

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201607 FEBRUARY 16, 2016

HCPCS code J1458 linked to revenue code 636

Effective March 16, 2016, the Indiana Health Coverage Programs (IHCP) will link Healthcare Common Procedure Coding System (HCPCS) code J1458 – *Injection, galsulfase, 1 mg* to revenue code 636 – *Drugs requiring detailed coding*. This link applies retroactively to fee-for-service (FFS) claims with dates of service (DOS) on or after **July 1, 2015**.

Beginning March 16, 2016, providers may bill HCPCS code J1458 and revenue code 636 together, as appropriate, for reimbursement consideration. Claims with DOS on or after July 1, 2015, that previously denied for explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination* may be resubmitted. Claims submitted beyond the original one-year filing limit must include a copy of this banner page as an attachment and must be filed within one year of the publication date.



IHCP will no longer cover HCPCS code S9349

Effective March 16, 2016, the Indiana Health Coverage Programs (IHCP) will no longer cover Healthcare Common Procedure Coding System (HCPCS) code S9349 – *Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem*. This coverage decision aligns IHCP coverage policy with the American Congress of Obstetricians and Gynecologists (ACOG) recommendation that tocolytics are ineffective for preventing preterm birth. This coverage change applies to all IHCP programs, subject to limitations established for certain benefit packages. This change applies to dates of service (DOS) on or after March 16, 2016.

Pricing updated for certain manually priced codes

Effective March 16, 2016, the Indiana Health Coverage Programs (IHCP) will update pricing for the Current Procedural Terminology (CPT^{®1}) and Healthcare Common Procedure Coding System (HCPCS) codes listed in Tables 1 and 2. Pricing for the procedure codes in [Table 1](#) is changing from manual pricing to resource-based relative value scale (RBRVS). Pricing for the procedure codes in [Table 2](#) is changing from manual pricing to maximum-fee pricing. The pricing changes for the listed codes apply to dates of service (DOS) on or after March 16, 2016.

continued

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- [IHCP to end separate reimbursement for certain physician-administered drugs in the outpatient setting](#)

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Pricing information will be updated in the next monthly update to the provider [Fee Schedule](#) at indianamedicaid.com.

*Table 1 – CPT codes updated from manual pricing to RBRVS pricing
for DOS on or after March 16, 2016*

Procedure Code	Description
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple

continued

Table 2 – CPT and HCPCS codes updated from manual pricing to maximum-fee pricing for DOS on or after March 16, 2016

Procedure Code	Description
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
81246	FLT3 (FMS-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)

IHCP to end separate reimbursement for certain physician-administered drugs in the outpatient setting

Effective April 1, 2016, the Indiana Health Coverage Programs (IHCP) will no longer separately reimburse the physician-administered drugs in [Table 3](#) (attached), when they are provided in the outpatient setting. Reimbursement for these drugs is included in the established rates set for the reimbursement of outpatient treatment rooms. This change affects outpatient billing on the *UB-04* or the 837I only. Professional billing for these drugs on the *CMS-1500* or the 837P will not be affected.

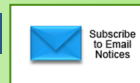
The link between the procedure codes on [Table 3](#) and revenue code 636 – *Drugs requiring detailed coding* will be removed. Claims billing these codes together with revenue code 636 will deny. This change applies to fee-for-service (FFS) claims with dates of service (DOS) on or after April 1, 2016.

QUESTIONS?

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Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016

Procedure Code	Description
90281	Immune globulin (Ig), human, for intramuscular use
90385	Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use
90386	Rho(D) immune globulin (RhlgIV), human, for intravenous use
90393	Vaccinia immune globulin, human, for intramuscular use
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90676	Rabies vaccine, for intradermal use
90690	Typhoid vaccine, live, oral
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90717	Yellow fever vaccine, live, for subcutaneous use
90739	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
C9497	Loxapine, inhalation powder, 10 mg
J0120	Injection, tetracycline, up to 250 mg
J0133	Injection, acyclovir, 5 mg
J0190	Injection, biperiden lactate, per 5 mg
J0200	Injection, alatrofloxacin mesylate, 100 mg
J0205	Injection, alglucerase, per 10 units
J0210	Injection, methyldopate HCl, up to 250 mg
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

Procedure Code	Description
J0278	Injection, amikacin sulfate, 100 mg
J0282	Injection, amiodarone HCl, 30 mg
J0285	Injection, amphotericin B, 50 mg
J0287	Injection, amphotericin B lipid complex, 10 mg
J0289	Injection, amphotericin B liposome, 10 mg
J0290	Injection, ampicillin sodium, 500 mg
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0330	Injection, succinylcholine chloride, up to 20 mg
J0350	Injection, anistreplase, per 30 units
J0360	Injection, hydralazine HCl, up to 20 mg
J0365	Injection, aprotinin, 10,000 kiu
J0380	Injection, metaraminol bitartrate, per 10 mg
J0390	Injection, chloroquine HCl, up to 250 mg
J0395	Injection, arbutamine HCl, 1 mg
J0456	Injection, azithromycin, 500 mg
J0461	Injection, atropine sulfate, 0.01 mg
J0470	Injection, dimercaprol, per 100 mg
J0500	Injection, dicyclomine HCl, up to 20 mg
J0515	Injection, benztropine mesylate, per 1 mg
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg
J0592	Injection, buprenorphine HCl, 0.1 mg
J0595	Injection, butorphanol tartrate, 1 mg
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units
J0600	Injection, edetate calcium disodium, up to 1,000 mg
J0610	Injection, calcium gluconate, per 10 ml
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml
J0636	Injection, calcitriol, 0.1 mcg
J0640	Injection, leucovorin calcium, per 50 mg
J0670	Injection, mepivacaine HCl, per 10 ml
J0690	Injection, ceftazidime sodium, 500 mg
J0694	Injection, cefoxitin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0698	Injection, cefotaxime sodium, per g
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0710	Injection, cephalosporin sodium, up to 1 g
J0713	Injection, ceftazidime, per 500 mg
J0715	Injection, ceftizoxime sodium, per 500 mg
J0720	Injection, chloramphenicol sodium succinate, up to 1 g

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J0725	Injection, chorionic gonadotropin, per 1,000 USP units
J0743	Injection, cilastatin sodium; imipenem, per 250 mg
J0745	Injection, codeine phosphate, per 30 mg
J0760	Injection, colchicine, per 1 mg
J0770	Injection, colistimethate sodium, up to 150 mg
J0780	Injection, prochlorperazine, up to 10 mg
J0795	Injection, corticorelin ovine triflutate, 1 mcg
J0800	Injection, corticotropin, up to 40 units
J0895	Injection, deferoxamine mesylate, 500 mg
J0945	Injection, brompheniramine maleate, per 10 mg
J1000	Injection, depo-estradiol cypionate, up to 5 mg
J1020	Injection, methylprednisolone acetate, 20 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg
J1050	Injection, medroxyprogesterone acetate, 1 mg
J1094	Injection, dexamethasone acetate, 1 mg
J1100	Injection, dexamethasone sodium phosphate, 1 mg
J1110	Injection, dihydroergotamine mesylate, per 1 mg
J1120	Injection, acetazolamide sodium, up to 500 mg
J1160	Injection, digoxin, up to 0.5 mg
J1165	Injection, phenytoin sodium, per 50 mg
J1170	Injection, hydromorphone, up to 4 mg
J1180	Injection, dyphylline, up to 500 mg
J1200	Injection, diphenhydramine HCl, up to 50 mg
J1205	Injection, chlorothiazide sodium, per 500 mg
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml
J1230	Injection, methadone HCl, up to 10 mg
J1240	Injection, dimenhydrinate, up to 50 mg
J1245	Injection, dipyridamole, per 10 mg
J1250	Injection, Dobutamine HCl, per 250 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1265	Injection, dopamine HCl, 40 mg
J1320	Injection, amitriptyline HCl, up to 20 mg
J1325	Injection, epoprostenol, 0.5 mg
J1327	Injection, eptifibatide, 5 mg
J1330	Injection, ergonovine maleate, up to 0.2 mg
J1364	Injection, erythromycin lactobionate, per 500 mg
J1380	Injection, estradiol valerate, up to 10 mg
J1430	Injection, ethanolamine oleate, 100 mg
J1435	Injection, estrone, per 1 mg
J1436	Injection, etidronate disodium, per 300 mg

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1450	Injection, fluconazole, 200 mg
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg
J1455	Injection, foscarnet sodium, per 1,000 mg
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1580	Injection, garamycin, gentamicin, up to 80 mg
J1600	Injection, gold sodium thiomalate, up to 50 mg
J1620	Injection, gonadorelin HCl, per 100 mcg
J1626	Injection, granisetron HCl, 100 mcg
J1630	Injection, haloperidol, up to 5 mg
J1631	Injection, haloperidol decanoate, per 50 mg
J1640	Injection, hemin, 1 mg
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units
J1644	Injection, Heparin sodium, per 1000 units
J1645	Injection, dalteparin sodium, per 2500 IU
J1650	Injection, enoxaparin sodium, 10 mg
J1675	Injection, histrelin acetate, 10 mcg
J1700	Injection, hydrocortisone acetate, up to 25 mg
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1730	Injection, diazoxide, up to 300 mg
J1750	Injection, iron dextran, 50 mg
J1790	Injection, droperidol, up to 5 mg
J1800	Injection, propranolol HCl, up to 1 mg
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule
J1815	Injection, insulin, per 5 units
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1840	Injection, kanamycin sulfate, up to 500 mg
J1850	Injection, kanamycin sulfate, up to 75 mg
J1885	Injection, ketorolac tromethamine, per 15 mg
J1890	Injection, cephalothin sodium, up to 1 g
J1940	Injection, furosemide, up to 20 mg
J1945	Injection, lepirudin, 50 mg
J1955	Injection, levocarnitine, per 1 g
J1956	Injection, levofloxacin, 250 mg
J1960	Injection, levorphanol tartrate, up to 2 mg
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg
J1990	Injection, chlordiazepoxide HCl, up to 100 mg

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg
J2010	Injection, lincomycin HCl, up to 300 mg
J2020	Injection, linezolid, 200 mg
J2060	Injection, lorazepam, 2 mg
J2150	Injection, mannitol, 25% in 50 ml
J2175	Injection, meperidine HCl, per 100 mg
J2180	Injection, meperidine and promethazine HCl, up to 50 mg
J2210	Injection, methylergonovine maleate, up to 0.2 mg
J2250	Injection, midazolam HCl, per 1 mg
J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2300	Injection, nalbuphine HCl, per 10 mg
J2320	Injection, nandrolone decanoate, up to 50 mg
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg
J2360	Injection, orphenadrine citrate, up to 60 mg
J2400	Injection, chlorprocaine HCl, per 30 ml
J2405	Injection, ondansetron HCl, per 1 mg
J2410	Injection, oxymorphone HCl, up to 1 mg
J2430	Injection, pamidronate disodium, per 30 mg
J2440	Injection, papaverine HCl, up to 60 mg
J2460	Injection, oxytetracycline HCl, up to 50 mg
J2501	Injection, paricalcitol, 1 mcg
J2504	Injection, pegademase bovine, 25 IU
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2513	Injection, pentastarch, 10% solution, 100 ml
J2515	Injection, pentobarbital sodium, per 50 mg
J2540	Injection, penicillin G potassium, up to 600,000 units
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
J2550	Injection, promethazine HCl, up to 50 mg
J2560	Injection, phenobarbital sodium, up to 120 mg
J2590	Injection, oxytocin, up to 10 units
J2597	Injection, desmopressin acetate, per 1 mcg
J2650	Injection, prednisolone acetate, up to 1 ml
J2670	Injection, tolazoline HCl, up to 25 mg
J2675	Injection, progesterone, per 50 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2690	Injection, procainamide HCl, up to 1 g
J2700	Injection, oxacillin sodium, up to 250 mg
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg
J2720	Injection, protamine sulfate, per 10 mg
J2725	Injection, protirelin, per 250 mcg

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J2730	Injection, pralidoxime chloride, up to 1 g
J2760	Injection, phentolamine mesylate, up to 5 mg
J2765	Injection, metoclopramide HCl, up to 10 mg
J2780	Injection, ranitidine HCl, 25 mg
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2800	Injection, methocarbamol, up to 10 ml
J2805	Injection, sincalide, 5 mcg
J2810	Injection, theophylline, per 40 mg
J2910	Injection, aurothioglucose, up to 50 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2941	Injection, somatropin, 1 mg
J2950	Injection, promazine HCl, up to 25 mg
J2993	Injection, reteplase, 18.1 mg
J2995	Injection, streptokinase, per 250,000 IU
J3000	Injection, streptomycin, up to 1 g
J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3070	Injection, pentazocine, 30 mg
J3105	Injection, terbutaline sulfate, up to 1 mg
J3230	Injection, chlorpromazine HCl, up to 50 mg
J3243	Injection, tigecycline, 1 mg
J3246	Injection, tirofiban HCl, 0.25 mg
J3250	Injection, trimethobenzamide HCl, up to 200 mg
J3260	Injection, tobramycin sulfate, up to 80 mg
J3265	Injection, torsemide, 10 mg/ml
J3280	Injection, thiethylperazine maleate, up to 10 mg
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3302	Injection, triamcinolone diacetate, per 5 mg
J3303	Injection, triamcinolone hexacetonide, per 5 mg
J3305	Injection, trimetrexate glucuronate, per 25 mg
J3310	Injection, perphenazine, up to 5 mg
J3320	Injection, spectinomycin dihydrochloride, up to 2 g
J3350	Injection, urea, up to 40 g
J3360	Injection, diazepam, up to 5 mg
J3370	Injection, vancomycin HCl, 500 mg
J3396	Injection, verteporfin, 0.1 mg
J3400	Injection, triflupromazine HCl, up to 20 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3411	Injection, thiamine HCl, 100 mg
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J3430	Injection, phytonadione (vitamin K), per 1 mg
J3475	Injection, magnesium sulfate, per 500 mg
J3480	Injection, potassium chloride, per 2 mEq
J3520	Edetate disodium, per 150 mg
J7030	Infusion, normal saline solution, 1,000 cc
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)
J7042	5% dextrose/normal saline (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D-5-W, 1,000 cc
J7100	Infusion, dextran 40, 500 ml
J7110	Infusion, dextran 75, 500 ml
J7120	Ringers lactate infusion, up to 1,000 cc
J7197	Antithrombin III (human), per IU
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7330	Autologous cultured chondrocytes, implant
J7500	Azathioprine, oral, 50 mg
J7501	Azathioprine, parenteral, 100 mg
J7502	Cyclosporine, oral, 100 mg
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	Muromonab-CD3, parenteral, 5 mg
J7506	Prednisone, oral, per 5 mg
J7507	Tacrolimus, immediate release, oral, 1 mg
J7509	Methylprednisolone, oral, per 4 mg
J7510	Prednisolone, oral, per 5 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
J7513	Daclizumab, parenteral, 25 mg
J7515	Cyclosporine, oral, 25 mg
J7516	Cyclosporine, parenteral, 250 mg
J7517	Mycophenolate mofetil, oral, 250 mg
J7520	Sirolimus, oral, 1 mg
J7525	Tacrolimus, parenteral, 5 mg
J7599	Immunosuppressive drug, not otherwise classified
J7611	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg
J7613	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg

Table 3 – Physician-administered drugs no longer separately reimbursable in the outpatient setting for DOS on or after April 1, 2016 (continued)

J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg
J7665	Mannitol, administered through an inhaler, 5 mg
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
J7699	NOC drugs, inhalation solution administered through DME
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	Injection, interferon, gamma 1-b, 3 million units
Q0161	Chlorpromazine hydrochloride, 5 mg, oral
Q0162	Ondansetron 1 mg, oral
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen
Q0164	Prochlorperazine maleate, 5 mg, oral
Q0166	Granisetron HCl, 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen
Q0169	Promethazine HCl, 12.5 mg, oral
Q0173	Trimethobenzamide HCl, 250 mg, oral
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0175	Perphenazine, 4 mg, oral
Q0177	Hydroxyzine pamoate, 25 mg, oral
Q0515	Injection, sermorelin acetate, 1 mcg
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent
S0164	Injection, pantoprazole sodium, 40 mg