCENTRA PER IU OF FACTOR IX ACTIVITY	0	999	10/01/2013	12/31/9999	1	0.00
C9248	Not Covered		INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG	0	999	01/01/2009	12/31/9999	1	0.00
C9250	Not Covered		HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2ML	0	999	07/01/2009	12/31/9999	1	0.00
C9254	Not Covered		INJECTION, LACOSAMIDE, 1 MG	0	999	01/01/2010	12/31/9999	1	0.00
C9257	Not Covered		INJECTION, BEVACIZUMAB, 0.25 MG	0	999	01/01/2010	12/31/9999	1	0.00
C9285	Not Covered		LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	0	999	07/01/2011	12/31/9999	1	0.00
C9290	Not Covered		BUPIVACAINE LIPOSOME INJ 1 MG	0	999	04/01/2012	12/31/9999	1	0.00
C9293	Not Covered		INJECTION, GLUCARPIDASE, 10 UNITS	0	999	01/01/2013	12/31/9999	999	0.00
C9460	Not Covered		INJECTION, CANGRELOR, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
C9462	Fee on File		INJECTION, DELAFLOXACIN, 1 MG	18	999	04/01/2019	12/31/9999	900	0.47
C9482	Not Covered		INJECTION, SOTALOL HYDROCHLORIDE, 1 MG	2	999	10/01/2016	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
C9488	Not Covered		INJECTION, CONIVAPTAN HYDROCHLORIDE, 1MG	18	999	04/01/2017	12/31/9999	40	0.00
J0120	Fee on File		INJECTION, TETRACYCLINE, UP TO 250 MG	8	999	04/01/2018	12/31/9999	8	7.98
J0121	Not Covered		INJECTION, OMADACYCLINE, 1 MG	18	999	10/01/2019	12/31/9999	1	0.00
J0122	Fee on File		INJECTION, ERAVACYCLINE, 1 MG	18	999	01/01/2020	12/31/9999	318	1.02
J0129	Fee on File		INJECTION, ABATACEPT, 10 MG	0	999	01/01/2020	12/31/9999	100	54.85
J0130	Fee on File		INJECTION ABCIXIMAB, 10 MG	0	999	01/01/2019	12/31/9999	1	1,429.07
J0131	Fee on File		INJECTION, ACETAMINOPHEN, 10 MG	2	999	01/01/2015	12/31/9999	400	0.42
J0132	Fee on File		INJECTION, ACETYLCYSTEINE, 100 MG	0	999	01/01/2020	12/31/9999	700	0.91
J0133	Fee on File		INJECTION, ACYCLOVIR, 5 MG	0	999	01/01/2020	12/31/9999	1908	0.05
J0135	Fee on File		INJECTION, ADALIMUMAB, 20 MG	0	999	10/01/2019	12/31/9999	8	1,371.14
J0153	Fee on File		INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	0	999	01/01/2020	12/31/9999	24	0.62
J0171	Fee on File		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	0	999	01/01/2020	12/31/9999	15	0.82
J0178	Fee on File		INJECTION AFLIBERCEPT, 1MG	19	999	01/01/2020	12/31/9999	4	945.03
J0179	Not Covered		INJECTION, BROLUZUMAB-DBLL, 1 MG	19	999	01/01/2020	12/31/9999	6	0.00
J0180	Fee on File		INJECTION, AGALSIDASE BETA, 1 MG	0	999	01/01/2020	12/31/9999	159	183.75
J0185	Not Covered		INJECTION, APREPITANT, 1 MG	18	999	01/01/2019	12/31/9999	1	0.00
J0190	Not Covered		INJECTION, BIPERIDEN LACTATE, PER 5 MG	18	999	07/01/2014	12/31/9999	4	0.00
J0200	Not Covered		INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	0	999	01/01/2014	12/31/9999	3	0.00
J0202	Fee on File		INJECTION, ALEMTUZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	300	1,949.17
J0205	Not Covered		INJECTION, ALGLUCERASE, PER 10 UNITS	0	999	07/01/2014	12/31/9999	954	0.00
J0207	Fee on File		INJECTION, AMIFOSTINE, 500 MG	0	999	01/01/2020	12/31/9999	4	1,011.89
J0210	Fee on File		INJECTION, METHYLDOPATE ÉHCL, UP TO 250 MG	0	999	04/01/2018	12/31/9999	16	50.00
J0215	Fee on File		INJECTION, ALEFACEPT, 0.5 MG	0	999	10/01/2015	12/31/9999	30	41.64
J0220	Fee on File		INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	0	999	01/01/2019	12/31/9999	1590	141.14
J0221	Fee on File		INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	8	999	01/01/2020	12/31/9999	1590	171.21
J0222	Fee on File		INJECTION, PATISIRAN, 0.1 MG	18	999	10/01/2019	12/31/9999	300	98.32
J0256	Fee on File		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	0	999	01/01/2020	12/31/9999	954	4.45
J0257	Fee on File		INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	21	999	01/01/2020	12/31/9999	954	4.86
J0270	Not Covered		INJECTION ALPROSTADIL 1.25 MCG	0	999	01/01/1997	12/31/9999	2	0.00
J0275	Not Covered		ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRU	0	999	01/01/1999	12/31/9999	2	0.00
J0278	Fee on File		INJECTION, AMIKACIN SULFATE, 100 MG	0	999	01/01/2020	12/31/9999	15	1.28
J0280	Fee on File		INJECTION, AMINOPHYLLIN, UP TO 250 MG	0	999	01/01/2020	12/31/9999	4	10.53
J0282	Not Covered		INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	0	999	01/01/2001	12/31/9999	34	0.00
J0285	Fee on File		INJECTION, AMPHOTERICIN B, 50 MG	0	999	01/01/2020	12/31/9999	6	38.08
J0287	Fee on File		INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	0	999	01/01/2020	12/31/9999	80	9.06

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0288	Fee on File		INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	0	999	01/01/2014	12/31/9999	96	14.00
J0289	Fee on File		INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	0	999	01/01/2020	12/31/9999	80	26.73
J0290	Fee on File		INJECTION, AMPICILLIN SODIUM, É500	0	999	01/01/2020	12/31/9999	28	0.98
J0291	Fee on File		INJECTION, PLAZOMICIN, 5 MG	18	999	10/01/2019	12/31/9999	500	3.22
J0295	Fee on File		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	0	999	01/01/2020	12/31/9999	8	2.58
J0300	Not Covered		INJECTION, AMOBARBITAL, UP TO 125 MG	6	999	01/01/2015	12/31/9999	4	0.00
J0330	Fee on File		INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	0	999	04/01/2018	12/31/9999	8	2.50
J0348	Fee on File		INJECTION, ANADULAFUNGIN, 1 MG	0	999	01/01/2020	12/31/9999	200	0.52
J0350	Fee on File		INJECTION, ANISTREPLASE, PER 30 UNITS	0	999	01/01/2014	12/31/9999	4	2,268.46
J0360	Fee on File		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	0	999	01/01/2020	12/31/9999	12	3.75
J0364	Fee on File		INJECTION, APOMORPHINE HCL, 1 MG	0	999	07/01/2015	12/31/9999	3	39.80
J0365	Not Covered		INJECTION, APROTONIN, 10,000 KIU 00013900	0	999	01/01/2006	12/31/9999	1	0.00
J0380	Not Covered		INJECTION, METARAMINOL BITARTRATE, PER 10 MG	18	999	07/01/2014	12/31/9999	10	0.00
J0390	Fee on File		INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	0	999	01/01/2014	12/31/9999	3	17.27
J0395	Not Covered		INJECTION, ARBUTAMINE HCL, 1 MG	0	999	07/01/2014	12/31/9999	1	0.00
J0400	Fee on File		INJECTION, ARIPIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	18	999	01/01/2016	12/31/9999	120	0.76
J0401	Fee on File		INJECTION, ARIPIPIRAZOLE, EXTENDED RELEASE, 1 MG	6	999	10/01/2019	12/31/9999	400	5.70
J0456	Fee on File		INJECTION, AZITHROMYCIN, 500 MG	0	999	01/01/2020	12/31/9999	1	2.60
J0461	Fee on File		INJECTION, ATROPINE SULFATE, 0.01 MG	0	999	01/01/2020	12/31/9999	600	0.08
J0470	Fee on File		INJECTION, DIMERCAPROL, PER 100 MG	0	999	01/01/2020	12/31/9999	48	54.76
J0475	Fee on File		INJECTION, BACLOFEN, 10 MG	0	999	01/01/2020	12/31/9999	10	173.60
J0476	Fee on File		INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	0	999	01/01/2020	12/31/9999	14	60.07
J0480	Fee on File		INJECTION, BASILIXIMAB, 20 MG	0	999	01/01/2020	12/31/9999	1	3,808.08
J0485	Fee on File		INJECTION, BELATACEPT, 1 MG	18	999	01/01/2020	12/31/9999	1590	3.77
J0490	Fee on File		INJECTION, BELIMUMAB, 10 MG	0	999	01/01/2020	12/31/9999	159	45.49
J0500	Fee on File		INJECTION, DICYCLOMINE HCL, UP TO 20 MG	0	999	01/01/2020	12/31/9999	8	53.32
J0515	Fee on File		INJECTION, BENZTROPINE MESYLATE, PER 1 MG	0	999	01/01/2020	12/31/9999	6	17.73
J0517	Not Covered		INJECTION, BENRALIZUMAB, 1 MG	12	999	01/01/2019	12/31/9999	1	0.00
J0520	Fee on File		INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	18	999	01/01/2015	12/31/9999	2	4.49
J0558	Fee on File		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	0	999	01/01/2020	12/31/9999	24	10.87
J0561	Fee on File		INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	0	999	01/01/2020	12/31/9999	24	13.76
J0565	Fee on File		INJECTION, BEZLOTOXUMAB, 10 MG	18	999	01/01/2020	12/31/9999	150	39.79
J0567	Not Covered		INJECTION, CERLIPONASE ALFA, 1 MG	3	999	01/01/2019	12/31/9999	1	0.00
J0570	Fee on File		BUPRENORPHINE IMPLANT, 74.2 MG	16	999	01/01/2020	12/31/9999	4	1,211.27

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0571	Not Covered		BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0572	Not Covered		BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0573	Not Covered		USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	0	999	01/01/2015	12/31/9999	1	0.00
J0574	Not Covered		BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0575	Not Covered		BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0583	Not Covered		INJECTION, BIVALIRUDIN, 1 MG	0	999	01/01/2004	12/31/9999	5	0.00
J0584	Fee on File		INJECTION, BUROSUMAB-TWZA 1 MG	0	999	01/01/2020	12/31/9999	90	353.29
J0585	Fee on File		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12	999	04/01/2019	12/31/9999	400	6.12
J0586	Fee on File		INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	2	999	01/01/2020	12/31/9999	300	8.40
J0587	Fee on File		INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	18	999	10/01/2019	12/31/9999	50	11.99
J0588	Fee on File		INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	18	999	01/01/2020	12/31/9999	400	5.01
J0592	Fee on File		INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	0	999	01/01/2020	12/31/9999	6	4.75
J0593	Fee on File		INJECTION, LANADELUMAB-FLYO, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER	12	999	10/01/2019	12/31/9999	300	76.34
J0594	Fee on File		INJECTION, BUSULFAN, 1 MG	0	999	01/01/2020	12/31/9999	6	4.89
J0595	Fee on File		INJECTION, BUTORPHANOL TARTRATE, 1 MG	0	999	01/01/2020	12/31/9999	16	2.47
J0596	Not Covered		INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	13	999	01/01/2016	12/31/9999	1	0.00
J0597	Fee on File		INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	0	999	01/01/2020	12/31/9999	300	51.32
J0598	Fee on File		INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	0	999	01/01/2020	12/31/9999	100	56.48
J0599	Not Covered		INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS	13	999	01/01/2019	12/31/9999	1	0.00
J0600	Fee on File		INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	0	999	04/01/2018	12/31/9999	2	5,594.42
J0604	Fee on File		CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	18	999	01/01/2018	12/31/9999	360	32.27
J0606	Not Covered		INJECTION, ETELCALCETIDE, 0.1 MG	18	999	01/01/2018	12/31/9999	2	0.00
J0610	Fee on File		INJECTION, CALCIUM GLUCONATE, PER 10 ML	0	999	01/01/2020	12/31/9999	1	3.44
J0620	Fee on File		INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	0	999	01/01/2014	12/31/9999	4	8.96
J0630	Fee on File		INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	0	999	01/01/2020	12/31/9999	4	2,656.48
J0636	Fee on File		INJECTION, CALCITRIOL, 0.1 MCG	0	999	01/01/2020	12/31/9999	5	0.74
J0637	Fee on File		INJECTION, CASPOFUNGIN ACETATE, 5 MG	0	999	01/01/2020	12/31/9999	14	7.03
J0638	Fee on File		INJECTION, CANAKINUMAB, 1 MG	4	999	01/01/2020	12/31/9999	150	111.00
J0640	Fee on File		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	0	999	01/01/2020	12/31/9999	30	3.33

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0641	Fee on File		INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	6	999	01/01/2020	12/31/9999	1000	0.17
J0642	Not Covered		INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	0	999	10/01/2019	12/31/9999	1	0.00
J0670	Fee on File		INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	0	999	01/01/2020	12/31/9999	55	2.33
J0690	Fee on File		INJECTION, CEFAZOLIN SODIUM, 500 MG	0	999	01/01/2020	12/31/9999	6	0.82
J0692	Fee on File		INJECTION, CEFEPIME HCL, 500 MG	0	999	01/01/2020	12/31/9999	4	1.78
J0694	Fee on File		INJECTION, CEFOXITIN SODIUM, 1 GM	0	999	01/01/2020	12/31/9999	8	5.29
J0695	Not Covered		INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	18	999	01/01/2016	12/31/9999	20	0.00
J0696	Fee on File		INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	0	999	01/01/2020	12/31/9999	16	0.60
J0697	Fee on File		INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	0	999	01/01/2020	12/31/9999	6	2.22
J0698	Fee on File		CEFOTAXIME SODIUM, PER GM	0	999	07/01/2019	12/31/9999	12	2.33
J0702	Fee on File		INJECTION, BETAMETHASONE ACETATE 3MG	0	999	01/01/2020	12/31/9999	10	7.07
J0706	Not Covered		INJECTION, CAFFEINE CITRATE, 5MG	0	999	01/01/2002	12/31/9999	32	0.00
J0710	Fee on File		INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	0	999	01/01/2014	12/31/9999	12	3.07
J0712	Fee on File		INJECTION, CEFTAROLINE FOSAMIL, 10 MG	0	999	01/01/2020	12/31/9999	120	3.18
J0713	Fee on File		INJECTION, CEFTAZIDIME, PER 500 MG	0	999	01/01/2020	12/31/9999	12	2.03
J0714	Fee on File		INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	18	999	01/01/2020	12/31/9999	3	92.03
J0715	Fee on File		INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	0	999	01/01/2014	12/31/9999	24	5.24
J0716	Fee on File		INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	0	999	07/01/2019	12/31/9999	3	4,822.43
J0717	Fee on File		INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE	18	999	01/01/2020	12/31/9999	400	8.21
J0720	Fee on File		INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	0	999	01/01/2020	12/31/9999	8	38.94
J0725	Fee on File		INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	3	20	01/01/2020	12/31/9999	10	21.87
J0735	Fee on File		INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	0	999	01/01/2020	12/31/9999	1	17.09
J0740	Fee on File		INJECTION, CIDOFOVIR, 375 MG	0	999	01/01/2020	12/31/9999	2	633.40
J0743	Fee on File		INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	0	999	01/01/2020	12/31/9999	16	5.69
J0744	Not Covered		INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	0	999	01/01/2002	12/31/9999	6	0.00
J0745	Fee on File		INJECTION, CODEINE PHOSPHATE, PER 30 MG	0	999	04/01/2018	12/31/9999	12	1.36
J0770	Fee on File		INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	0	999	01/01/2020	12/31/9999	6	19.72
J0775	Fee on File		INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	18	999	01/01/2020	12/31/9999	58	48.73
J0780	Fee on File		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	2	999	01/01/2020	12/31/9999	4	8.64
J0795	Fee on File		INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	0	999	01/01/2020	12/31/9999	59	9.24
J0800	Fee on File		INJECTION, CORTICOTROPIN, UP TO 40 UNITS	0	999	01/01/2020	12/31/9999	2	3,923.78
J0834	Fee on File		INJECTION, COSYNTROPIN, 0.25 MG	0	999	01/01/2020	12/31/9999	3	37.92

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0840	Fee on File		INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	0	999	01/01/2020	12/31/9999	18	3,284.72
J0841	Fee on File		INJECTION, CROTALIDAE IMMUNE F(AB') <sub>2</sub> (EQUINE), 120 MG	0	999	01/01/2020	12/31/9999	10	1,260.96
J0850	Fee on File		INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	0	999	10/01/2018	12/31/9999	1	1,129.15
J0875	Fee on File		INJECTION, DALBAVANCIN, 5MG	18	999	01/01/2020	12/31/9999	300	15.06
J0878	Fee on File		INJECTION, DAPTOMYCIN, 1 MG	0	999	01/01/2020	12/31/9999	954	0.29
J0881	Fee on File		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	0	999	01/01/2020	12/31/9999	500	3.82
J0882	Fee on File		INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	0	999	01/01/2020	12/31/9999	200	3.82
J0883	Fee on File		INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	18	999	10/01/2019	12/31/9999	60	1.19
J0884	Fee on File		INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	18	999	10/01/2019	12/31/9999	60	1.19
J0885	Fee on File		INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	0	999	01/01/2020	12/31/9999	95	10.56
J0887	Fee on File		INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	0	999	01/01/2020	12/31/9999	14154	1.57
J0888	Fee on File		INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	0	999	01/01/2020	12/31/9999	498	1.57
J0890	Not Covered		INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	18	999	01/01/2014	12/31/9999	60	0.00
J0894	Fee on File		INJECTION, DECITABINE, 1 MG	0	999	01/01/2020	12/31/9999	80	4.30
J0895	Fee on File		INJECTION, DEFEROXAMINE MESYLATE, 500 MG	0	999	01/01/2020	12/31/9999	12	7.91
J0897	Fee on File		INJECTION, DENOSUMAB, 1 MG	18	999	10/01/2019	12/31/9999	120	19.28
J0945	Fee on File		INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	2	999	04/01/2018	12/31/9999	4	0.19
J1000	Fee on File		INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	0	999	01/01/2020	12/31/9999	2	21.85
J1020	Fee on File		INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	0	999	01/01/2020	12/31/9999	8	3.61
J1030	Fee on File		INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	0	999	01/01/2020	12/31/9999	4	6.29
J1040	Fee on File		INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	0	999	01/01/2020	12/31/9999	954	11.90
J1050	Fee on File		INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	999	10/01/2019	12/31/9999	150	0.56
J1071	Fee on File		INJECTION, TESTOSTERONE CYPIONATE, 1 MG	12	999	01/01/2020	12/31/9999	400	0.03
J1094	Fee on File		INJECTION, DEXAMETHASONE ACETATE, 1 MG	0	999	04/01/2018	12/31/9999	954	0.12
J1096	Fee on File		DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	18	999	10/01/2019	12/31/9999	1	151.41
J1097	Not Covered		PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTION, 1 ML	18	999	10/01/2019	12/31/9999	1	0.00
J1100	Fee on File		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0	999	01/01/2020	12/31/9999	954	0.12
J1110	Fee on File		INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	0	999	01/01/2020	12/31/9999	3	54.45
J1120	Fee on File		INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	0	999	01/01/2020	12/31/9999	2	14.14
J1130	Fee on File		INJECTION, DICLOFENAC SODIUM, 0.5	18	999	04/01/2018	12/31/9999	300	0.22

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1160	Fee on File		INJECTION, DIGOXIN, UP TO 0.5 MG	0	999	01/01/2020	12/31/9999	1	5.58
J1162	Fee on File		INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	0	999	10/01/2019	12/31/9999	20	3,780.19
J1165	Fee on File		INJECTION, PHENYTOIN SODIUM, PER 50 MG	0	999	01/01/2020	12/31/9999	43	0.98
J1170	Fee on File		INJECTION, HYDROMORPHONE, UP TO 4 MG	0	999	01/01/2020	12/31/9999	8	3.10
J1180	Not Covered		INJECTION, DYPHYLLINE, UP TO 500 MG	0	999	01/01/2014	12/31/9999	1	0.00
J1190	Fee on File		INJECTION, DEXRAZOXANE HYDROCHLORIDE PER 250 MG	0	999	01/01/2020	12/31/9999	8	197.52
J1200	Fee on File		INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	0	999	01/01/2020	12/31/9999	8	0.90
J1205	Fee on File		INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	0	999	01/01/2020	12/31/9999	4	50.14
J1212	Fee on File		INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	0	999	01/01/2020	12/31/9999	1	616.79
J1230	Fee on File		INJECTION, METHADONE HCL, UP TO 10 MG	0	999	01/01/2020	12/31/9999	10	16.97
J1240	Fee on File		INJECTION, DIMENHYDRINATE, UP TO 50 MG	0	999	01/01/2020	12/31/9999	8	6.93
J1245	Fee on File		INJECTION, DIPYRIDAMOLE, PER 10 MG	0	999	01/01/2020	12/31/9999	6	2.99
J1250	Fee on File		INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	0	999	01/01/2020	12/31/9999	37	6.08
J1260	Fee on File		INJECTION, DOLASETRON MESYLATE, 10 MG	0	999	04/01/2018	12/31/9999	2	7.04
J1265	Not Covered		INJECTION, DOPAMINE HCL, 40 MG 00014600	0	999	01/01/2006	12/31/9999	115	0.00
J1267	Fee on File		INJECTION, DORIPENEM, 10 MG	0	999	01/01/2020	12/31/9999	150	0.89
J1270	Fee on File		INJECTION, DOXERCALCIFEROL, 1 MCG	0	999	01/01/2020	12/31/9999	6	0.38
J1290	Fee on File		INJECTION, ECALLANTIDE, 1 MG	12	999	01/01/2020	12/31/9999	60	497.05
J1300	Fee on File		INJECTION, ECULIZUMAB, 10 MG	0	999	04/01/2018	12/31/9999	120	230.48
J1301	Not Covered		INJECTION, EDARAVONE, 1 MG	18	999	01/01/2019	12/31/9999	1	0.00
J1303	Not Covered		INJECTION, RAVULIZUMAB-CWVZ, 10 MG	18	999	10/01/2019	12/31/9999	1	0.00
J1320	Fee on File		INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	12	999	01/01/2014	12/31/9999	15	2.24
J1322	Fee on File		INJECTION, ELOSULFASE ALFA, 1 MG	5	999	01/01/2020	12/31/9999	318	241.42
J1324	Fee on File		INJECTION, ENFUVRTIDE, 1 MG	0	999	01/01/2015	12/31/9999	180	18.63
J1325	Fee on File		INJECTION, EPOPROSTENOL, 0.5 MG	0	999	01/01/2020	12/31/9999	6	16.16
J1327	Fee on File		INJECTION, EPTIFIBATIDE, 5 MG	0	999	10/01/2019	12/31/9999	87	4.29
J1330	Fee on File		INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	0	999	07/01/2016	12/31/9999	2	91.15
J1335	Fee on File		INJECTION, ERTAPENEM SODIUM, 500	0	999	01/01/2020	12/31/9999	2	38.70
J1364	Fee on File		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	0	999	01/01/2020	12/31/9999	8	75.23
J1380	Fee on File		INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	0	999	01/01/2020	12/31/9999	5	8.42
J1410	Fee on File		INJECTION, ESTROGEN ÉCONJUGATED, PER 25 MG	0	999	01/01/2020	12/31/9999	5	308.70
J1428	Not Covered	Yes	INJECTION, ETEPLIRSEN, 10 MG	0	999	10/01/2019	12/31/9999	1	0.00
J1430	Not Covered		INJECTION, ETHANOLAMINE OLEATE, 100 MG 00102000	0	999	01/01/2006	12/31/9999	10	0.00
J1435	Fee on File		INJECTION, ESTRONE, PER 1 MG	0	999	07/01/2014	12/31/9999	1	0.12
J1436	Fee on File		INJECTION, ETIDRONATE DISODIUM, PER 300 MG	18	999	01/01/2014	12/31/9999	11	71.41

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1438	Fee on File		INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	0	999	04/01/2019	12/31/9999	2	685.56
J1439	Fee on File		INJECTION, FERRIC CARBOXYMALTOSE, 10 MG	18	999	01/01/2020	12/31/9999	750	1.11
J1442	Fee on File		INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	0	999	10/01/2019	12/31/9999	1590	0.96
J1443	Not Covered		INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	0	999	01/01/2016	12/31/9999	1	0.00
J1444	Not Covered		INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	18	999	07/01/2019	12/31/9999	2720	0.00
J1447	Fee on File		INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	18	999	01/01/2020	12/31/9999	795	0.53
J1450	Fee on File		INJECTION FLUCONAZOLE, 200 MG	0	999	01/01/2020	12/31/9999	4	4.68
J1451	Not Covered		INJECTION, FOMEPIZOLE, 15 MG 00014700	0	999	01/01/2006	12/31/9999	159	0.00
J1452	Fee on File		INJECTION, FOMIVIRSEN SODIUM, INTRAOULAR, 1.65 MG	0	999	07/01/2005	12/31/9999	1	212.00
J1453	Fee on File		INJECTION, FOSAPREPITANT, 1 MG	0	999	01/01/2020	12/31/9999	150	1.98
J1454	Fee on File		INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	18	999	01/01/2020	12/31/9999	1	301.87
J1455	Fee on File		INJECTION, FOSCARNET SODIUM, PER 1000 MG	18	999	04/01/2018	12/31/9999	20	82.27
J1457	Not Covered		INJECTION, GALLIUM NITRATE, 1 MG	0	999	01/01/2014	12/31/9999	400	0.00
J1458	Fee on File		INJECTION, GALSULFASE, 1 MG	0	999	01/01/2020	12/31/9999	159	397.86
J1459	Fee on File		INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	0	999	01/01/2020	12/31/9999	318	40.84
J1460	Fee on File		INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	0	999	01/01/2020	12/31/9999	3	40.85
J1555	Fee on File		IMMUNE GLOBULIN CUVITRU 100 MG INJECTION	2	999	01/01/2020	12/31/9999	1500	14.01
J1556	Fee on File		INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	6	999	01/01/2020	12/31/9999	254	69.08
J1557	Fee on File		IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	18	999	01/01/2020	12/31/9999	255	46.23
J1559	Fee on File		INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	0	999	01/01/2020	12/31/9999	999	10.50
J1560	Fee on File		INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	0	999	01/01/2020	12/31/9999	10	408.54
J1561	Fee on File		INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED) NON-LYOPHILIZED, 500 MG	0	999	01/01/2020	12/31/9999	318	40.35
J1562	Not Covered		INJECTION, IMMUNE GLOBULIN, (VIVAGLOBIN), 100 MG	0	999	01/01/2014	12/31/9999	227	0.00
J1566	Fee on File		INJ, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED 500 MG	0	999	01/01/2020	12/31/9999	318	63.19
J1568	Fee on File		INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G LIQUID), 500 MG	0	999	01/01/2020	12/31/9999	318	38.22
J1569	Fee on File		INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID) NON-LYOPHILIZED, 500 MG	0	999	01/01/2020	12/31/9999	318	39.92
J1570	Fee on File		INJECTION, GANCICLOVIR SODIUM, 500 MG	0	999	01/01/2020	12/31/9999	6	34.64



Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1571	Fee on File		INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	0	999	01/01/2020	12/31/9999	218	58.96
J1572	Fee on File		INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (EG LIQUID) 500 MG	0	999	01/01/2020	12/31/9999	218	35.77
J1573	Fee on File		INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	0	999	10/01/2019	12/31/9999	218	60.06
J1575	Fee on File		INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	18	999	01/01/2020	12/31/9999	954	14.64
J1580	Fee on File		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	0	999	01/01/2020	12/31/9999	14	1.97
J1595	Fee on File		INJECTION, GLATIRAMER ACETATE, 20 MG	0	999	10/01/2019	12/31/9999	1	163.40
J1599	Manual Pricing		INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	0	999	01/01/2014	12/31/9999	318	0.00
J1600	Fee on File		INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	0	999	01/01/2015	12/31/9999	1	4.27
J1602	Fee on File		INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	18	999	01/01/2020	12/31/9999	318	20.66
J1610	Fee on File		INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	0	999	01/01/2020	12/31/9999	2	217.56
J1620	Not Covered		INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	0	999	07/01/2014	12/31/9999	1	0.00
J1626	Fee on File		INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	0	999	01/01/2020	12/31/9999	16	0.24
J1627	Fee on File		INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	18	999	01/01/2020	12/31/9999	100	1.65
J1628	Not Covered		INJECTION, GUSELKUMAB, 1 MG	18	999	01/01/2019	12/31/9999	1	0.00
J1630	Fee on File		INJECTION, HALOPERIDOL, UP TO 5 MG	18	999	01/01/2020	12/31/9999	6	1.21
J1631	Fee on File		INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	18	999	01/01/2020	12/31/9999	4	16.28
J1640	Not Covered		INJECTION, HEMIN, 1 MG 00104000	0	999	01/01/2006	12/31/9999	954	0.00
J1642	Fee on File		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	0	999	01/01/2020	12/31/9999	100	0.32
J1644	Fee on File		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	0	999	01/01/2020	12/31/9999	40	0.24
J1645	Fee on File		INJECTION, DALTEPARIN SODIUM, PER 2500 IU	0	999	01/01/2020	12/31/9999	8	12.57
J1650	Fee on File		INJECTION, ENOXAPARIN SODIUM, 10 MG	0	999	01/01/2020	12/31/9999	1	0.67
J1652	Fee on File		INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0	999	01/01/2020	12/31/9999	20	1.52
J1655	Fee on File		INJECTION, TINZAPARIN SODIUM, 1000 IU	0	999	01/01/2014	12/31/9999	28	3.49
J1670	Fee on File		INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	0	999	01/01/2020	12/31/9999	24	462.99
J1675	Fee on File		INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	0	999	01/01/2014	12/31/9999	5000	1,140.00
J1700	Not Covered		INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	0	999	07/01/2014	12/31/9999	2	0.00
J1710	Not Covered		INJECTION, HYDROCORTISONE SODIUM ÉPHOSPHATE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	40	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1720	Fee on File		INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	0	999	01/01/2020	12/31/9999	20	13.05
J1726	Fee on File		INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	16	999	10/01/2019	12/31/9999	700	22.40
J1729	Fee on File		INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	16	60	01/01/2020	12/31/9999	700	10.81
J1730	Fee on File		INJECTION, DIAZOXIDE, UP TO 300 MG	0	999	01/01/2017	12/31/9999	8	690.03
J1740	Fee on File		INJECTION, IBANDRONATE SODIUM, 1	0	999	01/01/2020	12/31/9999	3	44.27
J1741	Fee on File		INJECTION, IBUPROFEN, 100 MG	18	999	01/01/2015	12/31/9999	32	1.87
J1742	Fee on File		INJECTION, IBUTILIDE FUMARATE, 1 MG	0	999	01/01/2020	12/31/9999	2	258.22
J1743	Fee on File		INJECTION, IDURSULFASE, 1 MG	0	999	07/01/2019	12/31/9999	80	542.89
J1744	Fee on File		INJECTION, ICATIBANT, 1 MG	0	999	10/01/2019	12/31/9999	90	377.08
J1745	Fee on File		INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	0	999	01/01/2020	12/31/9999	318	57.35
J1746	Fee on File		INJECTION, IBALIZUMAB-UIYK, 10 MG	18	999	01/01/2020	12/31/9999	200	58.38
J1750	Fee on File		INJECTION, IRON DEXTRAN, 50 MG	0	999	01/01/2020	12/31/9999	60	14.38
J1756	Fee on File		INJECTION, IRON SUCROSE, 1 MG	0	999	01/01/2020	12/31/9999	500	0.21
J1786	Fee on File		INJECTION, IMIGLUCERASE, 10 UNITS	0	999	01/01/2020	12/31/9999	954	42.64
J1790	Fee on File		INJECTION, DROPERIDOL, UP TO 5 MG	0	999	07/01/2018	12/31/9999	1	2.26
J1800	Fee on File		INJECTION, PROPRANOLOL HCL, UP TO 1 MG	0	999	01/01/2020	12/31/9999	5	1.88
J1810	Not Covered		INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML	0	999	07/01/2014	12/31/9999	2	0.00
J1815	Fee on File		INJECTION, INSULIN, PER 5 UNITS	0	999	01/01/2020	12/31/9999	20	0.90
J1817	Fee on File		INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER	0	999	10/01/2019	12/31/9999	2	10.78
J1826	Fee on File		INJECTION, INTERFERON BETA-1A, 30 MCG	0	999	01/01/2019	12/31/9999	2	2,785.97
J1830	Fee on File		INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHE	18	999	10/01/2019	12/31/9999	1	386.24
J1833	Not Covered		INJECTION, ISAVUCONAZONIUM, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J1835	Not Covered		INJECTION, ITRACONAZOLE, 50 MG	0	999	01/01/2002	12/31/9999	8	0.00
J1840	Fee on File		INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	0	999	04/01/2015	12/31/9999	5	7.69
J1850	Fee on File		INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	0	999	04/01/2015	12/31/9999	32	1.15
J1885	Fee on File		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0	999	01/01/2020	12/31/9999	12	0.52
J1890	Not Covered		INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	0	999	07/01/2014	12/31/9999	1	0.00
J1930	Fee on File		INJECTION, LANREOTIDE, 1 MG	0	999	01/01/2020	12/31/9999	120	63.65
J1931	Fee on File		INJECTION, LARONIDASE, 0.1 MG	0	999	01/01/2020	12/31/9999	790	32.15
J1940	Fee on File		INJECTION, FUROSEMIDE, UP TO 20 MG	0	999	01/01/2020	12/31/9999	25	0.59
J1943	Fee on File		INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	18	65	01/01/2020	12/31/9999	675	2.77
J1944	Fee on File		INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	18	65	01/01/2020	12/31/9999	1064	2.73
J1945	Not Covered		INJECTION, LEPIRUDIN, 50 MG	0	999	07/01/2014	12/31/9999	9	0.00
J1950	Fee on File		INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	0	999	01/01/2020	12/31/9999	3	1,271.10
J1953	Fee on File		INJECTION, LEVETIRACETAM, 10 MG	0	999	01/01/2020	12/31/9999	300	0.10
J1955	Fee on File		INJECTION, LEVOCARNITINE, PER 1 GM	0	999	01/01/2020	12/31/9999	8	19.82
J1956	Fee on File		INJECTION, LEVOFLOXACIN, 250 MG	0	999	01/01/2020	12/31/9999	5	0.66

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1960	Fee on File		INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	18	999	07/01/2014	12/31/9999	4	4.78
J1980	Fee on File		INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	0	999	01/01/2020	12/31/9999	12	31.60
J1990	Fee on File		INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	6	999	01/01/2014	12/31/9999	3	21.05
J2001	Fee on File		INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	0	999	10/01/2019	12/31/9999	200	0.03
J2010	Fee on File		INJECTION, LINCOMYCIN HCL, UP TO 300 MG	0	999	01/01/2020	12/31/9999	40	13.36
J2020	Fee on File		INJECTION, LIPO-HEPIN	0	999	01/01/2020	12/31/9999	6	5.56
J2060	Fee on File		INJECTION, LORAZEPAM, 2 MG	18	999	01/01/2020	12/31/9999	4	0.70
J2062	Not Covered		LOXAPINE FOR INHALATION, 1 MG	0	999	01/01/2019	12/31/9999	1	0.00
J2150	Fee on File		INJECTION, MANNITOL, 25% IN 50 ML	0	999	01/01/2020	12/31/9999	4	2.02
J2170	Fee on File		INJECTION, MECASERMIN, 1 MG	0	999	01/01/2015	12/31/9999	227	798.78
J2175	Fee on File		INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	0	999	01/01/2020	12/31/9999	2	4.72
J2180	Fee on File		INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	0	999	01/01/2012	12/31/9999	1	5.55
J2182	Fee on File		INJECTION, MEPOLIZUMAB, 1 MG	12	999	01/01/2020	12/31/9999	100	29.29
J2185	Fee on File		INJECTION, MEROPENEM, 100 MG	0	999	01/01/2020	12/31/9999	10	0.80
J2210	Fee on File		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG INJECTION, METHYLERGON	0	999	01/01/2020	12/31/9999	2	18.04
J2212	Fee on File		INJECTION, METHYLNALTREXONE, 0.1 MG	0	999	01/01/2015	12/31/9999	240	144.12
J2248	Fee on File		INJECTION, MICA FUNGIN SODIUM, 1 MG	0	999	01/01/2020	12/31/9999	150	1.06
J2250	Fee on File		INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	0	999	10/01/2019	12/31/9999	32	0.12
J2260	Fee on File		INJECTION, MILRINONE LACTATE, 5 MG	0	999	01/01/2020	12/31/9999	37	1.53
J2265	Fee on File		INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	8	999	10/01/2019	12/31/9999	200	1.81
J2270	Fee on File		INJECTION, MORPHINE SULFATE, UP TO 10 MG	0	999	01/01/2020	12/31/9999	10	2.03
J2274	Fee on File		INJECTION, MORPHINE SULFATE, PRESERVATIVE- FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	0	999	01/01/2020	12/31/9999	3	11.80
J2278	Not Covered		INJECTION, ZICONOTIDE, 1 MICROGRAM 00015400	0	999	01/01/2006	12/31/9999	20	0.00
J2280	Fee on File		INJ MOXIFLOXACIN 100MG	0	999	01/01/2020	12/31/9999	4	8.98
J2300	Fee on File		INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	0	999	01/01/2020	12/31/9999	16	3.15
J2310	Fee on File		INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	0	999	01/01/2020	12/31/9999	10	13.28
J2315	Fee on File		INJECTION, NALTREXONE, DEPOT FORM, 1 MG	18	999	01/01/2020	12/31/9999	380	3.24
J2320	Not Covered		INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	1	0.00
J2323	Fee on File		INJECTION, NATALIZUMAB, 1MG	0	999	01/01/2020	12/31/9999	300	20.90
J2325	Not Covered		INJECTION, NESIRITIDE, 0.1 MG 00015500	0	999	01/01/2006	12/31/9999	1	0.00
J2326	Not Covered	Yes	INJECTION, NUSINERSEN, 0.1 MG	0	999	01/01/2018	12/31/9999	1	0.00
J2350	Not Covered		INJECTION, OCRELIZUMAB, 1 MG	18	999	01/01/2018	12/31/9999	1	0.00
J2353	Fee on File		INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	0	999	01/01/2020	12/31/9999	60	206.09

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2354	Not Covered		INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	0	999	01/01/2004	12/31/9999	6	0.00
J2355	Fee on File		INJECTION, OPRELVEKIN, 5 MG	0	999	04/01/2019	12/31/9999	3	163.98
J2357	Fee on File		INJECTION, OMALIZUMAB, 5 MG	6	75	01/01/2020	12/31/9999	75	37.36
J2358	Fee on File		INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	18	999	07/01/2014	12/31/9999	405	2.92
J2360	Fee on File		INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	0	999	01/01/2020	12/31/9999	3	7.35
J2370	Fee on File		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	0	999	01/01/2015	12/31/9999	3	3.34
J2400	Fee on File		INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	0	999	01/01/2020	12/31/9999	2	24.41
J2405	Fee on File		INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0	999	01/01/2020	12/31/9999	50	0.09
J2407	Fee on File		INJECTION, ORITAVANCIN, 10 MG	18	999	01/01/2020	12/31/9999	120	23.76
J2410	Fee on File		INJECTION, OXYMORPHONE HCL, UP TO 1 MG	0	999	10/01/2017	12/31/9999	14	2.85
J2425	Fee on File		INJECTION, PALIFERMIN, 50 MICROGRAMS	0	999	01/01/2020	12/31/9999	180	21.26
J2426	Fee on File		INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	18	999	01/01/2020	12/31/9999	819	11.58
J2430	Fee on File		INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	0	999	01/01/2020	12/31/9999	5	11.06
J2440	Fee on File		INJECTION, PAPAVERINE HCL, UP TO 60 MG	18	999	07/01/2014	12/31/9999	15	3.00
J2460	Fee on File		INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	0	999	01/01/2014	12/31/9999	9	0.94
J2469	Fee on File		INJECTION, PALONOSETRON HCL, 25 MCG	0	999	01/01/2020	12/31/9999	10	6.21
J2501	Fee on File		INJECTION, PARICALCITOL, 1 MCG	0	999	01/01/2020	12/31/9999	10	0.77
J2502	Not Covered		INJECTION, PASIREOTIDE LONG ACTING, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2503	Fee on File		INJECTION, PEGAPTANIB SODIUM, 0.3	0	999	01/01/2020	12/31/9999	2	721.61
J2504	Not Covered		INJECTION, PEGADEMASE BOVINE, 25 IU 00015800	0	999	01/01/2006	12/31/9999	100	0.00
J2505	Fee on File		INJECTION, PEGFILGRASTIM, 6 MG	0	999	01/01/2020	12/31/9999	1	4,257.10
J2507	Fee on File		INJECTION, PEGLOTICASE, 1 MG	8	999	01/01/2020	12/31/9999	8	2,621.77
J2510	Fee on File		INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	0	999	01/01/2020	12/31/9999	6	29.63
J2513	Not Covered		INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML 00015000	0	999	01/01/2006	12/31/9999	20	0.00
J2515	Fee on File		INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	0	999	01/01/2020	12/31/9999	6	34.98
J2540	Fee on File		INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	0	999	01/01/2020	12/31/9999	50	1.05
J2543	Fee on File		INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS	0	999	01/01/2020	12/31/9999	22	1.85
J2545	Fee on File		PENTAMIDINE ISETHIONATE, INHALATION SOL, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER 300 MG	0	999	01/01/2020	12/31/9999	3	121.21
J2547	Not Covered		INJECTION, PERAMIVIR, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2550	Fee on File		INJECTION, PROMETHAZINE HCL, UP TO 50 MG	0	999	01/01/2020	12/31/9999	4	2.06

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2560	Fee on File		INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	0	999	01/01/2020	12/31/9999	15	42.39
J2562	Fee on File		INJECTION, PLERIXAFOR, 1 MG	0	999	01/01/2020	12/31/9999	36	347.73
J2590	Fee on File		INJECTION, OXYTOCIN, UP TO 10 UNITS	9	999	07/01/2014	12/31/9999	30	0.96
J2597	Fee on File		INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	0	999	01/01/2020	12/31/9999	2	11.52
J2650	Fee on File		INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	0	999	10/01/2010	12/31/9999	1	0.52
J2670	Fee on File		INJECTION, TOLAZOLINE HCL, UP TO 25 MG	0	999	01/01/2015	12/31/9999	1	1,600.40
J2675	Fee on File		INJECTION, PROGESTERONE, PER 50 MG INJECTION, PROGESTERONE, PER 50 MG	0	999	01/01/2020	12/31/9999	2	1.84
J2680	Fee on File		INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	12	999	01/01/2020	12/31/9999	4	9.98
J2690	Fee on File		INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	0	999	01/01/2020	12/31/9999	6	97.26
J2700	Fee on File		INJECTION, OXACILLIN SODIUM, UP TO 250 MG	0	999	01/01/2020	12/31/9999	6	1.31
J2704	Not Covered		INJECTION, PROPOFOL, 10 MG	0	999	01/01/2015	12/31/9999	1	0.00
J2710	Fee on File		INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	0	999	07/01/2014	12/31/9999	10	1.61
J2720	Fee on File		INJECTION, PROTAMINE SULFATE, PER 10 MG	0	999	10/01/2019	12/31/9999	5	1.09
J2724	Fee on File		INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	0	999	01/01/2020	12/31/9999	2182	15.08
J2725	Fee on File		INJECTION, PROTIRELIN, PER 250 MCG	6	999	07/01/2014	12/31/9999	2	0.03
J2730	Fee on File		INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	0	999	10/01/2017	12/31/9999	6	87.58
J2760	Fee on File		INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	0	999	01/01/2020	12/31/9999	3	381.90
J2765	Fee on File		INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	0	999	01/01/2020	12/31/9999	1	1.20
J2770	Not Covered		INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG	0	999	01/01/2001	12/31/9999	3	0.00
J2778	Fee on File		INJECTION, RANIBIZUMAB, 0.1 MG	0	999	01/01/2020	12/31/9999	5	347.28
J2780	Fee on File		INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	0	999	01/01/2020	12/31/9999	16	4.14
J2783	Fee on File		INJECTION, RASBURICASE, 0.5 MG	0	999	01/01/2020	12/31/9999	64	292.33
J2785	Fee on File		INJECTION, REGADENOSON, 0.1 MG	0	999	01/01/2020	12/31/9999	4	59.28
J2786	Fee on File		INJECTION, RESLIZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	477	9.63
J2788	Fee on File		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	0	999	01/01/2020	12/31/9999	1	25.25
J2790	Fee on File		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	0	999	01/01/2020	12/31/9999	1	74.65
J2791	Fee on File		INJECTION, RHO (D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	0	999	07/01/2019	12/31/9999	15	4.76
J2792	Fee on File		INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT,	0	999	01/01/2020	12/31/9999	30	29.79
J2793	Fee on File		INJECTION, RILONACEPT, 1 MG	12	999	01/01/2015	12/31/9999	320	24.09
J2794	Fee on File		INJECTION, RISPERIDONE (RISPERDAL CONSTA), 0.5 MG	18	999	01/01/2020	12/31/9999	100	10.05

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2795	Fee on File		INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	0	999	01/01/2020	12/31/9999	750	0.08
J2796	Not Covered		INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	0	999	01/01/2010	12/31/9999	150	0.00
J2797	Not Covered		INJECTION, ROLAPITANT, 0.5 MG	18	999	01/01/2019	12/31/9999	1	0.00
J2798	Fee on File		INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	18	999	01/01/2020	12/31/9999	240	9.84
J2800	Fee on File		INJECTION, METHOCARBAMOL, UP TO 10 ML	0	999	01/01/2020	12/31/9999	5	8.27
J2805	Not Covered		INJECTION, SINCALIDE, 5 MICROGRAMS 00016000	0	999	01/01/2006	12/31/9999	4	0.00
J2810	Fee on File		INJECTION, THEOPHYLLINE, PER 40 MG	0	999	07/01/2019	12/31/9999	20	0.42
J2820	Fee on File		INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	0	999	01/01/2020	12/31/9999	10	43.50
J2840	Fee on File		INJECTION, SEBELIPASE ALFA, 1 MG	0	64	10/01/2018	12/31/9999	1	541.13
J2850	Not Covered		INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM 00104400	0	999	01/01/2006	12/31/9999	64	0.00
J2860	Not Covered		INJECTION, SILTUXIMAB, 10 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2910	Not Covered		INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	1	0.00
J2916	Fee on File		INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	0	999	01/01/2020	12/31/9999	10	1.99
J2920	Fee on File		INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	0	999	01/01/2020	12/31/9999	6	4.58
J2930	Fee on File		INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	0	999	01/01/2020	12/31/9999	2	6.32
J2940	Not Covered		INJECTION, SPANESTRIN P, UP TO 1 ML	0	999	01/01/2002	12/31/9999	1	0.00
J2941	Not Covered		INJECTION, SOMATROPIN, 1 MG	0	999	01/01/2002	12/31/9999	1	0.00
J2950	Not Covered		INJECTION, PROMAZINE HCL, UP TO 25 MG	0	999	07/01/2014	12/31/9999	40	0.00
J2993	Not Covered		INJECTION, RETEPLASE, 18.1 MG INJECTION, RETEPLASE, 18.1 MG	0	999	01/01/2001	12/31/9999	2	0.00
J2995	Not Covered		INJECTION, STREPTOKINASE, PER 250,000 IU	0	999	07/01/2014	12/31/9999	6	0.00
J2997	Fee on File		INJECTION, ALTEPLASE RECOMBINANT, 1 MG	0	999	01/01/2020	12/31/9999	100	87.85
J3000	Fee on File		INJECTION, STREPTOMYCIN, UP TO 1 GM	0	999	01/01/2020	12/31/9999	2	32.07
J3010	Fee on File		INJECTION, FENTANYL CITRATE, 0.1 MG	0	999	01/01/2020	12/31/9999	3	0.99
J3030	Fee on File		INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WH	0	999	01/01/2014	12/31/9999	3	51.89
J3031	Fee on File		INJECTION, FREMANEZUMAB-VFRM, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE	18	999	10/01/2019	12/31/9999	675	2.51
J3060	Fee on File		INJECTION, TALIGLUCERACE ALFA, 10 UNITS	18	999	01/01/2020	12/31/9999	954	39.96
J3070	Fee on File		INJECTION, PENTAZOCINE, 30 MG	0	999	04/01/2018	12/31/9999	12	108.39
J3090	Fee on File		INJECTION, T-E IONATE-P.A., UP TO 2 ML	18	999	01/01/2020	12/31/9999	200	1.55
J3095	Fee on File		INJECTION, TELEVANCIN, 10 MG	18	999	01/01/2020	12/31/9999	150	5.63
J3101	Fee on File		INJECTION, TENECTEPLASE, 1 MG	0	999	01/01/2020	12/31/9999	50	125.42
J3105	Fee on File		INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	0	999	01/01/2020	12/31/9999	1	2.12
J3110	Fee on File		INJECTION, TESLAC, UP TO 100 MG	18	999	07/01/2014	12/31/9999	2	17.58
J3111	Fee on File		INJECTION, ROMOSUZUMAB-AQQG, 1 MG	18	999	01/01/2020	12/31/9999	210	9.09

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J3121	Fee on File		INJECTION, TESTOSTERONE ENANTHATE, 1MG	12	999	01/01/2019	12/31/9999	400	0.05
J3145	Fee on File		INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	12	999	01/01/2020	12/31/9999	750	1.45
J3230	Fee on File		INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	0	999	01/01/2020	12/31/9999	4	31.56
J3240	Fee on File		INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG	0	999	01/01/2020	12/31/9999	1	1,700.41
J3243	Fee on File		INJECTION, TIGECYCLINE, 1 MG	0	999	01/01/2020	12/31/9999	100	1.64
J3245	Fee on File		INJECTION, TILDRAKIZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	100	131.71
J3246	Fee on File		INJECTION, TIROFIBAN HCL, 0.25MG	18	999	10/01/2019	12/31/9999	5	6.92
J3250	Fee on File		INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	0	999	01/01/2020	12/31/9999	6	36.46
J3260	Fee on File		INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	0	999	01/01/2020	12/31/9999	10	3.69
J3262	Fee on File		INJECTION, TOCILIZUMAB, 1 MG	2	999	01/01/2020	12/31/9999	800	5.08
J3265	Fee on File		INJECTION, TORSEMIDE, 10 MG/ML	0	999	01/01/2014	12/31/9999	200	2.19
J3280	Not Covered		INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	18	999	07/01/2014	12/31/9999	1	0.00
J3285	Fee on File		INJECTION, TREPROSTINIL, 1 MG 00016100	0	999	01/01/2020	12/31/9999	2	62.51
J3300	Fee on File		INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	0	999	01/01/2020	12/31/9999	90	3.84
J3301	Fee on File		INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	0	999	01/01/2020	12/31/9999	12	1.56
J3302	Fee on File		INJECTION TRIAMCINOLONE DIACETATE, PER 5MG	18	999	07/01/2014	12/31/9999	10	0.11
J3303	Fee on File		INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	0	999	10/01/2016	12/31/9999	6	3.61
J3304	Fee on File		INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	18	999	01/01/2019	12/31/9999	32	18.88
J3305	Not Covered		INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	18	999	07/01/2014	12/31/9999	10	0.00
J3310	Fee on File		INJECTION, PERPHENAZINE, UP TO 5 MG	12	999	07/01/2014	12/31/9999	2	1.58
J3315	Fee on File		INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	0	999	01/01/2020	12/31/9999	6	263.74
J3316	Not Covered		INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	2	999	01/01/2019	12/31/9999	1	0.00
J3320	Not Covered		INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	0	999	01/01/2014	12/31/9999	1	0.00
J3330	Not Covered		INJECTION, ULACORT	0	999	05/01/1992	12/31/9999	1	0.00
J3350	Fee on File		INJECTION, UREA, UP TO 40 GM	0	999	01/01/2015	12/31/9999	3	39.97
J3355	Not Covered		INJECTION, UROFOLLITROPIN, 75 IU 00104200	0	999	01/01/2006	12/31/9999	1	0.00
J3357	Fee on File		USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	12	999	01/01/2020	12/31/9999	90	190.36
J3358	Fee on File		USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	18	999	01/01/2020	12/31/9999	520	11.93
J3360	Fee on File		INJECTION, DIAZEPAM, UP TO 5 MG	0	999	01/01/2020	12/31/9999	6	9.42
J3364	Not Covered		INJECTION, UROKINASE, 5000 IU VIAL	18	999	07/01/2014	12/31/9999	140	0.00
J3365	Not Covered		INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	18	999	07/01/2014	12/31/9999	2	0.00
J3370	Fee on File		INJECTION, VANCOMYCIN HCL, 500 MG	0	999	01/01/2020	12/31/9999	6	3.39

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J3380	Fee on File		INJECTION, VEDOLIZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	300	20.24
J3385	Fee on File		INJECTION, VELAGLUCERASE ALFA, 100 UNITS	0	999	01/01/2020	12/31/9999	90	345.42
J3396	Fee on File		INJECTION, VERTEPORFIN, 0.1 MG	0	999	01/01/2020	12/31/9999	318	11.11
J3397	Fee on File		INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	0	999	10/01/2019	12/31/9999	636	218.33
J3398	Not Covered	Yes	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	1	65	01/01/2019	12/31/9999	1	0.00
J3400	Not Covered		INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	2	999	07/01/2014	12/31/9999	8	0.00
J3410	Fee on File		INJECTION, HYDROXYZINE HCL, UP TO 25 MG	0	999	01/01/2020	12/31/9999	24	7.02
J3411	Not Covered		INJECTION, THIAMINE HCL, 100 MG	0	999	01/01/2004	12/31/9999	1	0.00
J3415	Not Covered		INJECTION, PYRIDOXINE HCL, 100 MG	0	999	01/01/2004	12/31/9999	1	0.00
J3420	Fee on File		INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP ÉTO 1000 MCG	0	999	01/01/2020	12/31/9999	2	2.21
J3430	Fee on File		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	0	999	01/01/2020	12/31/9999	38	4.23
J3465	Not Covered		INJECTION, VORICONAZOLE, 10 MG	0	999	01/01/2004	12/31/9999	60	0.00
J3470	Fee on File		INJECTION, HYALURONIDASE, UP TO 150 UNITS	0	999	07/01/2016	12/31/9999	2	1.42
J3471	Not Covered		INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	0	999	01/01/2006	12/31/9999	1	0.00
J3472	Not Covered		INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	0	999	01/01/2006	12/31/9999	1	0.00
J3473	Fee on File		INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	0	999	01/01/2016	12/31/9999	200	0.36
J3475	Fee on File		INJECTION, MAGNESIUM SULFATE, PER 500 MG	0	999	01/01/2020	12/31/9999	20	0.63
J3480	Fee on File		INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	0	999	10/01/2019	12/31/9999	150	0.14
J3485	Not Covered		INJECTION, ZIDOVUDINE, 10 MG	0	999	01/01/2001	12/31/9999	180	0.00
J3486	Fee on File		INJECTION, ZIPRASIDONE MESYLATE, 10 MG	18	999	01/01/2020	12/31/9999	4	17.96
J3489	Fee on File		INJECTION, ZOLEDRONIC ACID, 1 MG	18	999	01/01/2020	12/31/9999	5	10.88
J3490	Manual Pricing		UNCLASSIFIED DRUGS UNCLASSIFIED DRUGS	0	999	07/01/1991	12/31/9999	1	0.00
J3520	Not Covered		ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)	0	999	12/10/1996	12/31/9999	1	0.00
J3530	Not Covered		NASAL VACCINE INHALATION NASAL VACCINE INHALATION	0	999	09/30/1995	12/31/9999	1	0.00
J3535	Not Covered		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER DRUG ADMINISTERED THROU	0	999	02/01/1996	12/31/9999	1	0.00
J3570	Not Covered		LAETRILE, AMYGDALIN, VITAMIN B17	0	999	05/01/1992	12/31/9999	1	0.00
J3590	Manual Pricing		UNCLASSIFIED BIOLOGICS	0	999	11/01/2004	12/31/9999	1	0.00
J3591	Not Covered		UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS	0	999	01/01/2019	12/31/9999	1	0.00
J7030	Fee on File		INFUSION, NORMAL SALINE SOLUTION , 1000 CC	0	999	01/01/2020	12/31/9999	4	2.59
J7040	Fee on File		INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	0	999	01/01/2020	12/31/9999	2	1.29
J7042	Fee on File		5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	0	999	01/01/2020	12/31/9999	2	0.93
J7050	Fee on File		INFUSION, NORMAL SALINE SOLUTION , 250 CC	0	999	01/01/2020	12/31/9999	4	0.65



Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7060	Fee on File		5% DEXTROSE/WATER (500 ML = 1 UNIT)	0	999	01/01/2020	12/31/9999	4	1.82
J7070	Fee on File		INFUSION, D5W, 1000 CC	0	999	01/01/2020	12/31/9999	1	3.61
J7100	Fee on File		INFUSION, DEXTRAN 40, 500 ML	0	999	01/01/2015	12/31/9999	6	17.77
J7110	Fee on File		INFUSION, DEXTRAN 75, 500 ML	0	999	01/01/2014	12/31/9999	3	14.52
J7120	Fee on File		RINGERS LACTATE INFUSION, UP TO 1000 CC	0	999	01/01/2020	12/31/9999	1	2.36
J7121	Not Covered		5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	0	999	01/01/2016	12/31/9999	1	0.00
J7131	Fee on File		HYPERTONIC SALINE SOLUTION, 1 ML	0	999	01/01/2015	12/31/9999	8	0.03
J7170	Fee on File		INJECTION, EMICIZUMAB-KXWH, 0.5 MG	0	999	10/01/2019	12/31/9999	954	47.35
J7175	Fee on File		INJECTION, FACTOR X, (HUMAN), [COAGODEX] 1 I.U.	12	999	01/01/2020	12/31/9999	9540	7.52
J7177	Fee on File		INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	0	999	01/01/2020	12/31/9999	11130	2.24
J7178	Fee on File		INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG	0	999	04/01/2019	12/31/9999	11130	1.20
J7179	Fee on File		INJECTION, VON WILLEBRAND FACTOR (RECOMBIANCT),(VONVENDI), 1 IU	18	64	01/01/2020	12/31/9999	1	1.90
J7180	Fee on File		INJECTION, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1	0	999	01/01/2020	12/31/9999	5000	8.46
J7181	Fee on File		INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	0	999	01/01/2020	12/31/9999	5565	15.47
J7182	Not Covered		INJECTION, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	0	999	01/01/2015	12/31/9999	9999	0.00
J7183	Fee on File		INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	0	999	01/01/2020	12/31/9999	5000	1.03
J7185	Not Covered		INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	0	999	01/01/2010	12/31/9999	5000	0.00
J7186	Fee on File		INJECTION, ANTHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	0	999	01/01/2020	12/31/9999	5000	1.07
J7187	Fee on File		INJECTION, VON WILLEBRAND FACTOR COMPLEX, (HUMATE-P), PER IU VWF-RCO	0	999	01/01/2020	12/31/9999	5000	1.17
J7188	Fee on File		INJECTION, FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	18	999	10/01/2019	12/31/9999	318000	3.18
J7189	Fee on File		FACTOR VIIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	0	999	01/01/2020	12/31/9999	5000	2.16
J7190	Fee on File		FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	0	999	01/01/2020	12/31/9999	5000	1.10
J7191	Not Covered		FACTOR VIII (ANTHEMOPHILIC FACTOR (PORCINE)), PER I.U.	0	999	07/01/2014	12/31/9999	5000	0.00
J7192	Fee on File		FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	0	999	01/01/2020	12/31/9999	5000	1.29
J7193	Not Covered		FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	0	999	01/01/2002	12/31/9999	5000	0.00
J7194	Fee on File		FACTOR IX, COMPLEX, PER I.U.	0	999	01/01/2020	12/31/9999	5000	1.48
J7195	Not Covered		INJECTION, FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	0	999	01/01/2002	12/31/9999	5000	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7196	Fee on File		INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	0	999	07/01/2014	12/31/9999	5000	103.35
J7197	Fee on File		ANTITHROMBIN III (HUMAN), PER I.U.	0	999	01/01/2020	12/31/9999	9999	3.28
J7198	Fee on File		ANTI-INHIBITOR, PER I.U.	0	999	01/01/2020	12/31/9999	3180	1.87
J7199	Manual Pricing		HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	0	999	07/01/2015	12/31/9999	1	0.00
J7200	Fee on File		INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	0	999	01/01/2020	12/31/9999	9999	1.33
J7201	Fee on File		INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	0	999	01/01/2020	12/31/9999	9999	3.14
J7202	Fee on File		INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	0	999	01/01/2020	12/31/9999	11925	4.31
J7203	Not Covered		INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (SESTABU)	0	999	01/01/2019	12/31/9999	1	0.00
J7205	Fee on File		INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	0	999	01/01/2020	12/31/9999	10335	2.11
J7207	Fee on File		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	12	999	01/01/2020	12/31/9999	7950	1.79
J7208	Fee on File		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	0	999	01/01/2020	12/31/9999	6000	2.01
J7209	Fee on File		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	2	999	01/01/2020	12/31/9999	6360	1.21
J7210	Not Covered		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	0	999	01/01/2018	12/31/9999	1	0.00
J7211	Fee on File		INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	2	999	01/01/2020	12/31/9999	7950	1.25
J7296	Fee on File		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (KYLEENA), 19.5 MG	9	65	04/01/2018	12/31/9999	1	1,090.76
J7297	Fee on File		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	9	60	04/01/2018	12/31/9999	1	821.26
J7298	Fee on File		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	9	60	04/01/2018	12/31/9999	1	1,090.76
J7300	Fee on File		INTRAUTERINE COPPER CONTRACEPTIVE (PARAGARD T380A)	9	60	04/01/2018	12/31/9999	1	970.20
J7301	Fee on File		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	0	999	04/01/2018	12/31/9999	1	908.24
J7303	Fee on File		CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	9	60	04/01/2018	12/31/9999	1	185.87
J7304	Not Covered		CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	0	999	01/01/2005	12/31/9999	1	0.00
J7306	Not Covered		LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	0	999	07/01/2014	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7307	Fee on File		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	9	60	04/01/2018	12/31/9999	1	1,068.36
J7308	Not Covered		AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	0	999	01/01/2002	12/31/9999	1	0.00
J7309	Not Covered		METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	0	999	01/01/2011	12/31/9999	1	0.00
J7310	Not Covered		GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	0	999	01/01/1997	12/31/9999	3	0.00
J7311	Not Covered		INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT), 0.01 MG	0	999	01/01/2007	12/31/9999	1	0.00
J7312	Fee on File		INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	0	999	01/01/2020	12/31/9999	14	200.10
J7313	Fee on File		INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG	12	999	01/01/2020	12/31/9999	19	490.81
J7314	Not Covered		INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	0	999	10/01/2019	12/31/9999	1	0.00
J7315	Fee on File		MITOMYCIN, OPHTHALMIC, 0.2 MG	18	999	01/01/2016	12/31/9999	1	372.66
J7316	Fee on File		INJECTION, OCRIPLASMIN, 0.125 MG (JETREA)	18	999	07/01/2019	12/31/9999	1	1,046.93
J7318	Not Covered		HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	18	999	01/01/2019	12/31/9999	1	0.00
J7320	Fee on File		HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	18	999	07/01/2019	12/31/9999	30	16.92
J7321	Fee on File		HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, 'PER DOSE	18	999	01/01/2020	12/31/9999	2	82.85
J7322	Fee on File		HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	21	999	10/01/2019	12/31/9999	24	31.67
J7323	Fee on File		HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	01/01/2020	12/31/9999	2	144.69
J7324	Fee on File		HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	01/01/2020	12/31/9999	2	140.42
J7325	Fee on File		HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	0	999	01/01/2020	12/31/9999	48	11.03
J7326	Fee on File		HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	07/01/2019	12/31/9999	3	1,166.00
J7327	Fee on File		HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	18	999	01/01/2020	12/31/9999	2	781.27
J7328	Fee on File		HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	18	999	04/01/2017	12/31/9999	168	2.18
J7329	Fee on File		HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	21	999	07/01/2019	12/31/9999	25	7.20

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7330	Not Covered		AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	0	999	01/01/2001	12/31/9999	1	0.00
J7331	Not Covered		HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG	0	999	10/01/2019	12/31/9999	60	0.00
J7332	Not Covered		HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	0	999	10/01/2019	12/31/9999	60	0.00
J7336	Fee on File		CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER (QUTENZA)	18	999	01/01/2020	12/31/9999	1	3.25
J7340	Fee on File		CARBIDOPA 5 MG LEVODOPA 20 MG ENTERAL SUSPENSION 100 ML	18	999	01/01/2020	12/31/9999	1	212.63
J7342	Fee on File		INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	0	999	10/01/2019	12/31/9999	2	29.97
J7345	Fee on File		AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	18	999	10/01/2019	12/31/9999	200	1.45
J7401	Not Covered		MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS	0	999	10/01/2019	12/31/9999	1	0.00
J7500	Not Covered		AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA AZATHIOPRINE - ORAL, TAB, 50 MG	0	999	05/01/1992	12/31/9999	16	0.00
J7501	Fee on File		AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	0	999	10/01/2019	12/31/9999	8	238.19
J7502	Not Covered		CYCLOSPORINE, ORAL, 100 MG	0	999	10/01/2003	12/31/9999	15	0.00
J7503	Not Covered		TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG.	18	999	01/01/2016	12/31/9999	1	0.00
J7504	Fee on File		LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL,	0	999	01/01/2020	12/31/9999	18	2,060.04
J7505	Fee on File		MUROMONAB-CD3, PARENTERAL, 5 MG	0	999	01/01/2018	12/31/9999	1	6.80
J7507	Not Covered		TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	0	999	01/01/1995	12/31/9999	13	0.00
J7508	Fee on File		TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	16	999	07/01/2019	12/31/9999	32	0.48
J7509	Not Covered		METHYLPREDNISOLONE ORAL, PER 4 MG METHYLPREDNISOLONE ORAL, PER	0	999	01/01/1996	12/31/9999	12	0.00
J7510	Not Covered		PREDNISOLONE ORAL, PER 5 MG PREDNISOLONE ORAL, PER 5 MG	0	999	01/01/1996	12/31/9999	12	0.00
J7511	Fee on File		LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL,	0	999	01/01/2020	12/31/9999	1	765.74
J7512	Not Covered		PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	0	999	01/01/2016	12/31/9999	1	0.00
J7513	Not Covered		DACLIZUMAB, PARENTERAL, 25 MG	0	999	07/01/2014	12/31/9999	7	0.00
J7515	Not Covered		CYCLOSPORINE, ORAL, 25 MG	0	999	01/01/2000	12/31/9999	58	0.00
J7516	Not Covered		CYCLOSPORIN, PARENTERAL, 250 MG	0	999	01/01/2000	12/31/9999	10	0.00
J7517	Not Covered		MYCOPHENOLATE MOFETIL, ORAL, 250 MG	0	999	01/01/2000	12/31/9999	8	0.00
J7518	Not Covered		MYCOPHENOLIC ACID, ORAL, 180 MG	0	999	01/01/2005	12/31/9999	9	0.00
J7520	Not Covered		SIROLIMUS, ORAL, 1 MG	0	999	01/01/2001	12/31/9999	6	0.00
J7525	Not Covered		TACROLIMUS, PARENTERAL, 5 MG	0	999	01/01/2001	12/31/9999	7	0.00
J7527	Fee on File		EVEROLIMUS, ORAL, 0.25 MG	0	999	01/01/2020	12/31/9999	40	8.96
J7599	Manual Pricing		IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED IMMUNOSUPPRESSIVE DRUG,	0	999	01/01/2014	12/31/9999	999	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7604	Not Covered		ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	0	999	01/01/2008	12/31/9999	1	0.00
J7605	Not Covered		ARFORMOTEROL, INHALATION SOL, FDA APPRVD FINAL PROD, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM 15 MICROGRAMS	0	999	01/01/2008	12/31/9999	2	0.00
J7606	Not Covered		FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED ADMINISTERED THROUGH DME UNIT DOSE FORM 20 MCG	0	999	01/01/2009	12/31/9999	2	0.00
J7607	Not Covered		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	0	999	01/01/2007	12/31/9999	1	0.00
J7608	Not Covered		ACETYLCYSTEINE, INHALATION SOL, FDA-APPROVED FINAL PROD, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER GRAM	0	999	01/01/2000	12/31/9999	2	0.00
J7609	Not Covered		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1 MG	0	999	01/01/2007	12/31/9999	185	0.00
J7610	Not Covered		ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	0	999	01/01/2007	12/31/9999	185	0.00
J7611	Not Covered		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	0	999	04/01/2008	12/31/9999	185	0.00
J7612	Not Covered		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	0	999	04/01/2008	12/31/9999	5	0.00
J7613	Not Covered		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	0	999	04/01/2008	12/31/9999	185	0.00
J7614	Not Covered		LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	0	999	04/01/2008	12/31/9999	5	0.00
J7615	Not Covered		LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	0	999	01/01/2007	12/31/9999	5	0.00
J7620	Not Covered		ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	0	999	01/01/2006	12/31/9999	185	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7622	Not Covered		BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2002	12/31/9999	1	0.00
J7624	Not Covered		BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2002	12/31/9999	1	0.00
J7626	Not Covered		BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	0	999	01/01/2002	12/31/9999	2	0.00
J7627	Not Covered		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	0	999	01/01/2006	12/31/9999	2	0.00
J7628	Not Covered		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7629	Not Covered		BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7631	Not Covered		CROMOLYN SODIUM, INHALATION SOL FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	0	999	01/01/2000	12/31/9999	8	0.00
J7632	Not Covered		CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	0	999	01/01/2008	12/31/9999	8	0.00
J7633	Not Covered		BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	0	999	01/01/2003	12/31/9999	2	0.00
J7634	Not Covered		BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	0	999	01/01/2007	12/31/9999	2	0.00
J7635	Not Covered		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	3	0.00
J7636	Not Covered		ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	3	0.00
J7637	Not Covered		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7638	Not Covered		DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7639	Not Covered		DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THRU DME UNIT DOSE FORM PER MG	0	999	01/01/2000	12/31/9999	3	0.00
J7640	Not Covered		FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	0	999	01/01/2006	12/31/9999	4	0.00
J7641	Not Covered		FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	0	999	01/01/2002	12/31/9999	4	0.00
J7642	Not Covered		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7643	Not Covered		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7644	Not Covered		IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	2	0.00
J7645	Not Covered		IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2007	12/31/9999	2	0.00
J7647	Not Covered		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2007	12/31/9999	1	0.00
J7648	Not Covered		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7649	Not Covered		ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7650	Not Covered		ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2007	12/31/9999	1	0.00
J7657	Not Covered		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2007	12/31/9999	1	0.00
J7658	Not Covered		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7659	Not Covered		ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00
J7660	Not Covered		ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2007	12/31/9999	1	0.00
J7665	Not Covered		MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	0	999	01/01/2012	12/31/9999	1	0.00
J7667	Not Covered		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS	0	999	01/01/2007	12/31/9999	9	0.00
J7668	Not Covered		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	0	999	01/01/2000	12/31/9999	9	0.00
J7669	Not Covered		METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	0	999	01/01/2000	12/31/9999	9	0.00
J7670	Not Covered		METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	0	999	01/01/2007	12/31/9999	9	0.00
J7674	Not Covered		METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	0	999	01/01/2005	12/31/9999	189	0.00
J7676	Not Covered		PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	0	999	01/01/2008	12/31/9999	1	0.00
J7677	Not Covered		REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	18	999	07/01/2019	12/31/9999	380	0.00
J7680	Not Covered		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	3	0.00
J7681	Not Covered		TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	3	0.00
J7682	Not Covered		TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	0	999	01/01/2000	12/31/9999	2	0.00
J7683	Not Covered		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	12	0.00
J7684	Not Covered		TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	12	0.00



Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7685	Not Covered		TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	0	999	01/01/2007	12/31/9999	2	0.00
J7686	Not Covered		TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	0	999	01/01/2011	12/31/9999	1	0.00
J7699	Not Covered		NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	0	999	02/01/1996	12/31/9999	1	0.00
J7799	Not Covered		NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	0	999	02/01/1996	12/31/9999	9999	0.00
J7999	Not Covered		COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	0	999	01/01/2016	12/31/9999	1	0.00
J8498	Not Covered		ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	0	999	01/01/2006	12/31/9999	1	0.00
J8499	Not Covered		PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS PRESCRIPTION DRUG, OR	0	999	01/01/1995	12/31/9999	1	0.00
J8501	Not Covered		APREPITANT, ORAL, 5 MG	0	999	01/01/2005	12/31/9999	25	0.00
J8510	Not Covered		BUSULFAN; ORAL, 2 MG	0	999	01/01/2000	12/31/9999	1680	0.00
J8515	Not Covered		CABERGOLINE, ORAL, 0.25 MG 00017000	0	999	01/01/2006	12/31/9999	1	0.00
J8520	Not Covered		CAPECITABINE, ORAL, 150 MG	0	999	01/01/2000	12/31/9999	46	0.00
J8521	Not Covered		CAPECITABINE, ORAL, 500 MG	0	999	01/01/2000	12/31/9999	14	0.00
J8530	Fee on File		CYCLOPHOSPHAMIDE; ORAL, 25 MG CYCLOPHOSPHAMIDE; ORAL, 25 MG	0	999	01/01/2020	12/31/9999	32	2.65
J8540	Not Covered		DEXAMETHASONE, ORAL, 0.25 MG 00017100	0	999	01/01/2006	12/31/9999	36	0.00
J8560	Not Covered		ETOPOSIDE; ORAL, 50 MG ETOPOSIDE; ORAL, 50 MG	0	999	01/01/1995	12/31/9999	4	0.00
J8562	Not Covered		FLUDARABINE PHOSPHATE, ORAL, 10 MG	0	999	01/01/2011	12/31/9999	10	0.00
J8565	Not Covered		GEFITINIB, ORAL, 250 MG	0	999	01/01/2005	12/31/9999	1	0.00
J8597	Not Covered		ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED 00017200	0	999	01/01/2006	12/31/9999	1	0.00
J8600	Not Covered		MELPHALAN; ORAL, 2 MG MELPHALAN; ORAL, 2 MG	0	999	01/01/1995	12/31/9999	3	0.00
J8610	Not Covered		METHOTREXATE; ORAL, 2.5 MG METHOTREXATE; ORAL, 2.5 MG	0	999	01/01/1995	12/31/9999	12	0.00
J8650	Not Covered		NABILONE, ORAL, 1 MG	0	999	01/01/2007	12/31/9999	4	0.00
J8655	Not Covered		NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL	0	999	01/01/2016	12/31/9999	1	0.00
J8670	Fee on File		ROLAPITANT, ORAL, 1 MG	18	999	01/01/2020	12/31/9999	180	2.08
J8700	Not Covered		TEMOZOLMIDE, ORAL, 5 MG	0	999	01/01/2014	12/31/9999	212	0.00
J8705	Not Covered		TOPOTECAN, ORAL, 0.25 MG	0	999	01/01/2009	12/31/9999	28	0.00
J8999	Not Covered		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS PRESCRIPTION DRUG, ORAL,	0	999	01/01/1995	12/31/9999	1	0.00
J9000	Fee on File		INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	0	999	01/01/2020	12/31/9999	21	2.87
J9015	Fee on File		INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	0	999	10/01/2019	12/31/9999	5	4,964.62
J9017	Fee on File		INJECTION, ARSENIC TRIOXIDE, 1 MG	0	999	01/01/2020	12/31/9999	24	44.07
J9019	Fee on File		INJECTION, ASPARAGINASE (ERWINAXE), 1000 IU	0	999	07/01/2019	12/31/9999	63	414.83

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9020	Fee on File		INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	0	999	01/01/2015	12/31/9999	7	64.56
J9022	Fee on File		INJECTION, ATEZOLIZUMAB, 10 MG	18	999	01/01/2020	12/31/9999	168	77.86
J9023	Fee on File		INJECTION, AVELUMAB, 10 MG	18	999	01/01/2020	12/31/9999	159	84.12
J9025	Fee on File		INJECTION, AZACITIDINE, 1 MG	0	999	01/01/2020	12/31/9999	204	1.02
J9027	Fee on File		INJECTION, CLOFARABINE, 1 MG	1	999	01/01/2020	12/31/9999	141	54.22
J9030	Fee on File		BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	0	999	01/01/2020	12/31/9999	81	2.83
J9032	Fee on File		INJECTION, BELINOSTAT, 10 MG	18	999	01/01/2020	12/31/9999	530	40.83
J9033	Fee on File		INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	0	999	01/01/2020	12/31/9999	272	26.89
J9034	Fee on File		INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	18	999	01/01/2020	12/31/9999	272	21.73
J9035	Fee on File		INJECTION, BEVACIZUMAB, 10 MG	0	999	01/01/2020	12/31/9999	180	80.64
J9036	Fee on File		INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	18	999	01/01/2020	12/31/9999	360	23.87
J9039	Not Covered		INJECTION, BLINATUMOMAB, 1 MICROGRAM	0	999	01/01/2016	12/31/9999	1	0.00
J9040	Fee on File		INJECTION, BLEOMYCIN SULFATE, 15 UNITS	0	999	01/01/2020	12/31/9999	6	22.67
J9041	Fee on File		INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	0	999	01/01/2020	12/31/9999	35	44.86
J9042	Fee on File		INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	18	999	01/01/2020	12/31/9999	180	169.37
J9043	Fee on File		INJECTION, CABAZITAXEL, 1 MG	0	999	01/01/2020	12/31/9999	68	176.04
J9044	Fee on File		INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	18	999	01/01/2020	12/31/9999	36	22.70
J9045	Fee on File		INJECTION, CARBOPLATIN, 50 MG	0	999	01/01/2020	12/31/9999	20	2.69
J9047	Fee on File		INJECTION, CARFILZOMIB, 1 MG	18	999	01/01/2020	12/31/9999	143	37.54
J9050	Fee on File		INJECTION, CARMUSTINE, 100 MG	0	999	01/01/2020	12/31/9999	6	2,618.62
J9055	Fee on File		INJECTION, CETUXIMAB, 10 MG	0	999	01/01/2020	12/31/9999	109	63.21
J9057	Fee on File		INJECTION, COPANLISIB, 1 MG	18	999	10/01/2019	12/31/9999	1	79.42
J9060	Fee on File		INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	0	999	01/01/2020	12/31/9999	160	1.93
J9065	Fee on File		INJECTION, CLADRIBINE, PER 1 MG	0	999	01/01/2020	12/31/9999	15	20.18
J9070	Fee on File		CYCLOPHOSPHAMIDE, 100 MG	0	999	01/01/2020	12/31/9999	80	33.24
J9098	Not Covered		INJECTION, CYTARABINE LIPOSOME, 10 MG	0	999	01/01/2004	12/31/9999	9	0.00
J9100	Fee on File		INJECTION, CYTARABINE, 100 MG	0	999	01/01/2020	12/31/9999	7	0.81
J9118	Not Covered		INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	0	999	10/01/2019	12/31/9999	1	0.00
J9119	Fee on File		INJECTION, CEMIPIMAB-RWLC, 1 MG	18	999	01/01/2020	12/31/9999	350	27.43
J9120	Fee on File		INJECTION, DACTINOMYCIN, 0.5 MG	0	999	01/01/2020	12/31/9999	160	1,106.46
J9130	Fee on File		DACARBAZINE, 100 MG	0	999	01/01/2020	12/31/9999	8	4.07
J9145	Fee on File		INJECTION, DARATUMUMAB, 10 MG	18	999	01/01/2020	12/31/9999	240	54.03
J9150	Fee on File		INJECTION, DAUNORUBICIN, 10 MG	0	999	01/01/2020	12/31/9999	13	48.40
J9151	Fee on File		INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	18	999	04/01/2019	12/31/9999	10	0.32
J9153	Not Covered		INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	18	999	01/01/2019	12/31/9999	1	0.00
J9155	Fee on File		INJECTION, DEGARELIX, 1 MG	0	999	01/01/2020	12/31/9999	240	3.96
J9160	Fee on File		INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	18	999	07/01/2014	12/31/9999	10	1,863.80

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9165	Not Covered		INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	0	999	07/01/2014	12/31/9999	8	0.00
J9171	Fee on File		INJECTION, DOCETAXEL, 1 MG	0	999	01/01/2020	12/31/9999	272	0.97
J9173	Fee on File		INJECTION, DURVALUMAB, 10 MG	18	999	01/01/2020	12/31/9999	159	75.58
J9175	Not Covered		INJECTION, ELLIOTT'S B SOLUTION, 1 ML 00017500	0	999	01/01/2006	12/31/9999	10	0.00
J9176	Fee on File		INJECTION, ELOTUZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	272	6.58
J9178	Fee on File		INJECTION, EPIRUBICIN HCL, 2 MG	0	999	01/01/2020	12/31/9999	136	1.12
J9179	Fee on File		INJECTION, ERIBULIN MESYLATE, 0.1 MG	28	85	01/01/2020	12/31/9999	136	116.24
J9181	Fee on File		INJECTION, ETOPOSIDE, 10 MG	0	999	01/01/2020	12/31/9999	28	0.62
J9185	Fee on File		INJECTION, FLUDARABINE PHOSPHATE, 50 MG	0	999	01/01/2020	12/31/9999	2	47.89
J9190	Fee on File		INJECTION, FLUOROURACIL, 500 MG	0	999	01/01/2020	12/31/9999	20	1.51
J9199	Not Covered		INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	19	999	01/01/2020	12/31/9999	7	0.00
J9200	Fee on File		INJECTION, FLOXURIDINE, 500 MG	0	999	01/01/2020	12/31/9999	1	85.37
J9201	Fee on File		INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	0	999	01/01/2020	12/31/9999	17	4.16
J9202	Fee on File		GOSERELIN ACETATE IMPLANT, PER 3.6 MG	0	999	01/01/2020	12/31/9999	3	503.98
J9203	Not Covered		INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	2	999	01/01/2018	12/31/9999	1	0.00
J9204	Fee on File		INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	18	999	10/01/2019	12/31/9999	160	200.87
J9205	Fee on File		INJECTION, IRINOTECAN LIPOSOME, 1	0	999	01/01/2020	12/31/9999	215	49.84
J9206	Fee on File		INJECTION, IRINOTECAN, 20 MG	0	999	01/01/2020	12/31/9999	41	2.48
J9207	Fee on File		INJECTION, IXABEPILONE, 1 MG	0	999	01/01/2020	12/31/9999	108	96.07
J9208	Fee on File		INJECTION, IFOSFAMIDE, 1 GRAM	0	999	01/01/2020	12/31/9999	10	26.70
J9209	Fee on File		INJECTION, MESNA, 200 MG	0	999	01/01/2020	12/31/9999	30	2.22
J9210	Not Covered		INJECTION, EMAPALUMAB-LZSG, 1 MG	0	999	10/01/2019	12/31/9999	954	0.00
J9211	Fee on File		INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	0	999	01/01/2020	12/31/9999	8	36.31
J9212	Not Covered		INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	0	999	07/01/2014	12/31/9999	15	0.00
J9213	Not Covered		INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	0	999	07/01/2014	12/31/9999	5	0.00
J9214	Fee on File		INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	0	999	01/01/2020	12/31/9999	82	34.21
J9215	Fee on File		INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	18	999	01/01/2014	12/31/9999	24	8.60
J9216	Fee on File		INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	0	999	04/01/2018	12/31/9999	1	6,932.64
J9217	Fee on File		LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	0	999	01/01/2020	12/31/9999	6	230.07
J9218	Fee on File		LEUPROLIDE ACETATE, PER 1 MG	0	999	01/01/2020	12/31/9999	1	10.13
J9219	Not Covered		LEUPROLIDE ACETATE IMPLANT, 65 MG	2	999	01/01/2017	12/31/9999	1	0.00
J9225	Fee on File		HISTRELIN IMPLANT (VANTAS), 50 MG	0	999	01/01/2020	12/31/9999	1	4,119.79
J9226	Fee on File		HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	2	12	01/01/2020	12/31/9999	1	36,674.54
J9228	Fee on File		INJECTION, IPILIMUMAB, 1 MG	18	999	01/01/2020	12/31/9999	1590	155.18
J9229	Not Covered		INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	18	999	01/01/2019	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9230	Fee on File		INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	0	999	07/01/2019	12/31/9999	7	328.29
J9245	Fee on File		INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	0	999	01/01/2020	12/31/9999	11	633.39
J9250	Fee on File		METHOTREXATE SODIUM, 5 MG	0	999	10/01/2019	12/31/9999	27	0.25
J9260	Fee on File		METHOTREXATE SODIUM, 50 MG	0	999	10/01/2019	12/31/9999	4	2.49
J9261	Fee on File		INJECTION, NELARABINE, 50 MG	0	999	01/01/2020	12/31/9999	82	152.71
J9262	Fee on File		INJECTION, OMACETAXINE MEPEUSUCCINATE, 0.01 MG	18	999	01/01/2020	12/31/9999	7	2.91
J9263	Fee on File		INJECTION, OXALIPLATIN, 0.5 MG	0	999	10/01/2019	12/31/9999	684	0.15
J9264	Fee on File		INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	0	999	01/01/2020	12/31/9999	708	12.55
J9266	Fee on File		INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	0	999	01/01/2020	12/31/9999	2	17,571.62
J9267	Fee on File		INJECTION, PACLITAXEL, 1 MG	18	999	01/01/2020	12/31/9999	1193	0.14
J9268	Fee on File		INJECTION, PENTOSTATIN, 10 MG	0	999	01/01/2020	12/31/9999	2	2,109.35
J9269	Not Covered		INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	2	999	10/01/2019	12/31/9999	1	0.00
J9270	Not Covered		INJECTION, PLICAMYCIN, 2.5 MG	0	999	07/01/2014	12/31/9999	2	0.00
J9271	Fee on File		INJECTION, PEMBROLIZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	318	50.26
J9280	Fee on File		INJECTION, MITOMYCIN, 5 MG	0	999	01/01/2020	12/31/9999	16	79.89
J9285	Fee on File		INJECTION, OLARATUMAB, 10 MG	18	999	01/01/2020	12/31/9999	239	52.17
J9293	Fee on File		INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	0	999	01/01/2020	12/31/9999	10	27.81
J9295	Fee on File		INJECTION, NECITUMUMAB, 1 MG	18	999	07/01/2019	12/31/9999	800	5.74
J9299	Fee on File		INJECTION, NIVOLUMAB, 1 MG	0	999	01/01/2020	12/31/9999	480	28.16
J9301	Fee on File		INJECTION, OBINUTUZUMAB, 10 MG	18	999	01/01/2020	12/31/9999	100	63.52
J9302	Fee on File		INJECTION, OFATUMUMAB, 10 MG	0	999	01/01/2020	12/31/9999	200	60.08
J9303	Fee on File		INJECTION, PANITUMUMAB, 10 MG	0	999	01/01/2020	12/31/9999	109	118.52
J9305	Fee on File		INJECTION, PEMETREXED, 10 MG	0	999	01/01/2020	12/31/9999	136	70.79
J9306	Fee on File		INJECTION, PERTUZUMAB, 1 MG	18	999	01/01/2020	12/31/9999	840	12.62
J9307	Fee on File		INJECTION, PRALATREXATE, 1 MG	0	999	01/01/2020	12/31/9999	82	295.52
J9308	Fee on File		INJECTION, RAMUCIRUMAB, 5 MG	18	999	01/01/2020	12/31/9999	318	59.67
J9309	Not Covered		INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	19	999	01/01/2020	12/31/9999	286	0.00
J9311	Fee on File		INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	18	999	01/01/2020	12/31/9999	160	42.87
J9312	Fee on File		INJECTION, RITUXIMAB, 10 MG	18	999	01/01/2020	12/31/9999	110	94.41
J9313	Fee on File		INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	18	999	10/01/2019	12/31/9999	600	22.08
J9315	Fee on File		INJECTION, ROMIDEPSIN, 1 MG	0	999	01/01/2020	12/31/9999	38	220.88
J9320	Fee on File		INJECTION, STREPTOZOCIN, 1 GRAM	0	999	01/01/2020	12/31/9999	2	352.65
J9325	Fee on File		INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	21	999	01/01/2020	12/31/9999	10	51.44
J9328	Fee on File		INJECTION, TEMOZOLOMIDE, 1 MG	0	999	10/01/2019	12/31/9999	554	10.39
J9330	Fee on File		INJECTION, TEMSIROLIMUS, 1 MG	0	999	01/01/2020	12/31/9999	25	47.93
J9340	Fee on File		INJECTION, THIOTEPA, 15 MG	18	999	01/01/2020	12/31/9999	9	412.01
J9351	Fee on File		INJECTION, TOPOTECAN, 0.1 MG	0	999	01/01/2020	12/31/9999	40	0.98
J9352	Fee on File		INJECTION, TRABECTEDIN, 0.1 MG	18	65	01/01/2020	12/31/9999	15	312.94
J9354	Fee on File		INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	18	999	01/01/2020	12/31/9999	572	32.11
J9355	Fee on File		INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MGÉE	18	999	01/01/2020	12/31/9999	127	105.86

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9356	Fee on File		INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	18	999	01/01/2020	12/31/9999	60	79.18
J9357	Not Covered		INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	0	999	01/01/2000	12/31/9999	4	0.00
J9360	Fee on File		INJECTION, VINBLASTINE SULFATE, 1 MG	0	999	01/01/2020	12/31/9999	30	3.89
J9370	Fee on File		VINCRISTINE SULFATE, 1 MG	0	999	01/01/2020	12/31/9999	5	4.88
J9371	Fee on File		INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	18	999	01/01/2020	12/31/9999	12	3,075.83
J9390	Fee on File		INJECTION, VINORELBIN TARTRATE, 10 MG	0	999	01/01/2020	12/31/9999	9	11.96
J9395	Fee on File		INJECTION, FULVESTRANT, 25 MG	18	999	01/01/2020	12/31/9999	20	84.96
J9400	Fee on File		INJECTION, ZIV-AFLIBERCEPT, 1 MG	18	999	01/01/2020	12/31/9999	636	8.40
J9600	Not Covered		INJECTION, PORFIMER SODIUM, 75 MG	18	999	07/01/2014	12/31/9999	5	0.00
J9999	Manual Pricing		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	0	999	11/01/2004	12/31/9999	1	0.00
Q0138	Fee on File		INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	18	999	01/01/2020	12/31/9999	510	1.04
Q0139	Fee on File		INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	0	999	01/01/2020	12/31/9999	510	1.04
Q0144	Not Covered		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	0	999	01/01/2003	12/31/9999	2	0.00
Q0161	Fee on File		CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV	0	999	01/01/2015	12/31/9999	5	0.95
Q0162	Not Covered		ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	0	999	01/01/2012	12/31/9999	24	0.00
Q0163	Not Covered		DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	8	0.00
Q0164	Not Covered		PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	8	0.00
Q0166	Not Covered		GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	2	0.00
Q0167	Not Covered		DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE	0	999	01/01/1999	12/31/9999	17	0.00
Q0169	Not Covered		PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	24	0.00
Q0173	Not Covered		TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	5	0.00
Q0174	Not Covered		THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	3	0.00
Q0175	Not Covered		PERPHENZAIN, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE	0	999	01/01/1999	12/31/9999	6	0.00
Q0177	Not Covered		HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	0	999	01/01/1999	12/31/9999	24	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q0180	Not Covered		DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI	0	999	01/01/1999	12/31/9999	1	0.00
Q0181	Not Covered		UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	0	999	01/01/1999	12/31/9999	1	0.00
Q2009	Not Covered		INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	0	999	01/01/2001	12/31/9999	19	0.00
Q2017	Not Covered		INJECTION, TENIPOSIDE, 50 MG	0	999	01/01/2001	12/31/9999	19	0.00
Q2026	Not Covered		INJECTION, RADIESSE, 0.1 ML	0	999	01/01/2010	12/31/9999	27	0.00
Q2028	Not Covered		INJECTION, SCULPTRA, 0.5 MG	0	999	01/01/2014	12/31/9999	1	0.00
Q2034	Not Covered		INFLUENZA VIRUS VACCINE SPLIT VIRUS FOR IM USE (AGRIFLU)	0	999	07/01/2012	12/31/9999	1	0.00
Q2035	Fee on File		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)	3	999	10/01/2018	12/31/9999	1	18.24
Q2036	Fee on File		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)	3	999	04/01/2015	12/31/9999	1	8.58
Q2037	Fee on File		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)	3	999	10/01/2017	12/31/9999	1	17.69
Q2038	Fee on File		INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)	3	999	01/01/2015	12/31/9999	1	12.04
Q2039	Not Covered		INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED	3	999	07/01/2016	12/31/9999	1	0.00
Q2041	Not Covered	Yes	AXICABTAGENE CILOLEUCCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING	18	999	04/01/2018	12/31/9999	1	0.00
Q2042	Not Covered	Yes	TISAGENLEUCCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	0	999	01/01/2019	12/31/9999	1	0.00
Q2043	Not Covered		SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH R4P CM CSE, INCLUDING	0	999	07/01/2011	12/31/9999	1	0.00
Q2049	Fee on File		DOXORUBICIN HYDROCHLORIDE LIPOSOMAL IMPORTED LIPODOX 10 MG	19	999	01/01/2019	12/31/9999	15	470.40
Q2050	Fee on File		INJECTION, DOXORUBICIN HYDROCHLORIDE LIPOSOMAL NOT OTHERWISE SPECIFIED 10MG	0	999	01/01/2020	12/31/9999	15	295.52
Q2052	Not Covered		SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBULIN (IVIG) DEMONSTRATION	0	999	04/01/2014	12/31/9999	1	0.00
Q3001	Not Covered		RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	0	999	01/01/2001	12/31/9999	1	0.00
Q3027	Fee on File		INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	18	999	01/01/2020	12/31/9999	30	53.56

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q3028	Fee on File		INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	18	999	01/01/2015	12/31/9999	44	181.74
Q4074	Not Covered		ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	0	999	01/01/2010	12/31/9999	9	0.00
Q4081	Fee on File		INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	0	999	01/01/2020	12/31/9999	477	1.06
Q4082	Not Covered		DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG	0	999	01/01/2007	12/31/9999	1	0.00
Q5101	Fee on File		INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	0	999	01/01/2020	12/31/9999	1590	0.55
Q5103	Fee on File		INFLIXIMAB-DYYD, BIOSIMILAR, (INFLECTRA), 10 MG	6	999	01/01/2020	12/31/9999	159	47.77
Q5104	Fee on File		INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	6	999	01/01/2020	12/31/9999	159	51.75
Q5105	Fee on File		INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	0	999	01/01/2020	12/31/9999	400	0.93
Q5106	Fee on File		INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	0	999	01/01/2020	12/31/9999	60	9.33
Q5107	Fee on File		INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	18	999	10/01/2019	12/31/9999	239	69.77
Q5108	Fee on File		INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	0	999	01/01/2020	12/31/9999	12	311.62
Q5109	Manual Pricing		INJECTION, INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG	6	999	01/01/2019	12/31/9999	159	0.00
Q5110	Fee on File		INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	0	999	01/01/2020	12/31/9999	1590	0.63
Q9950	Fee on File		SULFUR HEXAFLUORIDE LIPID PER 1 ML	0	999	01/01/2020	12/31/9999	2	19.59
Q9951	Manual Pricing		LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	0	999	01/01/2014	12/31/9999	999	0.00
Q9953	Fee on File		INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	0	999	04/01/2010	12/31/9999	1	62.05
Q9954	Fee on File		ORAL MAGNETIC RESONANCE CONTRAST AGENT, ML	0	999	01/01/2013	12/31/9999	20	11.66
Q9955	Manual Pricing		INJECTION, PERFELXANE LIPID MICROSPHERES, PER ML	0	999	06/01/2007	12/31/9999	1	0.00
Q9956	Fee on File		INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML	0	999	01/01/2020	12/31/9999	1	32.13
Q9957	Fee on File		INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	0	999	01/01/2020	12/31/9999	2	48.20
Q9958	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2020	12/31/9999	300	0.08
Q9959	Manual Pricing		HIGH OSMOLAR CONTRAST MATERIAL 150-199 MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2014	12/31/9999	199	0.00
Q9960	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL 200-249 MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2020	12/31/9999	249	0.17
Q9961	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL 250-299 MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2020	12/31/9999	299	0.24

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q9962	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL 300-349 MG/ML IODINE CONCENTRATION PER ML	0	999	07/01/2007	12/31/9999	349	0.18
Q9963	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL 350-399 MG/ML IODINE CONCENTRATION PER ML	0	999	10/01/2019	12/31/9999	399	0.20
Q9964	Fee on File		HIGH OSMOLAR CONTRAST MATERIAL 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2008	12/31/9999	500	0.29
Q9965	Fee on File		LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	0	999	01/01/2020	12/31/9999	199	0.88
Q9966	Fee on File		LOW OSMOLAR CONTRAST MATERIAL, 200-299MG/ML IODINE CONCENTRATION, PER ML	0	999	01/01/2020	12/31/9999	299	0.32
Q9967	Fee on File		LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	0	999	10/01/2019	12/31/9999	399	0.12
Q9968	Fee on File		INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG	0	999	10/01/2019	12/31/9999	10	6.40
Q9969	Fee on File		TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE	0	999	01/01/2013	12/31/9999	1	10.00
Q9982	Not Covered		FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	0	999	07/01/2016	12/31/9999	1	0.00
Q9983	Not Covered		FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	18	999	07/01/2016	12/31/9999	1	0.00
S0012	Not Covered		BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0014	Not Covered		TACRINE HYDROCHLORIDE, 10 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0017	Not Covered		INJECTION, AMINOCAPROIC ACID, 5 GRAMS	0	999	01/01/2000	12/31/9999	1	0.00
S0020	Not Covered		INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML	0	999	01/01/2000	12/31/9999	1	0.00
S0021	Not Covered		INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	0	999	01/01/2000	12/31/9999	1	0.00
S0023	Not Covered		INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0028	Fee on File		INJECTION, FAMOTIDINE, 20 MG	0	999	01/01/2015	12/31/9999	1	0.53
S0030	Not Covered		INJECTION, METRONIDAZOLE, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0032	Not Covered		INJECTION, NAFCILLIN SODIUM, 2	0	999	01/01/2000	12/31/9999	1	0.00
S0034	Not Covered		INJECTION, OFLOXACIN, 400 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0039	Not Covered		INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	0	999	01/01/2000	12/31/9999	1	0.00
S0040	Not Covered		INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	0	999	01/01/2000	12/31/9999	1	0.00
S0073	Not Covered		INJECTION, AZTREONAM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0074	Not Covered		INJECTION, CEFOTETAN DISODIUM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0077	Not Covered		INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0078	Not Covered		INJECTION, FOSPHENYTOIN SODIUM, 750 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0080	Not Covered		INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00



Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
S0081	Not Covered		INJECTION, PIPERACILLIN SODIUM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0088	Not Covered		IMATINIB INJECTION, 100 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0090	Not Covered		SILDENAFIL CITRATE, 25 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0091	Not Covered		GRANISETRON HYDROCHLORIDE, 1 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0092	Not Covered		INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250MG (LOADING DOSE FOR INFUSION PU)	0	999	01/01/2002	12/31/9999	1	0.00
S0093	Not Covered		INJECTION, MORPHINE SULFATE, 500MG (LOADING DOSE FOR INFUSION PUMP)	0	999	01/01/2002	12/31/9999	1	0.00
S0104	Not Covered		ZIDOVUDINE, ORAL, 100 MG	0	999	01/01/2003	12/31/9999	1	0.00
S0106	Not Covered		BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	0	999	01/01/2003	12/31/9999	1	0.00
S0108	Not Covered		MERCAPTOPYRINE, ORAL, 50 MG	0	999	01/01/2003	12/31/9999	1	0.00
S0109	Not Covered		METHADONE, ORAL, 5 MG	0	999	10/01/2004	12/31/9999	1	0.00
S0117	Not Covered		TRETINOIN, TOPICAL, 5 GRAMS	0	999	07/01/2004	12/31/9999	1	0.00
S0119	Not Covered		ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)	0	999	01/01/2012	12/31/9999	1	0.00
S0122	Not Covered		INJECTION, MENOTROPINS, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0126	Not Covered		INJECTION, FOLLITROPIN ALFA, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0128	Not Covered		INJECTION, FOLLITROPIN BETA, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0132	Not Covered		INJECTION, GANIRELIX ACETATE, 250 MCG	0	999	01/01/2003	12/31/9999	1	0.00
S0136	Not Covered		CLOZAPINE, 25 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0137	Not Covered		DIDANOSINE (DDI), 25 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0138	Not Covered		FINASTERIDE, 5 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0139	Not Covered		MINOXIDIL, 10 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0140	Not Covered		SAQUINAVIR, 200 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0142	Not Covered		COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	0	999	04/01/2005	12/31/9999	1	0.00
S0145	Not Covered		INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	0	999	07/01/2005	12/31/9999	1	0.00
S0148	Not Covered		INJECTION, PEGYLATED INTERFERON ALFA-2B 10 MCG	0	999	10/01/2010	12/31/9999	1	0.00
S0155	Not Covered		STERILE DILUTANT FOR EPOPROSTENOL, 50ML	0	999	01/01/2002	12/31/9999	1	0.00
S0156	Not Covered		EXEMESTANE, 25 MG	0	999	01/01/2001	12/31/9999	1	0.00
S0157	Not Covered		BECAPLERMIN GEL 0.01%, 0.5 GM	0	999	01/01/2001	12/31/9999	1	0.00
S0160	Not Covered		DEXTROAMPHETAMINE	0	999	04/01/2004	12/31/9999	1	0.00
S0164	Not Covered		INJECTION PANTOPRAZOLE	0	999	04/01/2004	12/31/9999	1	0.00
S0166	Fee on File		INJECTION, OLANZAPINE, 2.5 MG	13	999	07/01/2014	12/31/9999	12	10.31
S0169	Not Covered		CALCITROL 0.25 MICROGRAM	0	999	10/01/2010	12/31/9999	1	0.00
S0170	Not Covered		ANASTROZOLE, ORAL, 1MG	0	999	01/01/2002	12/31/9999	1	0.00
S0171	Not Covered		INJECTION, BUMETANIDE, 0.5MG	0	999	01/01/2002	12/31/9999	1	0.00
S0172	Not Covered		CHLORAMBUCIL, ORAL, 2MG	0	999	01/01/2002	12/31/9999	1	0.00
S0174	Not Covered		DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDI)	0	999	01/01/2002	12/31/9999	1	0.00
S0175	Not Covered		FLUTAMIDE, ORAL, 125MG	0	999	01/01/2002	12/31/9999	1	0.00
S0176	Not Covered		HYDROXYUREA, ORAL, 500MG	0	999	01/01/2002	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
S0177	Not Covered		LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	0	999	01/01/2002	12/31/9999	1	0.00
S0178	Not Covered		LOMUSTINE, ORAL, 10MG	0	999	01/01/2002	12/31/9999	1	0.00
S0179	Not Covered		MEGESTROL ACETATE, ORAL, 20MG	0	999	01/01/2002	12/31/9999	1	0.00
S0182	Not Covered		PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	0	999	01/01/2002	12/31/9999	1	0.00
S0183	Fee on File		PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164)	0	999	07/01/2015	12/31/9999	8	0.05
S0187	Not Covered		TAMOXIFEN CITRATE, ORAL, 10MG	0	999	01/01/2002	12/31/9999	1	0.00
S0189	Fee on File		TESTOSTERONE PELLETT, 75MG	0	999	07/01/2016	12/31/9999	6	106.26
S0190	Not Covered		MIFEPRISTONE, ORAL, 200 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0191	Not Covered		MISOPROSTOL, ORAL, 200 MCG	0	999	01/01/2002	12/31/9999	1	0.00
S0194	Not Covered		VITAMIN SUPPL 100 CAPS	0	999	04/01/2004	12/31/9999	1	0.00
S0197	Not Covered		PRENATAL VITAMINIS, 30-DAY SUPPLY	0	999	04/01/2005	12/31/9999	1	0.00
S0199	Not Covered		MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	0	999	01/01/2002	12/31/9999	1	0.00
S4989	Not Covered		CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMP	9	60	07/01/2013	12/31/9999	1	0.00
S4990	Not Covered		NICOTINE PATCHES, LEGEND	0	999	01/01/2002	12/31/9999	1	0.00
S4991	Not Covered		NICOTINE PATCHES, NON-LEGEND	0	999	01/01/2002	12/31/9999	1	0.00
S4993	Not Covered		CONTRACEPTIVE PILLS FOR BIRTH CONTROL	0	999	01/01/2003	12/31/9999	1	0.00
S4995	Not Covered		SMOKING CESSATION GUM	0	999	01/01/2003	12/31/9999	1	0.00
S5000	Not Covered		PRESCRIPTION DRUG, GENERIC	0	999	01/01/2001	12/31/9999	1	0.00
S5001	Not Covered		PRESCRIPTION DRUG, BRAND NAME	0	999	01/01/2001	12/31/9999	1	0.00
S5010	Not Covered		5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML	0	999	01/01/2001	12/31/9999	1	0.00
S5012	Not Covered		5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML	0	999	01/01/2001	12/31/9999	1	0.00
S5013	Not Covered		5% DEXTROSE AND 0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1000 ML	0	999	01/01/2001	12/31/9999	1	0.00
S5014	Not Covered		5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SU	0	999	01/01/2001	12/31/9999	1	0.00
S5550	Not Covered		INSULIN, RAPID ONSET, 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5551	Not Covered		INSULIN, MOST RAPID ONSET (LISPRO OR ASPART), 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5552	Not Covered		INSULIN, INTERMEDIATE ACTING (NPH OR LENTE), 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5553	Not Covered		INSULIN, LONG ACTING, 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5560	Not Covered		INSULIN DELIVERY DEVICE, REUSABLE PEN, 1.5 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00
S5561	Not Covered		INSULIN DELIVERY DEVICE, REUSABLE PEN, 3 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00
S5565	Not Covered		INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP, 150 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5566	Not Covered		INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP, 300 UNITS	0	999	01/01/2004	12/31/9999	1	0.00

Code	Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
S5570	Not Covered		INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN), 1.5 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00
S5571	Not Covered		INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN), 3 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00