



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health  
Services

# NEWSLETTER

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Volume 10 No. 68

September 2000

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**TO:** Physicians - **For Action**  
Certified Nurse Midwives - **For Action**  
Certified Nurse Practitioners/Clinical Nurse Specialists - **For Action**  
Independent Clinics - **For Action**  
Federally Qualified Health Centers– **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Supplemental Updates to the List of Approved Practitioner-Administered Drugs that was distributed July 1999**

**EFFECTIVE:** Claims with service dates on or after October 1, 2000

**PURPOSE:** To notify practitioners of additions and deletions of drugs approved for office, home or independent clinic administration.

**BACKGROUND:** In July 1999, the New Jersey Division of Medical Assistance and Health Services (DMAHS) published an updated list of approved practitioner-administered procedure codes, descriptions, and Medicaid and NJ KidCare fee-for-service maximum fee allowances. These fee allowances reflect the cost of common dosages of approved drugs, based on each drug's Average Wholesale Price (AWP) per unit. Unless otherwise indicated, a "unit" is defined as one (1) cubic centimeter (cc.) or one (1) milliliter (ml.). For drugs packaged in one cc. or one ml. vials, the fee allowance reflects the AWP per vial. For additional information regarding coverage and reimbursement for approved practitioner-administered drugs, please see the Medicaid Newsletters Volume 4, No. 4 dated January 1994; Volume 6, No. 60, dated November 1996; Volume 8, No. 12, dated February, 1998, Volume 9, No. 22, dated April 1999, Volume 9, No. 38, dated July 1999.

**ACTION:** For claims with service dates on or after October 1, 2000, the **additional** procedure codes and maximum fee allowances described on the attached list are available for billing the AWP of drugs approved for office, home or independent clinic administration by the New Jersey Medicaid and NJ KidCare fee-for-service programs. These codes reflect **additional** services which may be billed when administered in these settings and are in **addition to** those previously announced to practitioners in the Medicaid Newsletter Volume 9, No. 38, dated July 1999.

**ATTACHMENT:** Supplemental list of additions/deletions for practitioner-administered drugs, with effective dates of October 1, 2000.

If you have any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2721.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**

**ADDITIONS**

**(Effective October 1, 2000)**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>MAXIMUM FEE ALLOWANCE</u></b>
J0151	Injection, adenosine 90 mg	223.75
J0200	Injection, alatrofloxacin mesylate 100 mg	19.00
J0286	Injection, amphotericin B, any lipid formulation, 50 mg	196.25
J0456	Injection, azithromycin, 500 mg	24.44
J0476	Injection, baclofen, 50 mcg for intrathecal trial	84.00
J1120	Injection, acetazolamide sodium, [Diamox Sodium], up to 500 mg	39.88
J1327	Injection, eptifibatide, 5 mg	11.02
J1438	Injection, etanercept, 25 mg	141.49
J1450	Injection, fluconazole, 200 mg	88.27
J1742	Injection, ibutilide fumarate, 1 mg	232.40
J1745	Injection, infliximab, 10 mg	61.13
J1750	Injection, iron dextran, 50 mg	18.85
J1955	Injection, levocarnitine, per 1 gram	36.00
J2352	Injection, octreotide acetate, 1 mg	130.12
J2500	Injection, paricalcitol, 5 mcg	26.48
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram 0.125 grams (1.125 g)	5.41
J2780	Injection, ranitidine hydrochloride, 25 mg	1.54
J2792	Injection, Rho(D) immune globulin, intravenous, human, solvent detergent, 100 IU	10.83
J3245	Injection, tirofiban hydrochloride, 12.5 mg	420.00
J7198	Anti-inhibitor, per IU	1.50
J7516	Cyclosporine, parenteral, 250 mg	27.50
J9001	Doxorubicin HCl, all lipid formulations, 10 mg	353.15
J9151	Daurorubicin citrate, liposomal formulation, 10 mg	68.00
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	4.11
J9355	Trastuzumab, 10 mg	54.00

**DELETIONS**

**(Effective October 1, 2000)**

J1760  
J1780  
J7503  
J9010  
W9357