



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

NEWSLETTER

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TO: Physicians, Certified Nurse Practitioners/Clinical Nurse Specialist, Certified Nurse Midwives, Federally Qualified Health Centers and Independent Clinics - For Action
Health Maintenance Organizations (HMOs) - For Information

SUBJECT: Revised List of Approved Practitioner-Administered Drugs

EFFECTIVE: Claims with service dates on or after November 1, 1996

BACKGROUND: In January 1994, the New Jersey Division of Medical Assistance and Health Services (DMAHS) published an initial list of approved physician-administered drug procedure codes, descriptions, and Medicaid 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 physician-administered drugs, please see the Medicaid Newsletter Volume 4 No. 4 dated January 1994. It is important to note that the term "physician-administered" has been replaced with the term "practitioner-administered" to reflect a broader range of medical professionals who are now licensed to administer the approved drugs.

PURPOSE: The purpose of this Newsletter is to update the Medicaid fee allowances for approved practitioner-administered drugs initially published in January 1994, and to include additional drugs approved for office, home or independent clinic administration.

ACTION: For claims with service dates on or after November 1, 1996, the procedure codes and Medicaid maximum fee allowances described on the attached list are available for billing the AWP of drugs approved for office, home or independent clinic administration to the New Jersey Medicaid program. For

your convenience, a complete list of procedure codes for approved drugs is included on the list attachment to this Newsletter. Medicaid maximum fee allowances which have been updated for certain procedure codes, and new procedure codes, descriptions, and Medicaid maximum fee allowances are bolded on the attachment.

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

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

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>
J0150	Adenosine 6mg	13.49
J0280	Aminophylline Up to 250mg	0.12
J0290	Ampicillin Up to 500mg	2.98
J0295	Ampicillin Sodium/Sulbactam Sodium 1.5mg	6.84
J0360	Hydralazine HCL Up to 20mg	5.91
J0500	Dicyclomine HCL 10mg	1.15
J0515	Benztropine Mesylate 1mg	3.40
J0530	Penicillin G Benzathine/Penicillin G Procaine Up to 600,000 Units	5.32
J0560	Penicillin G Benzathine Up to 600,000 Units	6.55
J0570	Penicillin G Benzathine Up to 1,200,000 Units	6.55
J0580	Penicillin G Benzathine Up to 2,400,000 Units	6.55
J0585	Botulinum Toxin Type A 100 Units	399.25
J0600	Edetate Calcium DiSodium 200mg	6.33
J0640	Leucovorine Calcium 50mg	21.53
J0690	Cefazolin 500mg	1.92
J0696	Ceftriaxone 250mg	10.24
J0697	Cefuroxime Sodium 750mg	6.76
J0710	Cephapirin Sodium Up to 1 Gram	1.64
J0720	Chloramphenicol Sodium Succinate Up to 1 Gram	4.15
J0743	Cilastatin Sodium, Imipenem 250mg	14.32
J0780	Prochlorperazine Up to 10mg	1.30
J0800	Corticotropin Up to 40 Units	17.38
J0810	Cortisone Acetate 50mg	0.95
J0895	Deferoxamine Mesylate 100mg	10.35
J1000	Estradiol Cypionate 5mg	0.90
J1020	Methylprednisolone Acetate 20mg	0.75
J1030	Methylprednisolone Acetate 40mg	2.10
J1040	Methylprednisolone Acetate 80mg	3.14
J1100	Dexamethasone 4mg	0.80
J1110	Dihydroergotamine Mesylate 1mg	10.80
J1170	Hydromorphone HCL 2mg	1.50
J1200	Diphenhydramine 50mg	0.55
J1212	Rimso	0.98
J1245	Dipyridamole 5mg	28.80
J1362	Erythromycin Gluceptate 1 Gram	24.34
J1364	Erythromycin Lactobionate 500mg	11.26
J1440	Neupogen 300mcg	156.10
J1441	Neupogen 480mcg	248.60
J1455	Foscarnet Sodium 250ml	73.28

J1460	Gamma Globulin I.M. 1cc	2.40
J1470	Gamma Globulin I.M. 2cc	2.40
J1480	Gamma Globulin I.M. 3cc	2.40
J1490	Gamma Globulin I.M. 4cc	2.40
J1500	Gamma Globulin I.M. 5cc	2.40
J1510	Gamma Globulin I.M. 6cc	2.40
J1520	Gamma Globulin I.M. 7cc	2.40
J1530	Gamma Globulin I.M. 8cc	2.40
J1540	Gamma Globulin I.M. 9cc	2.40
J1550	Gamma Globulin I.M. 10cc	2.40
J1560	Gamma Globulin I.M. 11cc or Greater	2.40
J1570	Ganciclovir Sodium 500mg	34.80
J1580	Gentamicin Up to 80mg	1.26
J1600	Gold Sodium Thiomalate 50mg	10.36
J1610	Glucagon HCL 1mg	30.81
J1625	Granisetron 1mg	173.95
J1670	Tetanus Immune Globulin, Human Up to 250 Units	24.13
J1630	Haloperidol Up to 5mg	6.02
J1631	Haloperidol Deconoate 50mg	27.94
J1642	Heparin Lock Flush 10 Units	0.59
J1644	Heparin Sodium 1,000 Units	0.14
J1700	Hydrocortisone Acetate Up to 25mg	0.70
J1710	Hydrocortisone Sodium Phosphate Up to 50mg	5.24
J1720	Hydrocortisone Sodium Succinate Up to 100mg	3.34
J1730	Diazoxide Up to 300mg	4.67
J1760	Iron Dextran	9.43
J1820	Insulin (Any Type)	1.30
J1830	Interferon Beta-1b 0.25mg	60.00
J1840	Kanamycin Sulfate 500mg Up to 500mg	1.68
J1850	Kanamycin Sulfate Up to 75mg	1.52
J1890	Cephalothin Sodium Up to 1 Gram	3.42
J1940	Furosemide Up to 20mg	0.53
J1950	Leuprolide Acetate (Depot Suspension) 3.75mg	396.87
J2000	Lidocaine HCL 50cc	0.08
J2010	Lincomycin HCL Up to 300mg	1.61
J2060	Lorazepam 2mg	9.78
J2150	Mannitol 25% (50cc)	0.06
J2175	Meperidine HCL 100mg	0.64
J2180	Meperidine/Promethazine HCL 50mg/25mg	1.48
J2270	Morphine Sulfate Up to 10mg	0.64
J2275	Morphine Sulfate 10mg (Preservative Free)	0.92
J2405	Ondansetron HCL 1mg	12.22

J2510	Penicillin G Procaine, Aqueous Up to 600,000 Units	2.57
J2545	Pentamidine 300mg, Solution for Inhalation	98.75
J2550	Promethazine 50mg	0.42
J2560	Phenobarbital Sodium Up to 130mg	3.28
J2640	Prednisolone Sodium Phosphate Up to 20mg	1.20
J2680	Fluphenazine Deconoate 25mg	9.50
J2690	Procainamide HCL Up to 1 Gram	5.81
J2720	Protamine Sulfate 10mg	0.68
J2765	Metoclopramide HCL Up to 10mg	1.11
J2820	Leukine 250mcg	113.08
J2920	Methylprednisolone Sodium Succinate Up to 40mg	2.00
J2930	Methylprednisolone Sodium Succinate Up to 125mg	5.32
J2970	Methicillin Sodium Up to 1 Gram	5.55
J3030	Sumatriptan Succinate 12mg	36.29
J3105	Terbutaline Sulfate Up to 1mg	1.93
J3260	Tobramycin Sulfate Up to 80mg	3.41
J3301	Triamcinolone Acetonide 10mg	1.45
J3302	Triamcinolone Di-Acetate 40mg	2.21
J3360	Diazepam Up to 5mg	1.22
J3364	Urokinase 5000 I.U.	50.96
J3370	Vancomycin HCL Up to 500mg	8.28
J3410	Hydroxyzine HCL 25mg	0.48
J3430	Vitamin K (Phytonadione, Menadione, Menadiol Sodium Diphosphate) 10mg/ml	4.90
J7030	Normal Saline Solution 1000 ml = 1 Unit	9.86
J7040	Normal Saline Solution 500 ml = 1 Unit	9.11
J7042	Dextrose/NS Solution 5% 500 ml = 1 Unit	10.77
J7050	Normal Saline Solution 250 ml = 1 Unit	9.86
J7051	Normal Saline Solution (Sterile) Up to 5 ml	0.08
J7060	Dextrose/Water Solution 5% 500ml = 1 Unit	9.79
J7120	Ringer's Lactate Solution Up to 1000ml = 1 Unit	11.30
J7503	Cyclosporin	5.50
J7620	Albuterol 0.083%, Solution for Inhalation	0.41
J7625	Albuterol 0.5%, Solution for Inhalation	0.75
J7660	Isoproterenol HCL 0.5% For Inhalation	2.34
J7665	Isoproterenol HCL 1.0% For Inhalation	2.47
J7670	Metaproterenol Sulfate 0.4% (2.5cc) For Inhalation	1.23
J7672	Metaproterenol Sulfate 0.6% (2.5cc) For Inhalation	1.38
J7675	Metaproterenol Sulfate 5% For Inhalation	1.92
J9000	Doxorubicin 10mg	42.00
J9010	Doxorubicin 50mg	195.50
J9020	Asparaginase 10,000 Units	50.36

J9031	BCG Live Vaccine 27mg	152.13
J9040	Bleomycin Sulfate 15 Units	255.08
J9045	Carboplatin 50mg	72.01
J9060	Cisplatin Powder or Solution 10mg	30.33
J9062	Cisplatin 50mg	155.53
J9070	Cyclophosphamide 100mg	4.91
J9080	Cyclophosphamide 200mg	9.71
J9090	Cyclophosphamide 500mg	20.39
J9091	Cyclophosphamide 1 Gram	40.79
J9092	Cyclophosphamide 2 Grams	86.00
J9093	Cyclophosphamide, Iyophilized 100mg	6.19
J9094	Cyclophosphamide, Iyophilized 200mg	11.76
J9095	Cyclophosphamide, Iyophilized 500mg	24.69
J9096	Cyclophosphamide, Lyophilized 1 Gram	49.38
J9097	Cyclophosphamide, Lyophilized 2 Grams	98.79
J9100	Cytarabine 100mg	6.72
J9110	Cytarabine 500mg	25.00
J9130	Dacarbazine 100mg	13.89
J9140	Dacarbazine 200mg	22.23
J9150	Daunorubicin HCL 20mg	155.04
J9181	Etoposide 10mg	25.55
J9182	Etoposide 100mg	25.55
J9185	Fludarabine Phosphate 50mg	179.55
J9190	Fluorouracil 50mg	0.18
J9202	Zoladex 3.6mg Implant	358.55
J9208	Ifosfamide 1 Gram	103.57
J9209	Mesna 200mg	7.41
J9211	Idarubicin HCL 5mg	261.25
J9213	Interferon alfa-2a, Recombinant 3 Million Units	31.51
J9216	Interferon Gamma-1b 3 Million Units	254.33
J9217	Lupron 7.5mg	451.25
J9218	Leuprolide Acetate 1mg	99.33
J9230	Meclorothamide HCL 10mg	10.10
J9240	Medroxyprogesterone 100mg	9.05
J9240 22	Medroxyprogesterone 400mg	31.50
J9260	Methotrexate Sodium 50mg	4.75
J9265	Paclitaxel 30mg	175.35
J9280	Mitomycin 5mg	119.08
J9290	Mitomycin 20mg	434.87
J9291	Mitomycin 40mg	878.63
J9293	Mitoxantrone HCL 2mg	67.93
J9360	Vinblastine Sulfate 1mg	3.25

J9370	Vincristine 1mg	31.24
J9375	Vincristine Sulfate 2mg	31.24
J9380	Vincristine Sulfate 5mg	31.24
Q0136	Epoetin Alpha, per 1000 Units (Non-ESRD Use)	12.00
W9337	Cephradine 250mg	2.34
W9339	Lupron 3.75mg	360.63
W9343	Lupron Depot Pediatric 7.5mg	451.25
W9344	Lupron Depot Pediatric 11.25mg	811.25
W9345	Lupron Depot Pediatric 15mg	902.50