



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

# NEWSLETTER

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Volume 13 No. 37

May 2003

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

**SUBJECT:** **Updates to the List of Approved Practitioner-Administered Drugs**

**EFFECTIVE:**

- 1. Additions:** Effective for Claims with Dates of Service on or after **January 1, 2003**
- 2. Deletions:** Effective for Claims with Dates of Service on or after **July 1, 2003**
- 3. Changes in reimbursement** for Claims with Dates of Service on or after **January 1, 2003**

**PURPOSE:** The purpose of this Newsletter is to update the Medicaid/NJ FamilyCare fee allowances for approved practitioner-administered drugs and to notify practitioners of additions and deletions of drugs approved for office, home or independent clinic administration.

**BACKGROUND:** In the past, the New Jersey Division of Medical Assistance and Health Services (DMAHS) published an updated list of procedure codes for approved practitioner-administered drugs, including a description and the Medicaid/NJ FamilyCare fee-for-service maximum fee allowance for each procedure. These fee allowances reflect the cost of common dosages of approved drugs, based on each drug's Average Wholesale Price (AWP) per unit. A unit represents the dosage indicated in the description for each drug listed.

**ACTION:** DMAHS has added new HCPCS codes and applicable maximum fee allowances to the list of approved practitioner-administrated drugs, effective for claims

with dates of service on or after **January 1, 2003**. These codes are reimbursable by the Medicaid/NJ FamilyCare programs to Physicians, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics and Federally Qualified Health Centers, as appropriate, based on their scope of practice. Providers should use these HCPCS codes when submitting claims for processing.

Certain HCPCS codes have been deleted from the list and, effective for claims with dates of service on or after **July 1, 2003**, will no longer be eligible for reimbursement under the Medicaid/NJ FamilyCare programs.

**NOTE:** When seeking reimbursement for any codes listed in the attachment to this newsletter, enter the average wholesale price (AWP) or your acquisition cost, whichever is lower, in block 24F on the CMS (HCFA) 1500 claim form.

If "B.R." is specified in the "Maximum Fee Allowance" column, an invoice for the drug must accompany the claim form to ensure appropriate reimbursement.

If you have any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2718.

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

**Additions; Effective for Claims with Dates of Service on or after January 1, 2003**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>MAXIMUM FEE ALLOWANCE</b>
C9116	INJECTION, ERTAPENEM SODIUM, PER 1 GRAM VIAL	49.98
C9119	INJECTION, PEGFILGRASTIM, PER 6 MG SINGLE DOSE VIAL	2,950.00
C9120	INJECTION, FULVESTRANT, PER 50 MG	184.38
C9121	INJECTION, ARGATROBAN, PER 5 MG	17.93
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	26.94
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	18.67
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	39.25
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	1.04
J0636	INJECTION, CALCITRIOL, 0.1 MCG	1.53
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	37.69
J0880	INJECTION, DARBEPOETIN ALFA, 5 MCG	24.94
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	5.24
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	0.50
J1564	INJECTION, IMMUNE GLOBULIN, 10 MG	BR
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	8.70
J1756	INJECTION, IRON SUCROSE, 1 MG	0.69
J1815	INJECTION, INSULIN, PER 5 UNITS	0.16
J2324	INJECTION, NESIRITIDE, 0.5 MG	152.00

J2501	INJECTION, PARICALCITOL, 1 MCG	5.57
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	38.13
J2788 YD	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	38.13
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	8.60
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	437.09
J3487	INJECTION, ZOLEDRONIC ACID, 1 MG	214.00
J7317	SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION	134.78
J7342	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	BR
J7350	DERMAL TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLIZED ACTIVE ELEMENTS, PER 10 MG	BR
J9010	ALEMTUZUMAB, 10 MG	615.30

**Change in Reimbursement for Claims with Dates of Service on or after  
January 1, 2003**

<b>HCPCS CODE</b>	<b>DESCRIPTION</b>	<b>MAXIMUM FEE ALLOWANCE</b>
J2790	INJECTION, RHO (D) IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	110.00
J2790 YD	INJECTION, RHO (D) IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	110.00

J7340 DERMAL AND EPIDERMAL TISSUE OF HUMAN  
ORIGIN, WITH OR WITHOUT BIOENGINEERED  
OR PROCESSED ELEMENTS, WITH METABOLICALLY  
ACTIVE ELEMENTS, PER SQUARE CENTIMETER BR

**Deletions; Effective for Claims with Dates of Service on or after July 1, 2003**

J0286

J0635

J1050

J1095

J1561

J1755

J1820 (to report, use J1815)

J2500

J2790 22 (to report, use J2790)

J2790 22 YD (to report, use J2790 YD)

J7316 (to report, use J7317)

W9343 (to report, use J9217)

W9345 (to report, use J9217)

W9353 (to report, use J1056)

W9353 WF (to report, use J1056 WF)