



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

NEWSLETTER

Volume 9 No. 22

April 1999

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

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

EFFECTIVE: Claims with service dates on or after January 1, 1999

PURPOSE: To notify practitioners of additional drugs approved for office, home or independent clinic administration, and changes in the fee schedule for existing codes.

BACKGROUND: In February, 1998, 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; and Volume 8, No. 12, dated February, 1998.

ACTION: For claims with service dates on or after January 1, 1999, 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 8, No. 12, dated February, 1998.

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

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J0130	Injection, abciximab, 10 mg	\$540.02
J0207	Injection, amifostine, 500 mg	\$339.08
J0285	Injection, amphotericin B, 50 mg	\$38.55
J0300	Injection, amobarbital, up to 125 mg NOTE: fee is for 5 mg. Providers should bill additional units of service for each additional 5 mg up to a maximum of 25 units.	\$0.93
J0395	Injection, arbutamine HCl, 1 mg	\$192.00
J0475	Injection, baclofen, 10 mg	\$226.80
J0540	Injection, penicillin G benzathine and penicillin G procaine, (Bicillin C-R); up to 1,200,000 units	\$5.49
J0550	Injection, penicillin G benzathine and penicillin G procaine, (Bicillin C-R); up to 2,400,000 units	\$11.70
J0610	Injection, calcium gluconate, per 10 ml	\$1.50
J0670	Injection, mepivacaine HCl, (Carbocaine), per 10 ml	\$3.80
J0713	Injection, ceftazidime, per 500 mg	\$131.88
J0730	Injection, chlorpheniramine maleate, (ClorTrimeton) per 10 mg	\$0.15
J0735	Injection, clonidine hydrochloride, 1 mg	\$51.00
J0740	Injection, cidofovir, 375 mg	\$727.09
J0945	Injection, brompheniramine maleate, per 10 mg	\$0.68
J1095	Injection, dexamethasone acetate, per 8 mg	\$9.56
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	\$152.39

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J1250	Injection, dobutamine hydrochloride, per 250 mg	\$12.00
J1325	Injection, epoprostenol, 0.5 mg	\$16.58
J1562	Injection, immune globulin, intravenous, 5 grams	\$252.00
J1565	Injection, respiratory syncytial virus Immune globulin, intravenous, 50 mg	\$14.35
J1626	Injection, granisetron hydrochloride, 100 mcg	\$186.10
J1645	Injection, dalteparin sodium, per 2500 IU	\$15.35
J1650	Injection, enoxaparin sodium, 10 mg	\$16.80
J1780	Injection, iron dextran; (imferon), 10 cc	\$13.25
J1825	Injection, interferon beta-1A, 33 mcg, administered under direct supervision of a physician, excludes self administration	\$852.00
J1910	Injection, kutapressin, up to 2 ml	\$126.84
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	\$455.43
J1956	Injection, levofloxacin, 250 mg	\$1.98
J2250	Injection, midazolam hydrochloride, per 1 mg	\$2.61
J2271	Injection, morphine sulfate, 100 mg	\$4.49
J2300	Injection, nalbuphine HCl, per 10 mg	\$1.71
J2310	Injection, naloxone hydrochloride, per 1 mg	\$3.41
J2355	Injection, oprelvekin, 5 mg	\$225.60
J2400	Injection, chloroprocaine HCl (Nesacaine and Nesacaine - MPF), per 30 ml	\$17.85
J2597	Injection, desmopressin acetate, per 1 mcg	\$26.67

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J2912	Injection, sodium chloride, 0.9%, per 2 ml	\$0.85
J2950	Injection, promazine HCl (Prozine,Sparine), up to 25 mg	\$0.25
J2994	Injection, reteplase, 37.6 mg (two single use vials)	\$2,750.00
J3000	Injection, streptomycin, up to 1 gram	\$3.95
J3265	Injection, torsemide, 10 mg/ml	\$1.99
J3280	Injection, thiethylperazine maleate,up to 10 mg	\$4.48
J3305	Injection, trimetrexate glucuronate, per 25 mg	\$63.36
J3475	Injection, magnesium sulfate, per 500 mg	\$0.75
J3480	Injection, potassium chloride, per 2 mEq	\$1.48
J7070	Infusion, D5W, 1000 cc	\$10.81
J7100	Infusion, dextran 40, 500 ml	\$136.68
J7110	Infusion, dextran 75, 500 ml	\$86.70
J7192	Factor VIII (antihemophilic factor, recombinant), per IU	\$1.28
J7310	Ganciclovir, 4.5 mg, long-acting implant	\$5,000.00
J7315	Sodium hyaluronate, 20 mg, for intra articular injection	\$132.20
J7320	Hylan G-F 20, 16 mg, for intra articular injection	\$206.56
J7501	Azathioprine (imuran); parenteral, vial, 100 mg, 20 ml each	\$81.60
J7504	Lymphocyte immune globulin, antithymocyte globulin (atgam); parenteral, amp, 50 mg/ml, 5 ml each	\$262.45
J7513	Daclizumab, parenteral, 25 mg	\$418.20

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J9045	Carboplatin, [Paraplatin], 50 mg	\$96.12
J9050	Carmustine, [BiCNU], 100 mg	\$948.93
J9065	Injection, cladribine, [Leustatin], per 1 mg	\$51.60
J9120	Dactinomycin, 0.5 mg	\$12.98
J9170	Docetaxel, 20 mg	\$284.36
J9201	Gemcitabine HCl, (Gemzar) 200 mg	\$85.43
J9206	Irinotecan, 20 mg	\$110.39
J9217	Leuprolide acetate, [Lupron Depot] for depot suspension, 7.5 mg	\$594.65
J9218	Leuprolide acetate, [Lupron], per 1 mg	\$132.64
J9245	Injection, melphalan HCl, 50 mg	\$319.94
J9266	Pegaspargase, per single dose vial	\$278.24
J9268	Pentostatin, per 10mg	\$1,645.00
J9270	Plicamycin, [Mithracin], 2.5 mg	\$94.94
J9310	Rituximab, 100 mg	\$421.35
J9320	Streptozocin, 1 gram	\$96.51
J9350	Topotecan, 4 mg	\$548.35
J9390	Vinorelbine tartrate, per 10 mg	\$63.70
J9600	Porfimer sodium, 75 mg	\$2,573.43
W9343	Lupron Depot Pediatric, 7.5 mg	\$594.65
W9344	Lupron Depot Pediatric, 11.25 mg	\$1,079.81

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
W9345	Lupron Depot Pediatric, 15 mg	\$1,189.30
W9357	Herceptin (Transtuzumab), 1 mg	\$5.15

NOTE: The following HCPCS procedure codes will be deleted as of June 1, 1999, "W9346, W9348, and W9349"; see "J9310, J7320, and J7315".

For further information and questions, contact the Office of Medical Administration, Division of Medical Assistance and Health Services, at (609) 588-2721.

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