

SECTION 4
PROCEDURE CODES

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SECTION 4 PROCEDURE CODES

PROCEDURE CODES

END STAGE RENAL DISEASE CLINICS

Code	Description	Frequency
36430	Transfusion, blood	6 per day
71010	Radiology, chest; single view, frontal*	no limit
71015	Radiology, chest; stereo, frontal*	no limit
71020	Radiology, chest; two views, frontal and lateral*	no limit
71021	Radiology, chest; with apical lordotic procedure*	no limit
71022	Radiology, chest; with oblique projections*	no limit
71023	Radiology, chest; with fluoroscopy*	no limit
71030	Radiology, chest; complete minimum of four views*	no limit
71034	Radiology, chest; with fluoroscopy*	no limit
71035	Radiology, chest; special views (e.g., lat decub)*	no limit
82108	Aluminum	no limit
82728	Ferritin	no limit
86580	Skin test tuberculosis intradermal	no limit
86704	Hepatitis B Core Antibody (HbcAb); IgC and IgM	no limit
86705	Hepatitis B Core Antibody (HbcAb); IgM antibody	no limit
87340	Hepatitis B Surface Antigen (HbsAg)	no limit
90657	Influenza vaccine, split virus, 6–35 months dosage	3/12 months
90658	Influenza vaccine, split virus, 3 years and above dosage	3/12 months
90732	Pneumonia vaccine	1 every 2 years
90746	Hepatitis B vaccine – adult dosage	3/12 months
90747	Hepatitis B vaccine, to 20mg	8/12 months
90935	Hemodialysis (in center), per treatment	max 14/month
90989	Dialysis training, including helper, any mode, completed course	1 in lifetime
90993	Dialysis training, patient, including helper, any mode, course not completed, per session	10 in lifetime
90997	Hemoperfusion (e.g., activated charcoal or resin)	no limit
93000	EKG 12 lead with interpretation and report*	no limit
93005	EKG tracing only (no report or interpretation)*	no limit

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END STAGE RENAL DISEASE CLINICS

Code	Description	Frequency
95900	Nerve conductions, amplitude and latency/velocity study; each nerve, motor, without F-wave study*	10 units/line
95903	Nerve conductions, amplitude and latency/velocity study, each nerve; motor with f-wave study*	10 units/line
95904	Nerve conductions, amplitude and latency/velocity study; sensory, each nerve*	10 units/line
96372	Injection admin – supply charge	40/month
A4913	Miscellaneous dialysis supplies (Syvek Patch only)	28/month
B4150	Enteral formulae; category I; semisynthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit <i>Use modifier BO — Orally administered nutrition, not by feeding tube, Ensure</i>	93/month
B4152	Enteral formulae; category II; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit <i>Use modifier BO — Orally administered nutrition, not by feeding tube, Ensure Plus</i>	93/month
B4154	Enteral formulae; category IV; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit <i>Use modifier BO — Orally administered nutrition, not by feeding tube, Nepro, Suplena</i>	93/month
Q4081	INJ, Epoetin Alfa, 100 units	no limit
S9335	Home hemodialysis, per treatment day	max 14/month
S9339	Home peritoneal dialysis, per treatment hour	max 31/month
X6661	Multivitamins, per 100 tabs or caps	7 units/month
X6704	Calcium acetate, per 100 tabs or caps	10 units/line
X6711	Vitamin D, per 30 tabs or caps	no limit
X6717	Calcium, per 100 tabs or caps	6 units/month
X6718	Antacids (phosphate binders), per 100 tabs or caps	6 units/month
X6719	Iron salts, per 100 tabs or caps	1 unit/month
X6720	Iron with vitamins, per 100 tabs or caps	1 unit/month
X6721	Iron complex, per 100 tabs or caps	1 unit/month

Note: Asterisk indicates codes that must be submitted with documentation to support medical necessity.

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DIALYSIS J-CODES

Code	Description	Frequency
J0295	AMPICILLIN SOD/SULBACTAM PR 1.5 GM	4 units/line
J0360	HYDRALAZINE HCL TO 20 MG	4 units/line
J0610	CALCIUM GLUCONATE TO 10 ML	4 units/line
J0636	CALCITRIOL, 0.1 MCG	no limit
J0690	CEFAZOLIN SODIUM, 500 MG	6 units/line
J0692	CEFEPHINE HYDROCHLORIDE, 500 MG	no limit
J0694	CEFOXITIN SODIUM, 1 GM	4 units/line
J0696	CEFTRIAZONE SODIUM PER 250 MG	4 units/line
J0697	STERILE CEFUROXIME SOD PER 750 MG	4 units/line
J0713	CEFTAZIDIME, PER 500 MG	4 units/line
J0735	CLONIDINE HYDROCHLORIDE, 1 MG	no limit
J0780	PROCHLORPERAZINE TO 10 MG	4 units/line
J0886	EPOETIN ALFA, 1000 UNITS	no limit
J0895	DEFEROXAMINE MESYLATE, 500 MG	4 units/line
J1070	TESTOSTERONE CYPIONATE TO 100 MG	4 units/line
J1080	TESTOSTERONE CYPIONATE 1CC/200MG	4 units/line
J1165	PHENYTOIN SODIUM TO 50 MG	4 units/line
J1200	DIPHENHYDRAMINE UP TO 50 MG	8 units/line
J1270	DOXERCALCIFEROL,1 MCG	no limit
J1410	ESTROGEN CONJUGATED PER 25 MG	4 units/line
J1450	FLUCONAZOLE, 200MG	no limit
J1570	GANCICLOVIR SODIUM 500 MG	no limit
J1580	GARAMYCIN- GENTAMICIN TO 80 MGS	8 units/line
J1644	HEPARIN SODIUM PER 1000 UNITS	70 units/line
J1720	HYDROCORTISONE SOD SUCCIN TO 100MG	4 units/line
J1756	IRON SUCROSE, 1 MG	no limit
J1955	LEVOCARNITINE, PER 1 GM	6 units/line
J1956	LEVOFLOXACIN, 250 MG	6 units/line
J2060	ATIVAN TO 4MG	no limit

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DIALYSIS J-CODES

Code	Description	Frequency
J2150	MANNITOL, 25% IN 50 ML	4 units/line
J2310	NALOXONE HYDROCHLORIDE, PER 1 MG	4 units/line
J2320	NANDROLONE DECANOATE TO 50 MG	4 units/line
J2321	NANDROLONE DECANOATE TO 100 MG	5 units/line
J2322	NANDROLONE DECANOATE TO 200 MG	4 units/line
J2430	PAMIDRONATE DISODIUM, PER 30 MG	4 units/line
J2501	PARICALCITOL, 1 MCG	no limit
J2550	PROMETHAZINE HCL TO 50 MG	99 units/line
J2720	PROTAMINE SULFATE PER 10 MG	4 units/line
J2765	METOCLOPRAMIDE HCL TO 10 MG	4 units/line
J2916	NA FERRIC GLUCONATE COMPLEX, 12.5 MG	no limit
J2930	METHYLPREDNISOLONE SOD SU TO 125 MG	4 units/line
J2997	ALTEPLASE RECOMBINANT, 1 MG	10 units/line
J3260	TOBRAMYCIN SULFATE TO 80 MG	4 units/line
J3350	UREA TO 40 GM	4 units/line
J3360	VALIUM UP TO 5 MG	4 units/line
J3364	UROKINASE 5000 IU VIAL	4 units/line
J3365	IV, UROKINASE 250,000 IU VIAL	4 units/line
J3370	VANCOMYCI HCL, 500 MG	6 units/line
J3410	VISTARIL UP TO 25 MG	4 units/line
J3490	UNCLASSIFIED DRUGS	no limit
J7030	IV NORMAL SALINE 1000 CC	4 units/line
J7040	IV NORMAL SALINE SOL, STERILE(500ML=IUNT)	4 units/line
J7042	INFUSION 5% DEXTROSE/NS (500 ML=1 UNIT)	8 units/line
J7050	IV, NORMAL SALINE SOLUTION, 250 CC	4 units/line
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	4 units/line
J7070	INFUSION D5W 1000 ML	4 units/line
J7130	HYPERTONIC SALINE SOLU 50/100 MEQ/20 CC VIAL	4 units/line
Q4098	Iron Dextran, 50 mg	No limit

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SURGICAL PROCEDURE CODES

Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
10121	2	12020	1	15121	3	15940	3	19355	4
10180	2	12021	1	15200	3	15941	3	19357	5
11010	2	12034	2	15201	2	15944	3	19366	5
11011	2	12035	2	15220	2	15945	4	19370	4
11012	2	12036	2	15221	2	15946	4	19371	4
11042	2	12037	2	15240	3	15950	3	19380	5
11043	2	12044	2	15241	3	15951	4	20005	2
11044	2	12045	2	15260	2	15952	3	20103	4
11404	1	12046	2	15261	2	15953	4	20205	3
11406	2	12047	2	15350	2	15956	3	20206	1
11424	2	12054	2	15400	2	15958	4	20220	1
11426	2	12055	2	15570	3	16015	2	20225	2
11440	1	12056	2	15572	3	17106	1	20240	2
11441	1	12057	2	15574	3	17107	3	20245	3
11442	1	13100	2	15576	3	19020	2	20250	3
11443	1	13101	3	15600	3	19100	1	20251	3
11444	1	13120	2	15610	3	19101	2	20525	3
11446	2	13121	3	15620	4	19102	2	20650	3
11450	2	13131	2	15630	3	19103	2	20670	1
11451	2	13132	3	15650	5	19110	2	20680	3
11462	2	13150	3	15732	3	19112	3	20690	2
11463	2	13151	3	15734	3	19120	3	20692	3
11470	2	13152	3	15736	3	19125	3	20693	3
11471	2	13160	2	15738	3	19126	3	20694	1
11604	2	14000	2	15740	2	19140	4	20900	3
11606	2	14001	3	15750	2	19160	3	20902	4
11624	2	14020	3	15760	2	19162	7	20910	3
11626	2	14021	3	15770	3	19180	4	20912	3
11644	2	14040	2	15822	3	19182	4	20920	4
11646	2	14041	3	15823	5	19290	1	20922	3
11770	3	14060	3	15830	3	19291	1	20924	4
11771	3	14061	3	15839	3	19297	9	20926	4
11772	3	14300	4	15840	4	19301	3	20975	2
11960	2	14350	3	15841	4	19302	7	21010	2
11970	3	15000	2	15845	4	19316	4	21015	3
11971	1	15002	2	15920	3	19318	4	21025	2
11976	1	15003	2	15922	4	19324	4	21026	2
12005	2	15004	2	15931	3	19325	9	21030	2
12006	2	15005	2	15933	3	19328	1	21031	2
12007	2	15050	2	15934	3	19330	1	21032	2
12016	2	15100	2	15935	4	19340	2	21034	3
12017	2	15101	3	15936	4	19342	3	21040	2
12018	2	15120	2	15937	4	19350	4	21044	2

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Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
21046	2	21346	5	21925	2	23395	5	23655	1
21047	2	21347	5	21930	2	23397	7	23660	3
21050	3	21355	3	21935	3	23400	7	23665	2
21060	2	21356	4	22102	3	23405	2	23670	3
21070	3	21365	5	22305	1	23406	2	23675	2
21100	2	21366	5	22310	1	23410	5	23680	3
21110	3	21400	2	22315	2	23412	7	23700	1
21116	1	21401	3	22505	2	23415	5	23800	4
21206	5	21408	5	22900	4	23420	7	23802	7
21208	7	21421	4	23000	2	23430	4	23921	3
21209	5	21423	5	23020	2	23440	4	23930	1
21210	7	21431	4	23030	1	23450	5	23931	2
21215	7	21432	5	23031	3	23455	7	23935	2
21230	7	21433	5	23035	3	23460	5	24000	4
21235	7	21435	5	23040	1	23462	7	24006	4
21240	4	21436	5	23044	4	23465	5	24066	2
21242	5	21440	3	23066	2	23466	7	24075	2
21243	5	21445	4	23075	2	23480	4	24076	2
21244	7	21450	3	23076	2	23485	7	24077	3
21245	7	21451	4	23077	3	23490	3	24100	1
21246	7	21452	2	23100	2	23491	3	24101	4
21248	7	21453	3	23101	7	23500	1	24102	4
21249	7	21454	5	23105	4	23505	1	24105	3
21267	7	21461	4	23106	4	23515	3	24110	2
21270	5	21462	5	23107	4	23520	1	24115	3
21275	7	21465	4	23120	5	23525	1	24116	3
21280	5	21480	1	23125	5	23530	3	24120	3
21282	5	21485	2	23130	5	23532	4	24125	3
21295	1	21490	3	23140	4	23540	1	24126	3
21296	1	21493	3	23145	5	23545	1	24130	3
21300	2	21494	4	23146	5	23550	3	24134	2
21310	2	21501	2	23150	4	23552	4	24136	2
21315	2	21502	2	23155	5	23570	1	24138	2
21320	2	21555	2	23156	5	23575	1	24140	3
21325	4	21556	2	23170	2	23585	3	24145	3
21330	5	21600	2	23172	2	23600	1	24147	2
21335	7	21610	2	23174	2	23605	2	24155	3
21336	4	21700	2	23180	4	23615	4	24160	2
21337	2	21720	3	23182	4	23616	4	24164	3
21338	4	21725	3	23184	4	23620	1	24201	2
21339	5	21800	1	23190	4	23625	2	24301	4
21340	4	21805	2	23195	5	23630	5	24305	4
21345	7	21820	1	23330	1	23650	1	24310	3

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Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
24320	3	24579	3	25120	3	25391	4	25675	1
24330	3	24582	2	25125	3	25392	3	25676	2
24331	3	24586	4	25126	3	25393	4	25680	2
24340	3	24587	5	25130	3	25400	3	25685	3
24341	3	24600	1	25135	3	25405	4	25690	1
24342	3	24605	2	25136	3	25415	3	25695	2
24350	3	24615	3	25145	2	25420	4	25800	4
24351	3	24620	2	25150	2	25425	3	25805	5
24352	3	24635	3	25151	2	25426	4	25810	5
24354	3	24655	1	25210	3	25440	4	25820	4
24356	3	24665	4	25215	4	25441	5	25825	5
24357	3	24666	4	25230	4	25442	5	25830	5
24358	3	24670	1	25240	4	25443	5	25907	3
24359	3	24675	1	25248	2	25444	5	25922	3
24360	5	24685	3	25250	1	25445	5	25929	3
24361	5	24800	4	25251	1	25446	7	26011	1
24362	5	24802	5	25260	4	25447	5	26020	2
24363	7	24925	3	25263	2	25449	5	26025	1
24365	5	25000	3	25265	3	25450	3	26030	2
24366	5	25020	3	25270	4	25455	3	26034	2
24400	4	25023	3	25272	3	25490	3	26040	4
24410	4	25024	3	25274	4	25491	3	26045	3
24420	3	25025	3	25275	4	25492	3	26055	2
24430	3	25028	1	25280	4	25505	1	26060	2
24435	4	25031	2	25290	3	25515	3	26070	2
24470	3	25035	2	25295	3	25520	1	26075	4
24495	2	25040	5	25300	3	25525	4	26080	4
24498	3	25066	2	25301	3	25526	5	26100	2
24500	1	25075	2	25310	3	25535	1	26105	1
24505	1	25076	3	25312	4	25545	3	26110	1
24515	4	25077	3	25315	3	25565	2	26115	2
24516	4	25085	3	25316	3	25574	3	26116	2
24530	1	25100	2	25320	3	25575	3	26117	3
24535	1	25101	3	25332	5	25605	3	26121	4
24538	2	25105	4	25335	3	25611	3	26123	4
24545	4	25107	3	25337	5	25620	5	26125	4
24546	5	25110	3	25350	3	25624	2	26130	3
24560	1	25111	3	25355	3	25628	3	26135	4
24565	2	25112	4	25360	3	25635	1	26140	2
24566	2	25115	4	25365	3	25645	3	26145	3
24575	3	25116	4	25370	3	25660	1	26160	3
24576	1	25118	2	25375	4	25670	3	26170	3
24577	1	25119	3	25390	3	25671	1	26180	3

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26185	4	26471	2	26567	5	26952	4	27301	3
26200	2	26474	2	26568	3	26990	1	27305	2
26205	3	26476	1	26580	5	26991	1	27306	3
26210	2	26477	1	26587	5	27000	2	27307	3
26215	3	26478	1	26590	5	27001	3	27310	4
26230	7	26479	1	26591	3	27003	3	27315	2
26235	3	26480	3	26593	3	27033	3	27320	2
26236	3	26483	3	26596	2	27035	4	27323	1
26250	3	26485	2	26605	2	27040	1	27324	1
26255	3	26489	3	26607	2	27041	2	27327	2
26260	3	26490	3	26608	4	27047	2	27328	3
26261	3	26492	3	26615	4	27048	3	27329	4
26262	2	26494	3	26645	1	27049	3	27330	4
26320	2	26496	3	26650	2	27050	3	27331	4
26350	1	26497	3	26665	4	27060	5	27332	4
26352	4	26498	4	26675	2	27062	5	27333	4
26356	4	26499	3	26676	2	27065	5	27334	4
26357	4	26500	4	26685	3	27066	5	27335	4
26358	4	26502	4	26686	3	27267	2	27340	3
26370	4	26504	4	26705	2	27067	5	27345	4
26372	4	26508	3	26706	2	27080	2	27350	4
26373	3	26510	3	26715	4	27086	1	27355	3
26390	4	26516	1	26727	7	27087	3	27356	4
26392	3	26517	3	26735	4	27095	1	27357	5
26410	3	26518	3	26742	2	27097	3	27358	5
26412	3	26520	3	26746	5	27098	3	27360	5
26415	4	26525	3	26756	2	27100	4	27372	7
26416	3	26530	3	26765	4	27105	4	27380	1
26418	4	26531	7	26776	2	27110	4	27381	3
26420	4	26535	5	26785	2	27111	4	27385	3
26426	3	26536	5	26820	5	27193	1	27386	3
26428	3	26540	4	26841	4	27194	2	27390	1
26432	3	26541	7	26842	4	27202	2	27391	2
26433	3	26542	4	26843	3	27230	1	27392	3
26434	3	26545	4	26844	3	27238	1	27393	2
26437	3	26546	4	26850	4	27246	1	27394	3
26440	3	26548	4	26852	4	27250	1	27395	3
26442	3	26550	2	26860	3	27252	2	27396	3
26445	3	26555	3	26861	2	27257	3	27397	3
26449	3	26560	2	26862	4	27265	1	27400	3
26450	3	26561	3	26863	3	27266	2	27403	4
26455	3	26562	4	26910	3	27267	2	27405	4
26460	3	26565	5	26951	2	27275	2	27407	4

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27409	4	27603	2	27704	2	27848	3	28112	3
27418	3	27604	2	27705	2	27860	1	28113	3
27420	3	27605	1	27707	2	27870	4	28114	3
27422	7	27606	1	27709	2	27871	4	28116	3
27424	3	27607	2	27730	2	27884	3	28118	4
27425	7	27610	2	27732	2	27889	3	28119	4
27427	3	27612	3	27734	2	27892	3	28120	7
27428	4	27614	2	27740	2	27893	3	28122	3
27429	4	27615	3	27742	2	27894	3	28126	3
27430	4	27618	2	27745	3	28002	3	28130	3
27435	4	27619	3	27750	1	28003	3	28140	3
27437	4	27620	4	27752	1	28005	3	28150	3
27438	5	27625	4	27756	3	28008	3	28153	3
27441	5	27626	4	27758	4	28011	3	28160	3
27442	5	27630	3	27759	4	28020	2	28171	3
27443	5	27635	3	27760	1	28022	2	28173	3
27496	5	27637	3	27762	1	28024	2	28175	3
27497	3	27638	3	27766	3	28030	4	28192	2
27498	3	27640	2	27780	1	28035	4	28193	4
27499	3	27641	2	27781	1	28043	2	28200	3
27500	1	27647	3	27784	3	28045	3	28202	3
27501	2	27650	3	27786	1	28046	3	28208	3
27502	2	27652	3	27788	1	28050	2	28210	3
27503	3	27654	3	27792	3	28052	2	28222	1
27508	1	27656	2	27808	1	28054	2	28225	1
27509	3	27658	1	27810	1	28060	2	28226	1
27510	1	27659	2	27814	3	28062	3	28234	2
27516	1	27664	2	27816	1	28070	3	28238	3
27517	1	27665	2	27818	1	28072	3	28240	2
27520	1	27675	2	27822	3	28080	3	28250	3
27530	1	27676	3	27823	3	28086	2	28260	3
27532	1	27680	3	27824	1	28088	2	28261	3
27538	1	27681	2	27825	2	28090	3	28262	4
27550	1	27685	3	27826	3	28092	3	28264	1
27552	1	27686	3	27827	3	28100	2	28270	3
27560	1	27687	3	27828	4	28102	3	28280	2
27562	1	27690	4	27829	2	28103	3	28285	3
27566	2	27691	4	27830	1	28104	2	28286	4
27570	1	27692	3	27831	1	28106	3	28288	3
27594	3	27695	2	27832	2	28107	3	28290	2
27600	3	27696	2	27840	1	28108	2	28292	2
27601	3	27698	2	27842	1	28110	3	28293	3
27602	3	27700	5	27846	3	28111	3	28294	3

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SURGICAL PROCEDURE CODES

Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
28296	3	28585	3	29840	3	30117	3	31081	4
28297	3	28605	1	29843	3	30118	3	31084	4
28298	3	28606	2	29844	3	30125	2	31085	4
28299	5	28615	3	29845	3	30130	3	31086	4
28300	2	28635	1	29846	3	30140	2	31087	4
28302	2	28636	3	29847	3	30150	3	31090	5
28304	2	28645	3	29848	9	30160	4	31200	2
28305	3	28665	1	29850	4	30310	1	31201	5
28306	4	28666	3	29851	4	30320	2	31205	3
28307	4	28675	3	29855	4	30400	4	31225	7
28308	2	28705	4	29856	4	30410	5	31230	8
28309	4	28715	4	29860	4	30420	5	31233	2
28310	3	28725	4	29861	4	30430	3	31235	1
28312	3	28730	4	29862	9	30435	5	31237	2
28313	2	28735	4	29863	4	30450	7	31238	1
28315	4	28737	5	29870	3	30460	7	31239	4
28320	4	28740	4	29871	3	30462	9	31240	2
28322	4	28750	4	29874	3	30465	9	31254	3
28340	4	28755	4	29875	4	30520	4	31255	5
28341	4	28760	4	29876	4	30540	5	31256	3
28344	4	28810	2	29877	4	30545	5	31267	3
28345	4	28820	2	29879	3	30560	2	31268	3
28400	1	28825	2	29880	4	30580	4	31276	3
28405	2	29800	3	29881	4	30600	4	31287	3
28406	2	29804	3	29882	3	30620	7	31288	3
28415	3	29805	3	29883	3	30630	7	31300	5
28420	4	29806	3	29884	3	30801	1	31320	2
28435	2	29807	3	29885	3	30802	1	31400	2
28436	2	29819	3	29886	3	30903	1	31420	2
28445	3	29820	3	29887	3	30905	1	31510	2
28456	2	29821	3	29888	3	30906	1	31511	2
28465	3	29822	3	29889	3	30915	2	31512	2
28476	2	29823	3	29891	3	30920	3	31513	2
28485	4	29824	5	29892	3	30930	4	31515	1
28496	2	29825	3	29893	9	31020	2	31525	1
28505	3	29826	3	29894	3	31030	3	31526	2
28525	3	29827	5	29895	3	31032	4	31527	1
28531	3	29830	3	29897	3	31040	2	31528	2
28545	1	29834	3	29898	3	31050	2	31529	2
28546	2	29835	3	29900	3	31051	4	31530	2
28555	2	29836	3	29901	3	31070	2	31531	3
28575	1	29837	3	29902	3	31075	4	31535	2
28576	3	29838	3	30115	2	31080	4	31536	3

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SURGICAL PROCEDURE CODES

Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
31540	3	32000	1	36810	3	40652	3	41510	1
31541	4	32400	1	36815	3	40654	3	41520	2
31560	5	32405	1	36819	3	40700	7	41800	1
31561	5	32420	1	36820	3	40701	7	41825	2
31570	2	33010	2	36821	3	40702	5	41826	2
31571	2	33011	2	36825	4	40720	7	41827	2
31576	2	33222	2	36830	4	40761	3	42000	2
31577	2	33223	2	36832	4	40801	2	42107	2
31578	2	35188	4	36833	4	40814	2	42120	4
31580	5	35207	4	36835	4	40816	2	42140	2
31582	5	35875	9	36860	2	40818	1	42145	5
31585	1	35876	9	36861	3	40819	1	42180	1
31586	2	36260	3	37609	2	40831	1	42182	2
31588	5	36261	2	37650	2	40840	2	42200	5
31590	5	36262	1	37700	2	40842	3	42205	5
31595	2	36488	1	37720	3	40843	3	42210	5
31605	2	36490	1	37730	3	40844	5	42215	7
31611	3	36555	1	37735	3	40845	5	42220	5
31612	1	36556	1	37760	3	41005	1	42226	5
31613	2	36557	2	37780	3	41006	1	42235	5
31614	2	36558	2	37785	3	41007	1	42260	4
31615	1	36560	3	38300	1	41008	1	42300	1
31622	1	36561	3	38305	2	41009	1	42305	2
31625	2	36563	3	38308	2	41010	1	42310	1
31628	2	36565	3	38500	2	41015	1	42320	1
31629	2	36566	3	38505	1	41016	1	42325	2
31630	2	36568	1	38510	2	41017	1	42330	2
31631	2	36569	1	38520	2	41018	1	42340	2
31635	2	36570	3	38525	2	41112	2	42405	2
31640	2	36571	3	38530	2	41113	2	42408	3
31641	2	36575	2	38542	2	41114	2	42409	3
31645	1	36576	2	38550	3	41116	1	42410	3
31646	1	36578	2	38555	4	41120	5	42415	3
31656	1	36580	1	38740	2	41130	6	42420	7
31700	1	36581	2	38745	4	41135	7	42425	7
31717	1	36582	3	38760	2	41140	7	42440	3
31720	1	36583	3	40500	2	41145	7	42450	2
31730	1	36584	1	40510	2	41150	8	42500	3
31750	5	36585	3	40520	2	41155	8	42505	4
31755	2	36589	1	40525	2	41250	2	42507	3
31820	1	36590	1	40527	2	41251	2	42508	4
31825	2	36640	1	40530	2	41252	2	42509	4
31830	2	36800	3	40650	3	41500	1	42510	4

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Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
42550	1	43239	2	44372	2	45379	2	46750	3
42600	1	43241	2	44373	2	45380	2	46753	3
42700	1	43243	2	44376	2	45381	2	46754	2
42720	1	43244	2	44377	2	45382	2	46760	2
42725	2	43245	2	44378	2	45383	2	46761	3
42802	1	43246	2	44380	1	45384	2	46762	7
42804	1	43247	2	44382	1	45385	2	46917	1
42806	2	43248	2	44385	1	45500	2	46922	1
42808	2	43249	2	44386	1	45505	2	46924	1
42810	3	43250	2	44388	1	45560	2	46937	2
42815	5	43251	2	44389	1	45900	1	46938	2
42820	5	43255	2	44390	1	45905	1	46946	1
42821	5	43258	3	44391	1	45910	1	47000	1
42825	4	43259	3	44392	1	45915	1	47510	2
42826	4	43260	2	44393	1	46020	3	47511	9
42830	4	43261	2	44394	1	46030	1	47525	1
42831	4	43262	2	45000	1	46040	3	47530	1
42835	4	43263	2	45005	2	46045	2	47552	2
42836	4	43264	2	45020	2	46050	1	47553	3
42860	3	43265	2	45100	1	46060	2	47554	3
42870	3	43267	2	45108	2	46080	3	47555	3
42890	7	43268	2	45150	2	46200	2	47556	9
42892	7	43269	2	45160	2	46210	2	47560	3
42900	1	43271	2	45170	2	46211	2	47561	3
42950	2	43272	2	45190	9	46220	1	47630	3
42955	2	43450	1	45305	1	46250	3	48102	1
42960	1	43453	1	45307	1	46255	3	49080	2
42962	2	43456	2	45308	1	46257	3	49081	2
42972	3	43458	2	45309	1	46258	3	49085	2
43200	1	43600	1	45315	1	46260	3	49180	1
43202	1	43750	2	45317	1	46261	4	49250	4
43204	1	43760	1	45320	1	46262	4	49320	3
43205	1	43870	1	45321	1	46270	3	49321	4
43215	1	44100	1	45330	1	46275	3	49322	4
43216	1	44312	1	45331	1	46280	4	49420	1
43217	1	44340	3	45332	1	46285	1	49421	1
43219	1	44360	2	45333	1	46288	4	49422	1
43220	1	44361	2	45334	1	46608	1	49426	2
43226	1	44363	2	45337	1	46610	1	49495	4
43227	2	44364	2	45338	1	46611	1	49496	4
43228	2	44365	2	45339	1	46612	1	49500	4
43234	1	44366	2	45355	1	46615	2	49501	9
43235	1	44369	2	45378	2	46700	3	49505	4

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Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
49507	9	50970	1	52283	2	53220	2	54150	1
49520	7	50972	1	52285	2	53230	2	54152	1
49521	9	50974	1	52290	2	53235	3	54160	2
49525	4	50976	1	52300	2	53240	2	54161	2
49540	2	50980	1	52305	2	53250	2	54162	2
49550	5	51010	1	52310	2	53260	2	54163	2
49553	9	51020	4	52315	2	53265	2	54205	4
49555	5	51030	4	52317	1	53270	2	54220	1
49557	9	51040	4	52318	2	53275	2	54300	3
49560	4	51045	4	52320	5	53400	3	54304	3
49561	9	51050	4	52325	4	53405	2	54308	3
49565	4	51065	4	52327	2	53410	2	54312	3
49566	9	51080	1	52330	2	53420	2	54316	3
49568	7	51100	1	52332	2	53425	2	54318	3
49570	4	51101	1	52334	3	53430	2	54322	3
49572	9	51102	1	52351	3	53440	2	54324	3
49580	4	51500	4	52352	4	53442	1	54326	3
49582	9	51520	4	52353	4	53444	2	54328	3
49585	4	51710	1	52354	4	53446	1	54340	3
49587	9	51715	3	52355	4	53447	1	54344	3
49590	3	51726	1	52400	3	53449	1	54348	3
49600	4	51772	1	52450	3	53450	1	54352	3
49650	4	51785	1	52500	3	53460	1	54360	3
49651	7	51880	1	52510	3	53502	2	54380	3
50200	1	52000	1	52601	4	53505	2	54385	3
50390	1	52001	2	52606	1	53510	2	54400	3
50392	1	52005	2	52612	2	53515	2	54401	3
50393	1	52007	2	52614	1	53520	2	54405	3
50395	1	52010	2	52620	1	53605	2	54406	3
50396	1	52204	2	52630	2	53665	1	54408	3
50398	1	52214	2	52640	2	53850	9	54410	3
50551	1	52224	2	52647	9	54000	2	54415	3
50553	1	52234	2	52648	9	54001	2	54416	3
50555	1	52235	3	52700	2	54015	4	54420	4
50557	1	52240	3	53000	1	54057	1	54435	4
50561	1	52250	4	53010	1	54060	1	54440	4
50590	6	52260	2	53020	1	54065	1	54450	1
50688	1	52270	2	53025	1	54100	1	54500	1
50951	1	52275	2	53040	2	54105	1	54505	1
50953	1	52276	3	53080	3	54111	2	54512	2
50955	1	52277	2	53200	1	54112	2	54520	3
50957	1	52281	2	53210	5	54115	1	54522	3
50961	1	52282	9	53215	5	54120	2	54530	4

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SURGICAL PROCEDURE CODES

Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
54550	4	56700	1	58555	1	62230	2	64483	1
54600	4	56720	1	58558	3	62263	1	64484	1
54620	3	56740	3	58559	2	62268	1	64510	1
54640	4	56800	3	58561	3	62269	1	64520	1
54650	5	56810	5	58563	9	62270	1	64530	1
54670	3	57000	1	58600	4	62272	1	64573	1
54680	3	57010	2	58615	4	62273	1	64585	1
54800	1	57020	2	58660	5	62280	1	64590	2
54820	1	57065	1	58661	5	62281	1	64595	1
54830	3	57105	2	58662	5	62282	1	64600	1
54840	4	57130	2	58670	3	62287	9	64605	1
54860	3	57135	2	58671	3	62290	1	64610	1
54861	4	57180	1	58673	5	62294	3	64620	1
54900	4	57200	1	58700	4	62310	1	64622	1
54901	4	57210	2	58800	3	62311	1	64623	1
55040	3	57220	3	58820	3	62318	1	64626	1
55041	5	57230	3	58900	3	62319	1	64627	1
55060	4	57240	5	59160	3	62350	2	64630	2
55100	1	57250	5	59320	1	62355	2	64680	2
55110	2	57260	5	59812	5	62360	2	64702	1
55120	2	57265	7	59812	5	62361	2	64704	1
55150	1	57268	3	59812	5	62362	2	64708	2
55175	1	57288	5	59820	5	62365	2	64712	2
55180	2	57289	5	59821	5	63600	2	64713	2
55200	2	57291	5	59840	5	63610	1	64714	2
55250	2	57300	3	59841	5	63650	2	64716	3
55500	3	57400	2	59870	5	63660	1	64718	2
55520	4	57410	2	59871	5	63685	2	64719	2
55530	4	57415	2	60000	1	63688	1	64721	2
55535	4	57513	2	60200	2	63744	3	64722	1
55540	5	57520	2	60280	4	63746	2	64726	1
55550	9	57522	2	60281	4	64410	1	64727	1
55680	1	57530	3	61020	1	64415	1	64732	2
55700	2	57550	3	61026	1	64417	1	64734	2
55705	2	57556	5	61050	1	64420	1	64736	2
55720	1	57700	1	61055	1	64421	1	64738	2
55725	2	57720	3	61070	1	64430	1	64740	2
55859	9	57820	3	61215	3	64470	1	64742	2
56440	2	58120	2	61790	3	64472	1	64744	2
56441	1	58145	5	61791	3	64475	1	64746	2
56515	3	58350	3	61888	1	64476	1	64771	2
56620	5	58353	4	62194	1	64479	1	64772	2
56625	7	58545	9	62225	1	64480	1	64774	2

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SURGICAL PROCEDURE CODES

Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
64776	3	64907	1	65870	4	66982	8	67350	1
64778	2	65091	3	65875	4	66983	8	67400	3
64783	2	65093	3	65880	4	66984	8	67405	4
64784	3	65101	3	65900	5	66985	6	67412	5
64786	3	65103	3	65920	7	66986	6	67413	5
64787	2	65105	4	65930	5	67005	4	67415	1
64788	3	65110	5	66020	1	67010	4	67420	5
64790	3	65112	7	66030	1	67015	1	67430	5
64792	3	65114	7	66130	7	67025	1	67440	5
64795	2	65130	3	66150	4	67027	4	67450	5
64802	2	65135	2	66155	4	67030	1	67550	4
64831	4	65140	3	66160	2	67031	2	67560	2
64832	1	65150	2	66165	4	67036	4	67715	1
64834	2	65155	3	66170	4	67038	5	67808	2
64835	3	65175	1	66172	4	67039	7	67830	2
64836	3	65235	2	66180	5	67040	7	67835	2
64837	1	65260	3	66185	2	67041	5	67880	3
64840	2	65265	4	66220	3	67042	5	67882	3
64856	2	65270	2	66225	4	67043	5	67900	4
64857	2	65272	2	66250	2	67107	5	67901	5
64858	2	65275	4	66500	1	67108	7	67902	5
64859	1	65280	4	66505	1	67112	7	67903	4
64861	3	65285	4	66600	3	67113	7	67904	4
64862	3	65290	3	66605	3	67115	2	67906	5
64864	3	65400	1	66625	3	67120	2	67908	4
64865	4	65410	2	66630	3	67121	2	67909	4
64870	4	65420	2	66635	3	67141	2	67911	3
64872	2	65426	5	66680	3	67218	5	67914	3
64874	3	65710	7	66682	2	67227	1	67916	4
64876	3	65750	7	66700	2	67228	1	67917	4
64885	2	65755	7	66710	2	67250	3	67921	3
64886	2	65770	7	66711	2	67255	3	67923	4
64890	2	65772	4	66720	2	67311	3	67924	4
64891	2	65775	4	66740	2	67312	4	67935	2
64892	2	65780	5	66821	2	67314	4	67950	2
64893	2	65781	5	66825	4	67316	4	67961	3
64895	3	65782	5	66830	4	67318	4	67966	3
64896	3	65800	1	66840	4	67320	4	67971	3
64897	3	65805	1	66850	7	67331	4	67973	3
64898	3	65810	3	66852	4	67332	4	67974	3
64901	2	65815	2	66920	4	67334	4	67975	3
64902	2	65850	4	66930	5	67335	4	68115	2
64905	2	65865	1	66940	5	67340	4	68130	2

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Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group	Procedure Code	Payment Group
68320	4	69320	7	69661	5	D2110	3	D7210	3
68325	4	69420	1	69662	5	D2120	3	D7220	3
68326	4	69421	3	69666	4	D2130	3	D7230	3
68328	4	69424	1	69667	4	D2131	3	D7240	3
68330	4	69436	3	69670	3	D2140	3	D7241	3
68335	4	69440	3	69676	3	D2150	3	D7250	3
68340	4	69450	1	69700	3	D2160	3	D7270	3
68360	2	69501	7	69711	1	D2161	3	D7285	1
68362	2	69502	7	69720	5	D2330	3	D7286	1
68500	3	69511	7	69725	5	D2331	3	D7410	3
68505	3	69530	7	69740	5	D2332	3	D7411	3
68510	1	69550	5	69745	5	D2335	3	D7412	3
68520	3	69552	7	69801	5	D2380	3	D7420	3
68525	1	69601	7	69802	7	D2381	3	D7430	3
68540	3	69602	7	69805	7	D2382	3	D7431	3
68550	3	69603	7	69806	7	D2385	3	D7440	3
68700	2	69604	7	69820	5	D2386	3	D7441	3
68720	4	69605	7	69840	5	D2387	3	D7450	3
68745	4	69620	2	69905	7	D2391	3	D7451	3
68750	4	69631	5	69910	7	D2392	3	D7460	3
68770	4	69632	5	69915	7	D2394	3	D7461	3
68810	1	69633	5	69930	7	D2930	5	D7465	3
68811	2	69635	7	92018	1	D2931	5	D7510	1
68815	2	69636	7	92502	1	D2932	5	D7520	1
69105	1	69637	7	99322	3	D2940	3	D7530	1
69110	1	69641	7	99323	3	D2951	5	D7670	3
69120	2	69642	7	D0120	1	D3220	3	D7770	3
69140	2	69643	7	D0150	1	D3310	3	D7910	3
69145	2	69644	7	D1120	1	D3320	3	D7911	3
69150	3	69645	7	D1203	1	D6999	3	D7912	3
69205	1	69646	7	D1351	3	D7110	3	G0105	2
69300	3	69650	7	D1510	3	D7111	3	G0121	2
69310	3	69660	5	D1515	3	D7140	3	G0260	1

SECTION 4 PROCEDURE CODES

OUTPATIENT PEDIATRIC AIDS CLINICS

Code	Description
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
T1015	Clinic visit/encounter, all-inclusive

INFUSION CENTERS

Code	Description	Frequency
36430	Transfusion, blood or blood components	no limit
90378	Respiratory syncytial virus immune globulin (Synagis)	4/month
90657	Influenza virus vaccine, 6-35 months of age, IM	3/12 months
90658	Influenza virus vaccine, 3 years or older, IM	3/12 months
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	1/day
96361	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for primary procedure)	8/day
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	1/day
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, up to 8 hours (List separately in addition to code for primary procedure)	8/day
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)	1/day
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	1/day
96372	Therapeutic, prophylactic, diag inj; sub/IM	40/month
96374	Therapeutic, prophylactic, diag inj; IV Push	1/day
96375	Therapeutic, prophylactic, diag inj; each additional IV Push	unlimited
94640	Pressurized or non pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (<i>e.g.</i> , with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing)	1/day
96409	Chemotherapy administration, intravenous; push technique	1/day

SECTION 4 PROCEDURE CODES

INFUSION CENTERS

Code	Description	Frequency
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	no limit
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	1/day
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)	8/day
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	1/day
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	1/day
96420	Chemotherapy administration, intra-arterial; push technique	1/day
96422	Chemotherapy administration, intra-arterial; infusion technique, up to one hour	1/day
96423	Chemotherapy administration, intra-arterial; infusion technique, one to eight hours, each additional hour (list separately in addition to code for primary procedure)	8/day
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than eight hours), requiring the use of a portable or implantable pump	1/day
96521	Refilling and maintenance of portable pump	1/day
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	1/day
99195	Phlebotomy, therapeutic (separate procedure)	1/day
P9010	Blood (whole), for transfusion, per unit	4/day
P9012	Cryoprecipitate, each unit	4/day
P9016	Red blood cells, leukocytes reduced, each unit	4/day
P9019	Platelets, each unit	8/day
P9021	Red blood cells, each unit	4/day
P9034	Platelets, pheresis, each unit	1/day
P9035	Platelets, pheresis, leukocytes reduced, each unit	1/day
P9036	Platelets, pheresis, irradiated, each unit	Unlimited

SECTION 4 PROCEDURE CODES

INFUSION CENTERS

Code	Description	Frequency
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	Unlimited
P9045	Infusion, Albumin (Human), 5%, 250 ml	Unlimited
P9046	Infusion, Albumin (Human), 25%, 20 ml	Unlimited
P9047	Infusion, Albumin (Human), 25%, 50 ml	Unlimited

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J0120	ACHROMYCIN/TETRACYC TO 250MG	4 units/line
J0128	ABARELIX, 10 MG	10/day
J0150	ADENOSINE, 6 MG	no limit
J0152	ADENOSINE,30MG (A9270PHOSPHATE COMPOU	no limit
J0170	ADRENALIN/EPINEPHRIN TO 1ML AMP	4 units/line
J0180	AGALSIDASE BETA, 1 MG	no limit
J0190	BIPERIDEN LACTATE, PER 5 MG	no limit
J0200	ALATROFLOXACIN MESYLATE 100MG	no limit
J0205	ALGLUCERASE PER 10 UNITS	99 units/line
J0207	AMIFOSTINE, 500 MG	no limit
J0210	METHYLDOPATE HCL TO 250 MG	4 units/line
J0220	AGLUCOSIDUSE ALFA, 10 MG (MYOZYME) (PA REQUIRED)	no limit
J0256	ALPHA1-PROTEINASE INHIBIT-HUM,10 MG	no limit
J0280	AMINOPHYLLIN TO 250 MG	4 units/line
J0282	AMIODARONE HYDROCHLORIDE, 30MG	4 units/line
J0290	AMPICILLIN SODIUM, 500 MG	4 units/line
J0300	AMOBARBITAL TO 125 MG	4 units/line
J0330	SUCCINYCHOLINE CHLORI TO 20 MG	4 units/line
J0360	HYDRALAZINE HCL TO 20 MG	4 units/line
J0380	METARAMINOL TO 10 MG	4 units/line
J0390	CHLOROQUINE HC1 UP TO 250 MG	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J0456	AZITHROMYCIN, 500MG	4 units/line
J0460	ATROPINE SULFATE TO 0.3 MG	10 units/line
J0470	DIMECAPROL TO 100 MG	4 units/line
J0475	BACLOFEN, 10 MG	4 units/line
J0500	DICYCLOMINE TO 20 MG	4 units/line
J0515	BENZTROPINE UP TO 1MG	4 units/line
J0520	BETHANECHOL CHL/MYOTO/URECHOL TO 5MG	4 units/line
J0530	PENICILLIN G BENZAT&PROCAIN 600000	4 units/line
J0540	PENICILLIN G BENZ&PROCAIN 1200000	4 units/line
J0550	PENICILLIN G BENZ&PROCAIN 2400000	4 units/line
J0560	PENICILLIN G BENZATHINE TO 600,000	4 units/line
J0570	PENICILLIN G BENZATHINE 1200000	4 units/line
J0580	PENICILLIN G BENZATHINE 2,400,000	4 units/line
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	99 units/line
J0587	BOTULINUM TOXIN TYPE B,PER 100 UNITS	no limit
J0600	EDETATE CALCIUM DISODIUM TO 1000MG	4 units/line
J0610	CALCIUM GLUCONTE TO 10 ML	4 units/line
J0620	CALC GLYCEROPHOSPHATE/CALC LAC 10ML	4 units/line
J0630	CALCITONIN SALMON TO 400 UNITS	4 units/line
J0640	LEUCOVORIN CALCIUM PER 50 MG	30 units/line
J0670	MEPIVACAINE HC1, PER 10 ML	4 units/line
J0690	CEFAZOLIN SODIUM, 500 MG	6 units/line
J0694	CEFOXITIN SODIUM,1 GM	4 units/line
J0696	CEFTRIAZONE SODIUM PER 250 MG	4 units/line
J0697	STERILE CEFUROXIME SOD PER 750 MG	4 units/line
J0698	CEFOTAXIME SODIUM, PER GM	4 units/line
J0710	CEPHAPRIN SODIUM TO 1 GM	4 units/line
J0713	CEFTAZIDIME, PER 500 MG	4 units/line
J0720	CHLORAMPHENICOL SOD SUCCINATE 1 GM	4 units/line
J0725	CHORIONIC GONADOTROPIN 1000 USP UNI	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J0740	CIDOFOVIR, 375 MG	no limit
J0743	CILASTATIN SODIUM IMPENEM/250 MG	4 units/line
J0745	CODEINE PHOSPHATE PER 30 MG	4 units/line
J0760	COLCHICINE, PER 1 MG	4 units/line
J0770	COLISTIMETHATE SOD TO 150 MG	4 units/line
J0780	PROCHLORPERAZINE TO 10 MG	4 units/line
J0800	CORTICOTROPIN TO 40 UNITS	4 units/line
J0850	CYTOMEGALOVIRUS IMM GLOB, PER VIAL	4 units/line
J0881	DARBEPOETIN ALFA (NON-ESRD USE), 1 MCG	no limit
J0885	EPOETIN ALFA, 1000 UNITS	no limit
J0894	DECITABINE, 1 MG	no limit
J0895	DEFEROXAMINE MESYLATE, 500MG	4 units/line
J0900	TESTOS EMANTHATE & ESTRADIOL VAL 1CC	4 units/line
J0945	BROMPHENIRAMINE MALATE TO 10 MG	4 units/line
J0970	ESTRIDOL VALERATE TO 40 MG	4 units/line
J1000	DEPO-ESTRADIOL CYPIONATE TO 5 MG	4 units/line
J1020	METHYLPREDNISOLINE ACETATE 20 MG	4 units/line
J1030	METHYLPREDNISOLINE ACETATE 40 MG	25 units/line
J1040	METHYLPREDNISOLONE ACETATE 80 MG	4 units/line
J1055	MEDROXYPROGESTERONE AETATE	Once every 60 days
J1060	TESTOST CYPIONATE&ESTRIDOL CYP 1ML	4 units/line
J1070	TESTOSTERONE CYPIONATE TO 100 MG	4 units/line
J1080	TESTOSTERONE CYPIONATE 1CC/200MG	4 units/line
J1100	DEXAMETHASONE SODIUM PHOSPHATE,1MG	12 units/line
J1110	DIHYDROERGOTAMINE MESYLATE/PER 1 MG	4 units/line
J1120	ACETAZOLAMIDE SODIUM TO 500 MG	4 units/line
J1160	DIGOXIN TO 0.5 MG	4 units/line
J1165	PHENYTOIN SODIUM TO 50 MG	4 units/line
J1170	HYDROMORPHONE TO 4 MG	no limit
J1200	DIPHENHYDRAMINE UP TO 50MG	8 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J1205	CHLOROTHIAZIDESODIUM TO 500 MG	4 units/line
J1212	DMSO DIMETHYL SULFOXIDE 50% 50ML	4 units/line
J1240	DIMENHYDRATE TO 50 MG	4 units/line
J1245	DIPYRIDAMOLE TO 10 MG	6 units/line
J1260	DOLASETRON MESYLATE 10MG	no limit
J1300	ECULIZUMAB, 10 MG (SOLARIS) (PA REQUIRED)	90 units/line
J1320	AMITRIPTYLINE HCL TO 20 MG	4 units/line
J1327	EPTIFIBATIDE, 5MG	no limit
J1330	ERGONOVINE MALEATE TO 0.2 MG	4 units/line
J1380	ESTRADIOL VALERATE TO 10 MG	4 units/line
J1390	ESTRADIOL VALERATE TO 20 MG	4 units/line
J1410	ESTROGEN CONJUGATED PER 25 MG	4 units/line
J1435	ESTRONE PER 1 MG	4 units/line
J1436	ETIDRONATE DISODIUM, PER 300 MG	4 units/line
J1438	ETANERCEPT, 25 MG	4 units/line
J1440	FILGRASTIM (G-CSF) 300 MCG	no limit
J1441	FILGRASTIM (G-CSF) 480 MCG	6 units/line
J1450	FLUCONAZOLE, 200MG	no limit
J1452	FOMIVIRSEN SODIUM, INTRAOCULAR,1.65MG	4 units/line
J1453	FOSAPREPITANT, 1 MCG (PA REQUIRED)	no limit
J1455	FOSCARNET SODIUM PER 1000 MG	4 units/line
J1459	IMMUNE GLOBULIN (PRIVIGEN), IV, NON- LYOPHILIZED, 500 MG	no limit
J1460	GAMMA GLOBULIN IM 1CC	4 units/line
J1470	GAMMA GLOBULIN IM 2CC	4 units/line
J1480	GAMMA GLOBULIN IM 3CC	4 units/line
J1490	GAMMA GLOBULIN IN 4CC	4 units/line
J1500	GAMMA GLOBULIN IM 5CC	4 units/line
J1510	GAMMA GLOBULIN IM 6CC	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J1520	GAMMA GLOBULIN IM 7CC	4 units/line
J1530	GAMMA GLOBULIN IM 8CC	4 units/line
J1540	GAMMA GLOBULIN IM 9CC	4 units/line
J1550	GAMMAGLOBULIN 10 CC	4 units/line
J1561	IMMUNE GLOBULIN (GAMUNEX), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	no limit
J1566	IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG	99 units/line
J1567	IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	no limit
J1568	IMMUNE GLOBULIN (OCTAGAM), IV, NON- LYOPHILIZED (E.G. LIQUID), 500 MG	no limit
J1569	IMMUNE GLOBULIN (GAMMAGRAD LIQUID), IV, NON- LYOPHILIZED, 500 MG	no limit
J1570	GANCICLOVIR SODIUM 500 MG	no limit
J1572	IMMUNE GLOBULIN (FLEBOGAMMA/FLEBOGAMMA DIF), IV, NON- LYOPHILIZED (E.G. LIQUID), 500 MG	no limit
J1573	HEP-B IMMUNE GLOB (HEPAGAM B), IV, .5 ML (PA REQUIRED)	no limit
J1580	GARAMYCIN- GENTAMICIN TO 80 MGS	8 units/line
J1600	GOLD SODIUM THIOSULFATE TO 50 MG	4 units/line
J1626	GRANISETRON HYDROCHLOR, 100 MCG	20 units/line
J1630	HALDOL UP TO 5MG	4 units/line
J1631	HALDOL DECANOATE TO 50MG IM	4 units/line
J1642	HEPARIN SOD (HEP LOCK FL)PR 10 UNI	50 units/line
J1644	HEPARIN SODIUM PER 1000 UNITS	70 units/line
J1670	TETANUS IMMUNEGLOB HUM TO 250 UNIT	4 units/line
J1700	HYDROCORTISONE ACETATE TO 25 MG	4 units/line
J1710	HYDROCORTISONE SOD PHOSPHA 50 MG	4 units/line
J1720	HYDROCORTISONE SOD SUCCIN TO 100MG	4 units/line
J1730	DIAZOXIDE TO 300 MG	4 units/line
J1740	IBANDRONATE SODIUM, 1 MCG	3 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J1742	IBUTILIDE FUMARATE, 1 MG	no limit
J1743	IDURSULFASE, 1 MG (ELAPRASE) (PA REQUIRED)	99 units/line
J1745	INFLIXIMAB, 10MG	no limit
J1750	IRON DEXTRON, 50 MG	no limit
J1756	IRON SUCROSE, 1 MG	no limit
J1785	IMIGLUCERASE, PER UNIT	99 units/line
J1790	DROPERIDOL TO 5 MG	4 units/line
J1800	PROPRANOLOL HCL TO 1 MG	4 units/line
J1810	DROPERIDOL&FENTANYL CITRAT 2ML AMP	4 units/line
J1825	INTERFERON BETA-1A,33MCG/PHYS SUP	4 units/line
J1835	ITRACONAZOLE,50 MG	no limit
J1840	KANAMYCIN SULFATE TO 500 MG	4 units/line
J1850	KANAMYCIN SULFATE TO 75 MG	4 units/line
J1885	KETOROLAC TROMETHANE (TORADOL)15MG	4 units/line
J1890	CEPHALOTHIN SOD, TO 1 GM	4 units/line
J1931	LARONIDASE, 0.1 MG (PA REQUIRED)	no limit
J1940	FUROSEMIDE TO 20 MG	50 units/line
J1950	LEUPROLIDE ACETATE, PER 3.75 MG	4 units/line
J1956	LEVOFLOXACIN, 250 MG	6 units/line
J1960	LEVORPHANOL TARTRATE TO 2 MG	4 units/line
J1980	HYOSCYAMINE SULFATE TO 0.25 MG	4 units/line
J1990	LIBRIUM UP TO 100MG	4 units/line
J2001	LIDOCAINE HCL/INTRAVENOUS INFUS,10MG	4 units/line
J2010	LINCOMYCIN HCL TO 300 MG	4 units/line
J2060	ATIVAN TO 4MG	no limit
J2150	MANNITOL 25% IN 50 ML	4 units/line
J2175	MEPERIDINE HYDROCHLORIDE PER 100 MG	7 units/line
J2180	MEPERDINE&PROMETHAZINE HCL TO 50MG	4 units/line
J2185	MEROPENEM, 100 MG	60 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J2210	METHYLERGONOVINE MALEATE TO 0.2MG	4 units/line
J2250	MIDAZOLAM HYDROCHLORIDE, PER 1 MG	10 units/line
J2270	MORPHINE SULFATE TO 10 MG	4 units/line
J2271	MORPHINE SULFATE, 100 MG	4 units/line
J2275	MORPHINE SULFATE NO PRSV/STRL 10MG	54 units/line
J2320	NANDROLONE DECANOATE TO 50 MG	4 units/line
J2321	NANDROLONE DECANOATE TO 100 MG	5 units/line
J2323	NATALIZUMAB, 1 MG (TYSABRI) (PA REQUIRED)	no limit
J2322	NANDROLONE DECANOATE TO 200 MG	4 units/line
J2353	OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	no limit
J2360	ORPHENADRINE TO 60 MG	4 units/line
J2370	PHENYLEPHRINE HCL TO 1 ML	4 units/line
J2400	CHLOROPROCAINE HCL TO 30 ML	4 units/line
J2405	ONDANSETRON HYDROCHLORIDE PER 1 MG	40 units/line
J2410	OXYMORPHONE HCL TO 1 MG	4 units/line
J2430	PAMIDRONATE DISODIUM, PER 30 MG	4 units/line
J2440	PAPAVERINE HCL TO 60 MG	4 units/line
J2460	OXYTETRACYCLINE UP TO 50 MG	4 units/line
J2469	PALONOSETRON HCL, 25 MCG	10 units/line
J2505	PEGFILGRASTIM, 6 MG	no limit
J2510	PENICILLIN-G PROCAI AQUE 600,000	4 units/line
J2515	PENTOBARBITAL SODIUM TO 50 MG	4 units/line
J2540	PENICILLIN G POTASS TO 600,000UNIT	4 units/line
J2543	PIPERA/TAZOBAC SODIUM,1GM/0.125GRAM	4 units/line
J2545	PENTAMIDINE ISETHIONATE,300MG/AD DME, INH	4 units/line
J2550	PROMETHAZINE HCL TO 50 MG	99 units/line
J2560	PHENOBARBITAL TO 120 MG	4 units/line
J2590	OXYTOCIN TO 10UNITS	4 units/line
J2597	DESMOPRESSIN ACETATE,PER 4MCG	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J2650	PREDNISOLONE ACETATE TO 1 ML	4 units/line
J2670	TOLAZOLINE HCL TO 25 MG	4 units/line
J2675	PROGESTERONE PER 50 MG	4 units/line
J2680	PROLIXIN DECANOATE FLUPHENAZINE UP TO 25	4 units/line
J2690	PROCAINAMIDE HCL TO 1 GM	4 units/line
J2700	OXACILLIN SODIUM TO 250 MG	4 units/line
J2710	NEOSTIGMINE METHYSULFATE TO 0.5 MG	4 units/line
J2720	PROTAMINE SULFATE PER 10 MG	4 units/line
J2724	PROTEIN C, IV, HUMAN, 10 IU (CEPROTIN) (PA REQUIRED)	no limit
J2730	PRALIDOXIME CHLORIDE TO 1 GM	4 units/line
J2760	PHENTOLAMINE MESYLATE TO 5 MG	4 units/line
J2765	METOCLOPRAMIDE HCL TO 10 MG	4 units/line
J2770	QUINUPRISTIN/DALFOPRISTIN,500MG	no limit
J2780	RANITIDINE HYDROCHLORIDE 25MG	2/day
J2790	RHO D IMMUNE GLOBULIN,HUM,FULL,300MCG	1/day
J2791	RHO D IMMUNE GLOBULIN, IM/IV, 100 IU	no limit
J2792	RHO D IMMUNE GLOBULIN,IV,HUMN,100 IU	99/day
J2795	ROPIVACAINE HYDROCHLORIDE, 1MG.	4 units/line
J2800	METHOCARBAMOL TO 10 ML	4 units/line
J2820	SARGAMOSTIM(GM-CSF), 50 MCG	no limit
J2910	AUROTHIOGLOUSE TO 50 MG	4 units/line
J2916	NA FERRIC GLUCONATE COMPLEX,12.5 MG	no limit
J2920	METHYLPREDNISOLONE SOD SUC TO 40MG	4 units/line
J2930	METHYLPREDNISOLONE SOD SU TO 125MG	4 units/line
J2950	PROMAZINE HCL TO 25 MG	4 units/line
J2995	STREPTOKINASE PER 250,000 IU	4 units/line
J2997	ALTEPLASE RECOMBINANT, 1 MG	10 units/line
J3000	STREPTOMYCIN UP TO 1 GM	4 units/line
J3010	FENTANYL CITRATE, 0.1 MG	4 units/line
J3070	PENTAZOCINE, 30 MG	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J3105	TURBUTALINE SULFATE TO 1 MG	4 units/line
J3120	TESTOSTERONE ENANTHATE TO 100 MG	4 units/line
J3130	TESTOSTERONE ENANTHATE TO 200 MG	4 units/line
J3140	TESTOSTERONE SUSPEN TO 50 MG	4 units/line
J3150	TESTOSTERONE PROPIONATE TO 100 MG	4 units/line
J3230	THORAZINE CHLORPROMAZINE UP TO 50MG	4 units/line
J3240	THRYROTROPIN ALFA, 0.9 MG	3 units/line
J3250	TRIMETHOBENZAMIDE HCL TO 200 MG	4 units/line
J3260	TOBRAMYCIN SULFATE TO 80 MG	4 units/line
J3280	THIETHYLPERAZINE MALATE TO 10 MG	4 units/line
J3301	TRIAMCINOLONE ACETONIDE PER 10 MG	4 units/line
J3302	TRIAMCINOLONE DIACETATE,PER 5MG	4 units/line
J3303	TRIAMCINOLONE HEXACETONIDE, 5MG	4 units/line
J3310	PERPHENAZINE UP TO 5MG	4 units/line
J3315	TRIPTORELIN PAMOATE, 3.75 MG	3 units/line
J3320	SPECTINOMYCIN DIHYDROCHLOR TO 2 GM	4 units/line
J3350	UREA TO 40 GM	4 units/line
J3364	UROKINASE 5000 IU VIAL	4 units/line
J3365	IV,UROKINASE 250,000 IU VIAL	4 units/line
J3370	VANCOMYCI HCL, 500 MG	6 units/line
J3400	TRIFLUPROMAZINE HCL TO 20 MG	4 units/line
J3410	VISTARIL UP TO 25MG	4 units/line
J3420	VIT B-12 CYANOCOBALAMIN TO 1000MCG	4 units/line
J3430	PHTONADIONE(VITK),PER 1 MG	5 units/line
J3470	HYALURONIDASE TO 150 UNITS	4 units/line
J3475	MAGNESIUM SULFATE, PER 500 MG	10 units/line
J3480	POTASSIUM CHLORIDE, PER 2 MEQ	10 units/line
J3487	ZOLEDRONIC ACID, 1 MG (ZOMETA)	4 units/line
J3488	ZOLEDRONIC ACID, 1 MG (RECLAST) (PA REQUIRED)	no limit
J3490	UNCLASSIFIED DRUGS	no limit

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – NUMERIC

Code	Description	Frequency
J7030	IV NORMAL SALINE 1000 CC	4 units/line
J7040	IV NORMAL SALINE SOL,STERILE(500ML=1UNT)	4 units/line
J7042	INFUSION 5% DEXTROSE/NS (500 ML=1 UNIT)	8 units/line
J7050	IV, NORMAL SALINE SOLUTION,250 CC	4 units/line
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	4 units/line
J7070	INFUSION D5W 1000 ML	4 units/line
J7100	IV DEXTRAN 40, 500 ML	4 units/line
J7110	IV DEXTRAN 75, 500 ML	4 units/line
J7120	RINGERS LACTATE INFUSION TO 1000 ML	4 units/line
J7130	IV HYPERTONI SALINE SOLU 50/100 MEQ/20CC	4 units/line
J7501	AZATHOPRINE (EG IMURAN)100MG/20ML	4 units/line
J7513	DACLIZUMAB, PARNTERAL, 25 MG	no limit
S0023	CIMETIDINE HYDROCHLORIDE, 300 MG	4 units/line

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
5% DEXTROSE/WATER (500 ML = 1 UNIT)	J7060	4 units/line
ABARELIX, 10 MG	J0128	10/day
ACETAZOLAMIDE SODIUM TO 500 MG	J1120	4 units/line
ACHROMYCIN/TETRACYC TO 250MG	J0120	4 units/line
ADENOSINE, 6 MG	J0150	no limit
ADENOSINE,30MG(A9270PHOSPHATE COMPOU	J0152	no limit
ADRENALIN/EPINEPHRIN TO 1ML AMP	J0170	4 units/line
AGALSIDASE BETA, 1 MG	J0180	no limit
ALATROFLOXACIN MESYLATE 100MG	J0200	no limit
ALGLUCERASE PER 10 UNITS	J0205	99 units/line
AGLUCOSIDUSE ALFA, 10 MG (MYOZYME) (PA REQUIRED)	J0220	no limit
ALPHA1-PROTEINASE INHIBIT-HUM,10 MG	J0256	no limit

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
ALTEPLASE RECOMBINANT, 1 MG	J2997	10 units/line
AMIFOSTINE, 500 MG	J0207	no limit
AMINOPHYLLIN TO 250 MG	J0280	4 units/line
AMIODARONE HYDROCHLORIDE, 30MG	J0282	4 units/line
AMITRIPTYLINE HCL TO 20 MG	J1320	4 units/line
AMOBARBITAL TO 125 MG	J0300	4 units/line
AMPICILLIN SODIUM, 500 MG	J0290	4 units/line
ATIVAN TO 4MG	J2060	no limit
ATROPINE SULFATE TO 0.3 MG	J0460	10 units/line
AUROTHIOGLOUSE TO 50 MG	J2910	4 units/line
AZATHIOPRINE (EG IMURAN)100MG/20ML	J7501	4 units/line
AZITHROMYCIN, 500MG	J0456	4 units/line
BACLOFEN, 10 MG	J0475	4 units/line
BENZTROPINE UP TO 1MG	J0515	4 units/line
BETHANECHOL CHL/MYOTO/URECHOL TO 5MG	J0520	4 units/line
BIPERIDEN LACTATE, PER 5 MG	J0190	no limit
BOTULINUM TOXIN TYPE A, PER UNIT	J0585	99 units/line
BOTULINUM TOXIN TYPE B,PER 100 UNITS	J0587	no limit
BROMPHENIRAMINE MALATE TO 10 MG	J0945	4 units/line
CALC GLYCEROPHOSPHATE/CALC LAC 10ML	J0620	4 units/line
CALCITONIN SALMON TO 400 UNITS	J0630	4 units/line
CALCIUM GLUCONTE TO 10 ML	J0610	4 units/line
CEFAZOLIN SODIUM, 500 MG	J0690	6 units/line
CEFOTAXIME SODIUM, PER GM	J0698	4 units/line
CEFOXITIN SODIUM,1 GM	J0694	4 units/line
CEFTAZIDIME, PER 500 MG	J0713	4 units/line
CEFTRIAZONE SODIUM PER 250 MG	J0696	4 units/line
CEPHALOTHIN SOD, TO 1 GM	J1890	4 units/line
CEPHAPRIN SODIUM TO 1 GM	J0710	4 units/line
CHLORAMPHENICOL SOD SUCCINATE 1 GM	J0720	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
CHLOROPROCAINE HCL TO 30 ML	J2400	4 units/line
CHLOROQUINE HC1 UP TO 250 MG	J0390	4 units/line
CHLOROTHIAZIDESODIUM TO 500 MG	J1205	4 units/line
CHORIONIC GONADOTROPIN 1000 USP UNI	J0725	4 units/line
CIDOFOVIR, 375 MG	J0740	no limit
CILASTATIN SODIUM IMIPENEM/250 MG	J0743	4 units/line
CIMETIDINE HYDROCHLORIDE, 300 MG	S0023	4 units/line
CODEINE PHOSPHATE PER 30 MG	J0745	4 units/line
COLCHICINE, PER 1 MG	J0760	4 units/line
COLISTIMETHATE SOD TO 150 MG	J0770	4 units/line
CORTICOTROPIN TO 40 UNITS	J0800	4 units/line
CYTOMEGALOVIRUS IMM GLOB, PER VIAL	J0850	4 units/line
DACLIZUMAB, PARENTERAL, 25 MG	J7513	no limit
DARBEPOETIN ALFA (NON-ESRD USE), 1 MCG	J0881	no limit
DECITABINE, 1MG	J0894	no limit
DEFEROXAMINE MESYLATE, 500MG	J0895	4 units/line
DEPO-ESTRADIOL CYPIONATE TO 5 MG	J1000	4 units/line
DESMOPRESSIN ACETATE,PER 4MCG	J2597	4 units/line
DEXAMETHASONE SODIUM PHOSPHATE,1MG	J1100	12 units/line
DIAZOXIDE TO 300 MG	J1730	4 units/line
DICYCLOMINE TO 20 MG	J0500	4 units/line
DIGOXIN TO 0.5 MG	J1160	4 units/line
DIHYDROERGOTAMINE MESYLATE/PER 1 MG	J1110	4 units/line
DIMECAPROL TO 100 MG	J0470	4 units/line
DIMENHYDRATE TO 50 MG	J1240	4 units/line
DIPHENHYDRAMINE UP TO 50MG	J1200	8 units/line
DIPYRIDAMOLE TO 10 MG	J1245	6 units/line
DMSO DIMETHYL SULFOXIDE 50% 50ML	J1212	4 units/line
DOLASETRON MESYLATE 10MG	J1260	no limit
DROPERIDOL TO 5 MG	J1790	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
DROPERIDOL & FENTANYL CITRAT 2ML AMP	J1810	4 units/line
ECULIZUMAB, 10 MG (SOLARIS) (PA REQUIRED)	J1300	90 units/line
EDETATE CALCIUM DISODIUM TO 1000MG	J0600	4 units/line
EPOETIN ALFA, 1000 UNITS	J0885	no limit
EPTIFIBATIDE, 5MG	J1327	no limit
ERGONOVINE MALEATE TO 0.2 MG	J1330	4 units/line
ESTRADIOL VALERATE TO 10 MG	J1380	4 units/line
ESTRADIOL VALERATE TO 20 MG	J1390	4 units/line
ESTRIDOL VALERATE TO 40 MG	J0970	4 units/line
ESTROGEN CONJUGATED PER 25 MG	J1410	4 units/line
ESTRONE PER 1 MG	J1435	4 units/line
ETANERCEPT,25 MG	J1438	4 units/line
ETIDRONATE DISODIUM,PER 300 MG	J1436	4 units/line
FENTANYL CITRATE, 0.1 MG	J3010	4 units/line
FILGRASTIM (G-CSF) 300 MCG	J1440	no limit
FILGRASTIM (G-CSF) 480 MCG	J1441	6 units/line
FLUCONAZOLE, 200MG	J1450	no limit
FOMIVIRSEN SODIUM,INTRAOCULAR,1.65MG	J1452	4 units/line
FOSAPREPITANT, 1 MCG (PA REQUIRED)	J1453	no limit
FOSCARNET SODIUM PER 1000 MG	J1455	4 units/line
FUROSEMIDE TO 20 MG	J1940	50 units/line
GAMMA GLOBULIN IM 1CC	J1460	4 units/line
GAMMA GLOBULIN IM 2CC	J1470	4 units/line
GAMMA GLOBULIN IM 3CC	J1480	4 units/line
GAMMA GLOBULIN IM 5CC	J1500	4 units/line
GAMMA GLOBULIN IM 6CC	J1510	4 units/line
GAMMA GLOBULIN IM 7CC	J1520	4 units/line
GAMMA GLOBULIN IM 8CC	J1530	4 units/line
GAMMA GLOBULIN IM 9CC	J1540	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
GAMMA GLOBULIN IN 4CC	J1490	4 units/line
GAMMAGLOBULIN 10 CC	J1550	4 units/line
GANCICLOVIR SODIUM 500 MG	J1570	no limit
GARAMYCIN- GENTAMICIN TO 80 MGS	J1580	8 units/line
GOLD SODIUM THIOSULFATE TO 50 MG	J1600	4 units/line
GRANISETRON HYDROCHLOR, 100 MCG	J1626	20 units/line
HALDOL DECANOATE TO 50MG IM	J1631	4 units/line
HALDOL UP TO 5MG	J1630	4 units/line
HEP-B IMMUNE GLOB (HEPAGAM B), IV, .5 ML (PA REQUIRED)	J1573	no limit
HEPARIN SOD (HEP LOCK FL)PR 10 UNI	J1642	50 units/line
HEPARIN SODIUM PER 1000 UNITS	J1644	70 units/line
HYALURONIDASE TO 150 UNITS	J3470	4 units/line
HYDRALAZINE HCL TO 20 MG	J0360	4 units/line
HYDROCORTISONE ACETATE TO 25 MG	J1700	4 units/line
HYDROCORTISONE SOD PHOSPHA 50 MG	J1710	4 units/line
HYDROCORTISONE SOD SUCCIN TO 100MG	J1720	4 units/line
HYDROMORPHONE TO 4 MG	J1170	no limit
HYOSCYAMINE SULFATE TO 0.25 MG	J1980	4 units/line
IBANDRONATE SODIUM, 1 MCG	J1740	3 units/line
IBUTILIDE FUMARATE, 1 MG	J1742	no limit
IDURSULFASE, 1 MG (ELAPRASE) (PA REQUIRED)	J1743	99 units/line
IRON DEXTRAN, 50 MG	J1750	no limit
IMIGLUCERASE, PER UNIT	J1785	99 units/line
IMMUNE GLOBULIN (PRIVIGEN), IV, NON- LYOPHILIZED, 500MG	J1459	no limit
IMMUNE GLOBULIN (GAMUNEX), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1561	no limit
IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG	J1566	99 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1567	no limit
IMMUNE GLOBULIN (OCTAGAM), IV, NON- LYOPHILIZED (E.G. LIQUID), 500 MG	J1568	no limit
IMMUNE GLOBULIN (GAMMAGRAD LIQUID), IV, NON- LYOPHILIZED, 500 MG	J1569	no limit
IMMUNE GLOBULIN (FLEBOGAMMA/FLEBOGAMMA DIF), IV, NON- LYOPHILIZED (E.G. LIQUID), 500 MG	J1572	no limit
INFLIXIMAB, 10MG	J1745	no limit
INFUSION 5% DEXTROSE/NS (500 ML=1 UNIT)	J7042	8 units/line
INFUSION D5W 1000 ML	J7070	4 units/line
INTERFERON BETA-1A,33MCG/PHYS SUP	J1825	4 units/line
IRON SUCROSE, 1 MG	J1756	no limit
ITRACONAZOLE,50 MG	J1835	no limit
IV DEXTRAN 40, 500 ML	J7100	4 units/line
IV DEXTRAN 75, 500 ML	J7110	4 units/line
IV HYPERTONI SALINE SOLU 50/100 MEQ/20CC	J7130	4 units/line
IV NORMAL SALINE 1000 CC	J7030	4 units/line
IV NORMAL SALINE SOL,STERILE(500ML=IUNT)	J7040	4 units/line
IV, NORMAL SALINE SOLUTION,250 CC	J7050	4 units/line
IV,UROKINASE 250,000 IU VIAL	J3365	4 units/line
KANAMYCIN SULFATE TO 500 MG	J1840	4 units/line
KANAMYCIN SULFATE TO 75 MG	J1850	4 units/line
KETOROLAC TROMETHANE (TORADOL)15MG	J1885	4 units/line
LARONIDASE, 0.1 MG (PA REQUIRED)	J1931	no limit
LEUCOVORIN CALCIUM PER 50 MG	J0640	30 units/line
LEUPROLIDE ACETATE, PER 3.75 MG	J1950	4 units/line
LEVOFLOXACIN, 250 MG	J1956	6 units/line
LEVORPHANOL TARTRATE TO 2 MG	J1960	4 units/line
LIBRIUM UP TO 100MG	J1990	4 units/line
LIDOCAINE HCL/INTRAVENOUS INFUS,10MG	J2001	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
LINCOMYCIN HCL TO 300 MG	J2010	4 units/line
MAGNESIUM SULFATE, PER 500 MG	J3475	10 units/line
MANNITOL 25% IN 50 ML	J2150	4 units/line
MEDROXYPROGESTERONE AETATE	J1055	Once every 60 days
MEPERDINE&PROMETHAZINE HCL TO 50MG	J2180	4 units/line
MEPERIDINE HYDROCHLORIDE PER 100 MG	J2175	7 units/line
MEPIVACAINE HCl, PER 10 ML	J0670	4 units/line
MEROPENEM, 100 MG	J2185	60 units/line
METARAMINOL TO 10 MG	J0380	4 units/line
METHOCARBAMOL TO 10 ML	J2800	4 units/line
METHYLDOPATE HCL TO 250 MG	J0210	4 units/line
METHYLERGONOVINE MALEATE TO 0.2MG	J2210	4 units/line
METHYLPREDNISOLINE ACETATE 20 MG	J1020	4 units/line
METHYLPREDNISOLINE ACETATE 40 MG	J1030	25 units/line
METHYLPREDNISOLONE ACETATE 80 MG	J1040	4 units/line
METHYLPREDNISOLONE SOD SU TO 125MG	J2930	4 units/line
METHYLPREDNISOLONE SOD SUC TO 40MG	J2920	4 units/line
METOCLOPRAMIDE HCL TO 10 MG	J2765	4 units/line
MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250	10 units/line
MORPHINE SULFATE NO PRSV/STRL 10MG	J2275	54 units/line
MORPHINE SULFATE TO 10 MG	J2270	4 units/line
MORPHINE SULFATE, 100 MG	J2271	4 units/line
NA FERRIC GLUCONATE COMPLEX,12.5 MG	J2916	no limit
NANDROLONE DECANOATE TO 100 MG	J2321	5 units/line
NANDROLONE DECANOATE TO 200 MG	J2322	4 units/line
NANDROLONE DECANOATE TO 50 MG	J2320	4 units/line
NATALIZUMAB, 1 MG (TYSABRI) (PA REQUIRED)	J2323	no limit
NEOSTIGMINE METHYSULFATE TO 0.5 MG	J2710	4 units/line
OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	J2353	no limit

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
ONDANSETRON HYDROCHLORIDE PER 1 MG	J2405	40 units/line
ORPHENADRINE TO 60 MG	J2360	4 units/line
OXACILLIN SODIUM TO 250 MG	J2700	4 units/line
OXYMORPHONE HCL TO 1 MG	J2410	4 units/line
OXYTETRACYCLINE UP TO 50 MG	J2460	4 units/line
OXYTOCIN TO 10UNITS	J2590	4 units/line
PALONOSETRON, HCL, 25 MCG	J2469	10 units/line
PAMIDRONATE DISODIUM, PER 30 MG	J2430	4 units/line
PAPAVERINE HCL TO 60 MG	J2440	4 units/line
PEGFILGRASTIM, 6 MG	J2505	no limit
PENICILLIN G BENZ&PROCAIN 1200000	J0540	4 units/line
PENICILLIN G BENZ&PROCAIN 2400000	J0550	4 units/line
PENICILLIN G BENZAT&PROCAIN 600000	J0530	4 units/line
PENICILLIN G BENZATHINE 1200000	J0570	4 units/line
PENICILLIN G BENZATHINE 2,400,000	J0580	4 units/line
PENICILLIN G BENZATHINE TO 600,000	J0560	4 units/line
PENICILLIN G POTASS TO 600,000UNIT	J2540	4 units/line
PENICILLIN-G PROCAI AQUE 600,000	J2510	4 units/line
PENTAMIDINE ISETHIONATE,300MG/AD DME, INH	J2545	4 units/line
PENTAZOCINE, 30 MG	J3070	4 units/line
PENTOBARBITAL SODIUM TO 50 MG	J2515	4 units/line
PERPHENAZINE UP TO 5MG	J3310	4 units/line
PHENOBARBITAL TO 120 MG	J2560	4 units/line
PHENTOLAINE MESYLATE TO 5 MG	J2760	4 units/line
PHENYLEPHRINE HCL TO 1 ML	J2370	4 units/line
PHENYTOIN SODIUM TO 50 MG	J1165	4 units/line
PHTONADIONE(VITK),PER 1 MG	J3430	5 units/line
PIPERA/TAZOBAC SODIUM,1GM/0.125GRAM	J2543	4 units/line
POTASSIUM CHLORIDE, PER 2 MEQ	J3480	10 units/line
PRALIDOXIME CHLORIDE TO 1 GM	J2730	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
PREDNISOLONE ACETATE TO 1 ML	J2650	4 units/line
PROCAINAMIDE HCL TO 1 GM	J2690	4 units/line
PROCHLORPERAZINE TO 10 MG	J0780	4 units/line
PROGESTERONE PER 50 MG	J2675	4 units/line
PROLIXIN DECANOATE FLUPHENAZINE UP TO 25	J2680	4 units/line
PROMAZINE HCL TO 25 MG	J2950	4 units/line
PROMETHAZINE HCL TO 50 MG	J2550	99 units/line
PROPRANOLOL HCL TO 1 MG	J1800	4 units/line
PROTAMINE SULFATE PER 10 MG	J2720	4 units/line
PROTEIN C, IV, HUMAN, 10 IU (CEPROTIN) (PA REQUIRED)	J2724	no limit
QUINUPRISTIN/DALFOPRISTIN,500MG	J2770	no limit
RANITIDINE HYDROCHLORIDE 25MG	J2780	2/day
RHO D IMMUNE GLOBULIN,HUM,FULL,300MCG	J2790	1/day
RHO D IMMUNE GLOBULIN, IM/IV, 100 IU	J2791	no limit
RHO D IMMUNE GLOBULIN,IV,HUMN,100 IU	J2792	99/day
RINGERS LACTATE INFUSION TO 1000 ML	J7120	4 units/line
ROPIVACAINE HYDROCHLORIDE, 1MG.	J2795	4 units/line
SARGAMOSTIM(GM-CSF), 50 MCG	J2820	no limit
SPECTINOMYCIN DIHYDROCHLOR TO 2 GM	J3320	4 units/line
STERILE CEFUROXIME SOD PER 750 MG	J0697	4 units/line
STREPTOKINASE PER 250,000 IU	J2995	4 units/line
STREPTOMYCIN UP TO 1 GM	J3000	4 units/line
SUCCINYCHOLINE CHLORI TO 20 MG	J0330	4 units/line
TESTOS EMANTHATE & ESTRADIOL VAL 1CC	J0900	4 units/line
TESTOST CYPIONATE&ESTRIDOL CYP 1ML	J1060	4 units/line
TESTOSTERONE CYPIONATE 1CC/200MG	J1080	4 units/line
TESTOSTERONE CYPIONATE TO 100 MG	J1070	4 units/line
TESTOSTERONE ENANTHATE TO 200 MG	J3130	4 units/line
TESTOSTERONE ENANTHATE TO 100 MG	J3120	4 units/line
TESTOSTERONE PROPIONATE TO 100 MG	J3150	4 units/line

SECTION 4 PROCEDURE CODES

INFUSION J-CODES – ALPHABETICAL

Description	Code	Frequency
TESTOSTERONE SUSPEN TO 50 MG	J3140	4 units/line
TETANUS IMMUNEGLOB HUM TO 250 UNIT	J1670	4 units/line
THIETHYLPERAZINE MALATE TO 10 MG	J3280	4 units/line
THORAZINE CHLORPROMAZINE UP TO 50MG	J3230	4 units/line
THRYROTROPIN ALFA, 0.9 MG	J3240	3 units/line
TOBRAMYCIN SULFATE TO 80 MG	J3260	4 units/line
TOLAZOLINE HCL TO 25 MG	J2670	4 units/line
TRIAMCINOLONE ACETONIDE PER 10 MG	J3301	4 units/line
TRIAMCINOLONE DIACETATE,PER 5MG	J3302	4 units/line
TRIAMCINOLONE HEXACETONIDE, 5MG	J3303	4 units/line
TRIFLUPROMAZINE HCL TO 20 MG	J3400	4 units/line
TRIMETHOBENZAMIDE HCL TO 200 MG	J3250	4 units/line
TRIPTORELIN PAMOATE, 3.75 MG	J3315	3 units/line
TURBUTALINE SULFATE TO 1 MG	J3105	4 units/line
UNCLASSIFIED DRUGS	J3490	no limit
UREA TO 40 GM	J3350	4 units/line
UROKINASE 5000 IU VIAL	J3364	4 units/line
VANCOMYCI HCL, 500 MG	J3370	6 units/line
VISTARIL UP TO 25MG	J3410	4 units/line
VIT B-12 CYANOCOBALAMIN TO 1000MCG	J3420	4 units/line
ZOLEDRONIC ACID, 1 MG (ZOMETA)	J3487	4 units/line
ZOLEDRONIC ACID, 1 MG (RECLAST) (PA REQUIRED)	J3488	no limit

CHEMOTHERAPY DRUG CODES

The following table lists the chemotherapy drug codes. They include the cost of the drug only, not the administration.

Code	Description	Frequency
J9000	DOXORUBICIN HCL 10 MG	15 units/line
J9001	DOXORUBICIN HYDROCHLORIDE LIPID FRM.10MG	10 units/line

SECTION 4 PROCEDURE CODES

Code	Description	Frequency
J9010	ALEMTUZUMAB, 10 MG	4 units/line
J9015	ALEDESLEUKIN, PER SINGLE USE VIAL	4 units/line
J9017	ARSENIC TRIOXIDE, 1 MG	4 units/line
J9017	ARSENIC TRIOXIDE, 1 MG	4 units/line
J9020	ASPARAGINASE, 10,000 UNITS	4 units/line
J6025	AZACITIDINE, 1 MG	no limit
J9031	BCG(INTRAVESICAL) PER INSTILLATION	no limit
J9035	BEVACIZUMAB, 10 MG	50 units/line
J9040	BLEOMYCIN SULFATE 15 UNITS	4 units/line
J9041	BORTEZOMIB, 0.1 MG	no limit
J9045	CARBOPLATIN, 50 MG	24 units/line
J9050	CARMUSTINE, 100 MG	4 units/line
J9055	CETUXIMAB, 10 MG	no limit
J9060	CISPLATIN,POWDER OR SOL, PER 10 MG	49 units/line
J9062	CISPLATIN 50 MG	4 units/line
J9065	CLADRIBINE, PER 1 MG	10 units/line
J9070	CYCLOPHOSPHAMIDE, 100 MG	10 units/line
J9080	CYCLOPHOSPHAMIDE, 20 ML OR 200 MG	4 units/line
J9090	CYCLOPHOSPHAMIDE,500 MG	4 units/line
J9091	CYCLOPHOSPHAMIDE 1.0 GRAM	4 units/line
J9092	CYCLOPHOSPHAMIDE 2.0 GRAM	4 units/line
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED 100MG	28 units/line
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED 200MG	4 units/line
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500MG	4 units/line
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED 1.0GR	4 units/line
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED 2.0GR	4 units/line
J9100	CYTARABINE 100 MG	54 units/line
J9110	CYTARABINE, 500 MG	4 units/line
J9120	DACTINOMYCIN, .5 MG	4 units/line
J9130	DACARBAZINE, 100 MG	4 units/line
J9140	DARCARBAZINE, 200 MG	10 units/line
J9150	DAUNORUBICIN HCL, 10 MG	12 units/line
J9165	DIETHYLSTILBESTROL DIPHOS, 250 MG	4 units/line
J9170	DOCETAXEL, 20MG	no limit

SECTION 4 PROCEDURE CODES

Code	Description	Frequency
J9178	EPIRUBICIN, HCl, 2 MG	no limit
J9181	ETOPOSIDE, 10 MG	99 units/line
J9182	ETOPOSIDE, 100 MG	10 units/line
J9185	FLUDARABINE PHOSPHATE, 50 MG	4 units/line
J9190	FLUOROURACIL, 500 MG	12 units/line
J9200	FLOXURIDINE 500 MG	4 units/line
J9201	GEMCITABINE HCL, 200 MG	no limit
J9202	GOSERELIN ACETATE IMPLANT, 3.6 MG	4 units/line
J9206	IRINOTECAN, 20 MG	no limit
J9207	IXABEPILONE, 1 MG (IXEMPRA) (PA REQUIRED)	no limit
J9208	IFOSFAMIDE, 1 GM	4 units/line
J9209	MESNA, 200 MG	25 units/line
J9211	IDARUBICIN HYDROCHLORIDE 5 MG	no limit
J9213	INTERFERON ALFA-2A RECOMB 3 MIL UN	no limit
J9214	INTERFERON ALFA-2B RECOMB 1 MIL UN	no limit
J9215	INTERFERON ALFA-N3/HUM LEUK250,000	10 units/line
J9216	INTERFERON GAMMA 1-B,3 MILLION UNI	no limit
J9217	LEUPROLIDE ACETATE(DEPOT SUS)7.5MG	4 units/line
J9218	LEUPROLIDE ACETATE PER 1MG	4 units/line
J9230	MECHLORETHAMINE HYDRO(NIT MUS)10MG	4 units/line
J9245	INJECTION MELPHALAN HYDROCHLORIDE, 50 MG	4 units/line
J9250	METHOTREXATE SODIUM, 5 MG	4 units/line
J9260	METHOTREXATE SODIUM, 50 MG	16 units/line
J9263	OXALIPLATIN, 0.5 MG	no limit
J9264	PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	no limit
J9265	PACLITAXEL, 30 MG	18 units/line
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	no limit
J9268	PENTOSTATIN, PER 10 MG	4 units/line
J9270	PLICAMYCIN, 2.5 MG	4 units/line
J9280	MITOMYCIN,5 MG	8 units/line
J9290	MITOMYCIN, 20 MG	4 units/line
J9291	MITOMYCIN, 40 MG	4 units/line
J9293	MITOXANTRONE HYDROCHLORIDE PER 5 MG	15 units/line

SECTION 4 PROCEDURE CODES

Code	Description	Frequency
J9303	PANITUMUMAB, 10 MG (PA REQUIRED)	no limit
J9305	PEMETREXED, 10 MG	no limit
J9310	RITUXIMAB, 100 MG	no limit
J9320	STREPTOZOCIN, 1 GM	4 units/line
J9330	TEMSIROLIMUS, 1 MG (TORISEL) (PA REQUIRED)	no limit
J9340	THIOTEPA, 15 MG	4 units/line
J9350	TOPTECAN, 4 MG	no limit
J9355	TRASTUZUMAB, 10 MG	no limit
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	no limit
J9360	VINBLASTINE SULFATE, 1 MG	20 units/line
J9370	VINCRISTINE SULFATE, 1 MG	4 units/line
J9375	VINCRISTINE SULFATE, 2 MG	4 units/line
J9380	VINCRISTINE SULFATE, 5 MG	4 units/line
J9390	VINORELBINE TARTRATE, PER 10 MG	no limit
J9395	FULVESTRANT, 25 MG	no limit
J9600	PORFIMER SODIUM, 75 MG	02
J9999	NOC, ANTINEOPLASTIC DRUGS	no limit

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

**QUALIS HEALTH PRIOR
AUTHORIZATION CODES**

Please contact Qualis Health for prior authorization for the following CPT codes:

Code	Description
15823	BLEPHAROPLASTY, UP LID SKIN WT DOWN LID
15830	EXCISION EXCESSIVE SKIN/SUBCUT TISS, ABDOMEN
19300	GYNECOMASTIA MASTECTOMY (REM BREAST TIS)
19301	PARTIAL MASTECTOMY
19302	P-MASTECTOMY W/LN REMOVAL
19303	SIMPLE COMPLETE MASTECTOMY
19304	SQ MASTECTOMY
19318	REDUCTION MAMMAPLASTY
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL OF IMPLANT MATERIAL
19342	DELAYED INSERT BREAST IMPLANT AFTER MAST
19350	NIPPLE/AREOLA RECONSTRUCTION-
19355	CORRECTION OF INVERTED NIPPLE
19357	BREAST RECON TIS EXP INC SUBSEQ EXP
19366	BREAST RECON W OTHER TECHNIQUE
19370	SURGERY FOR BREAST CAPSULE
19371	REMOAL OF BREAST CAPSULE
19380	REVISION OF RECONSTR BREAST
54400	INSERT PENILE PROSTH NON-INFLAT (SEMI-RIG)
54401	INSERT PENILE PROSTH INFLAT SLF-CONT
54405	INSERT MULTI-COMPONEN, INFLAT PENILE PROS
57291	CONSTRUCTION ARTIFICIAL VAGINA WITH GRAF
57292	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAF
63650	PERC IMPLANTATION NEUROSTIM ELECTRODES
63660	REV OR REM SPINAL NEUROSTIM TRODS
63685	INCIS SUBCUTAN SPINAL NEUROSTIM GENERATO
63688	REV/REM SPINAL NEUROSTIM GEMERA/RECIEVER

SECTION 4 PROCEDURE CODES**PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION**

Code	Description
69300	OTOPLASTY, PROTRUDING EAR; W/WO REDUCTION
69930	COCHLEAR DEVICE IMPLANT W/WO MASTOIDECTO

SECTION 4 PROCEDURE CODES**PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION****CPT CODES REQUIRING
SCDHHS PRIOR
AUTHORIZATION REVIEW**

The codes listed below must be sent to SCDHHS at the following address for review:

SCDHHS
Utilization Review
Division of Hospital Services
Post Office Box 8206
Columbia, SC 29202-8206

Code

J0128
J0180
J0205
J0220
J0400
J1300
J1453
-J1573
J1740
J1743
J1785
J1931
J2323
J2724
J3285
J3488
J9207
J9303
J9330

SECTION 4 PROCEDURE CODES

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

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