

PHYSICIAN ADMINISTERED DRUG FEE SCHEDULE Effective 7/1/2017

Print Date: 1/2/18

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee    |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|--------|
| 90371 | Not Covered |    | HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90375 | Fee on File |    | RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEO  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 287.29 |
| 90376 | Fee on File |    | RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 313.97 |
| 90378 | Not Covered |    | RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00   |
| 90384 | Fee on File |    | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE  | 0       | 999     | 07/01/2015 | 12/31/9999 | 1         | 108.83 |
| 90385 | Fee on File |    | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE  | 0       | 999     | 10/01/2014 | 12/31/9999 | 1         | 34.66  |
| 90386 | Not Covered |    | RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90389 | Not Covered |    | TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90393 | Not Covered |    | VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90396 | Not Covered |    | VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90399 | Not Covered |    | UNLISTED IMMUNE GLOBULIN  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90460 | Fee on File |    | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; FIRST VACCINE/TOXOID COMPONENT   | 0       | 18      | 07/01/2017 | 12/31/9999 | 10        | 20.77  |
| 90461 | Fee on File |    | IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 0       | 18      | 07/01/2017 | 12/31/9999 | 6         | 10.60  |
| 90471 | Fee on File |    | IMMUNIZATION ADMINISTRATION; 1 SINGLE/COMBINATION VACCINE/TOXOID  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 20.77  |
| 90472 | Fee on File |    | IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTA  | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 10.60  |
| 90473 | Fee on File |    | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SI  | 0       | 18      | 07/01/2017 | 12/31/9999 | 1         | 20.77  |
| 90474 | Fee on File |    | IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL  | 0       | 18      | 07/01/2017 | 12/31/9999 | 1         | 10.60  |
| 90476 | Not Covered |    | ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE  | 0       | 999     | 10/01/2003 | 12/31/9999 | 1         | 0.00   |
| 90477 | Not Covered |    | ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE  | 0       | 999     | 10/01/2003 | 12/31/9999 | 1         | 0.00   |
| 90581 | Not Covered |    | ANTHRAX VACCINE, FOR SUBCUTANEOUS USE   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90585 | Not Covered |    | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCU  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |

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|-------|-------------|----|--|---------|---------|------------|------------|-----------|--------|
| 90586 | Not Covered |    | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90620 | Fee on File |    | MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB-4C) 2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | 10      | 25      | 10/01/2016 | 12/31/9999 | 1         | 153.09 |
| 90621 | Fee on File |    | MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B, (MENB-FHBP), 2 OR 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | 10      | 25      | 07/01/2015 | 12/31/9999 | 1         | 122.70 |
| 90625 | Not Covered |    | CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE, FOR ORAL USE   | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00   |
| 90630 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE FOR INTRADERMAL USE  | 19      | 64      | 10/01/2016 | 12/31/9999 | 1         | 20.34  |
| 90632 | Not Covered |    | HEPATITIS A VACCINE (HEPA) ADULT DOSAGE FOR INTRAMUSCULAR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90633 | Fee on File |    | HEPATITIS A VACCINE (HEPA) PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE  | 0       | 18      | 10/01/2003 | 12/31/9999 | 1         | 0.00   |
| 90634 | Not Covered |    | HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90636 | Not Covered |    | HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90644 | Fee on File |    | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HAEMOPHILUS INFLUENZAE B VACCINE (HIB-MENCY), 4 DOSE SCHEDULE, WHEN ADMINISTERED TO CHILDREN 6 WEEKS-18 MONTHS OF AGE, FOR | 0       | 2       | 07/01/2015 | 12/31/9999 | 1         | 29.35  |
| 90647 | Fee on File |    | HAEMOPHILUS INFLUENZAE B VACCINE (HIB), PRP-OMP CONJUGATE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | 0       | 999     | 10/01/2017 | 12/31/9999 | 1         | 62.66  |
| 90649 | Fee on File |    | HUMAN PAPILLOMA VIRUS VACCINE, TYPES 6, 11, 16, 18, (QUADRIVALENT) (HPV4), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE  | 9       | 26      | 01/01/2015 | 12/31/9999 | 1         | 352.51 |
| 90650 | Fee on File |    | HUMAN PAPILLOMA VIRUS VACCINE, TYPES 16, 18, BIVALENT (HPV2), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR   | 9       | 26      | 01/01/2016 | 12/31/9999 | 1         | 154.35 |
| 90651 | Fee on File |    | HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT (9VHPV), 2 OR 3-DOSE SCHEDULE, FOR INTRAMUSCULAR USE   | 9       | 26      | 10/01/2016 | 12/31/9999 | 1         | 464.41 |
| 90653 | Fee on File |    | INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE   | 65      | 999     | 07/01/2017 | 12/31/9999 | 1         | 37.38  |
| 90654 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE   | 19      | 999     | 10/01/2013 | 12/31/9999 | 1         | 18.92  |
| 90655 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE   | 0       | 2       | 07/01/2013 | 12/31/9999 | 1         | 17.24  |
| 90656 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE  | 3       | 999     | 10/01/2016 | 12/31/9999 | 1         | 17.72  |

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| 90657 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE  | 0       | 3       | 07/01/2014 | 12/31/9999 | 1         | 6.02   |
| 90658 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE   | 3       | 999     | 07/01/2015 | 12/31/9999 | 1         | 26.10  |
| 90660 | Not Covered |    | INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL   | 2       | 49      | 10/01/2013 | 12/31/9999 | 1         | 0.00   |
| 90661 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (CCIIV3), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE FOR INTRAMUSCULAR USE                  | 0       | 999     | 08/01/2016 | 12/31/9999 | 1         | 22.29  |
| 90662 | Fee on File |    | INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE                              | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 42.72  |
| 90664 | Not Covered |    | INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FORMULATION FOR INTRANASAL USE  | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00   |
| 90666 | Not Covered |    | INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE   | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00   |
| 90667 | Not Covered |    | INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR  | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00   |
| 90668 | Not Covered |    | INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS FOR INTRAMUSCULAR USE   | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00   |
| 90670 | Fee on File |    | PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR INTRAMUSCULAR USE   | 0       | 999     | 04/01/2017 | 12/31/9999 | 1         | 192.64 |
| 90672 | Not Covered |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE (LAIV4), FOR INTRANASAL USE  | 0       | 999     | 10/01/2016 | 12/31/9999 | 1         | 0.00   |
| 90673 | Fee on File |    | INFLUENZA VIRUS VACCINE, TRIVALENT (RIV3), DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE | 18      | 999     | 07/01/2017 | 12/31/9999 | 1         | 40.61  |
| 90674 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE FOR INTRAMUSCULAR USE               | 4       | 999     | 01/01/2017 | 12/31/9999 | 1         | 22.94  |
| 90675 | Fee on File |    | RABIES VACCINE, FOR INTRAMUSCULAR USE  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 283.02 |
| 90676 | Not Covered |    | RABIES VACCINE, FOR INTRADERMAL USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00   |
| 90680 | Fee on File |    | ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE, LIVE, FOR ORAL USE  | 0       | 1       | 10/01/2006 | 12/31/9999 | 1         | 0.00   |
| 90681 | Fee on File |    | ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHEDULE, LIVE, FOR ORAL USE  | 0       | 1       | 08/01/2008 | 12/31/9999 | 1         | 0.00   |
| 90682 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE     | 18      | 999     | 01/01/2017 | 12/31/9999 | 1         | 42.75  |

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|-------|-------------|----|--|---------|---------|------------|------------|-----------|-------|
| 90685 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE  | 0       | 2       | 10/01/2016 | 12/31/9999 | 1         | 26.27 |
| 90686 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE   | 0       | 999     | 10/01/2016 | 12/31/9999 | 1         | 19.03 |
| 90687 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE   | 0       | 2       | 10/01/2016 | 12/31/9999 | 1         | 9.40  |
| 90688 | Fee on File |    | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE  | 0       | 999     | 10/01/2016 | 12/31/9999 | 1         | 17.84 |
| 90690 | Not Covered |    | TYPHOID VACCINE, LIVE, ORAL  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00  |
| 90691 | Not Covered |    | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR U   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00  |
| 90696 | Fee on File |    | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND INACTIVATED POLIOVIRUS VACCINE (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4 THROUGH 6 YEARS OF AGE, FOR INTRAMUSCULAR USE                                | 4       | 6       | 08/01/2008 | 12/31/9999 | 1         | 0.00  |
| 90697 | Not Covered |    | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, INACTIVATED POLIOVIRUS VACCINE, HAEMOPHILUS INFLUENZA TYPE B PRP OMP CONJUGATE VACCINE, AND HEPATITIS B VACCINE (DTAP IPV HIB HEPB), FOR INTRAMUSCULAR USE | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00  |
| 90698 | Fee on File |    | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZAE TYPE B, AND INACTIVATED POLIOVIRUS VACCINE, FOR INTRAMUSCULAR USE   | 0       | 18      | 08/01/2008 | 12/31/9999 | 1         | 0.00  |
| 90700 | Fee on File |    | DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP) WHEN ADMINISTERED TO YOUNGER THAN 7 YEARS FOR INTRAMUSCULAR USE  | 0       | 6       | 10/01/2003 | 12/31/9999 | 1         | 0.00  |
| 90702 | Fee on File |    | DIPHTHERIA AND TETANUS TOXOIDS ADSORBED (DT) WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE  | 0       | 6       | 10/01/2003 | 12/31/9999 | 1         | 0.00  |
| 90707 | Fee on File |    | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use   | 0       | 59      | 11/01/2015 | 12/31/9999 | 1         | 71.44 |
| 90710 | Fee on File |    | MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTA   | 1       | 12      | 05/01/2006 | 12/31/9999 | 1         | 0.00  |
| 90713 | Fee on File |    | POLIOVIRUS VACCINE, INACTIVATED, (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE  | 0       | 18      | 10/01/2003 | 12/31/9999 | 1         | 0.00  |
| 90714 | Fee on File |    | TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE  | 7       | 18      | 01/01/2006 | 12/31/9999 | 1         | 0.00  |
| 90715 | Fee on File |    | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) WHEN ADMINISTERED TO 7 YEARS OR OLDER FOR INTRAMUSCULAR USE   | 10      | 60      | 04/01/2017 | 12/31/9999 | 1         | 31.85 |
| 90716 | Fee on File |    | VARICELLA VIRUS VACCINE4 (VAR), LIVE, FOR SUBCUTANEOUS USE   | 0       | 999     | 10/01/2003 | 12/31/9999 | 1         | 0.00  |

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| 90717 | Not Covered    |    | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE YELLOW FEVER VACCINE, L  | 0       | 999     | 07/01/1983 | 12/31/9999 | 1         | 0.00     |
| 90723 | Fee on File    |    | DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-PIV, FOR INTRAMUSCULAR USE   | 0       | 18      | 10/01/2003 | 12/31/9999 | 1         | 0.00     |
| 90732 | Fee on File    |    | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23), ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE | 2       | 999     | 04/01/2017 | 12/31/9999 | 1         | 98.85    |
| 90733 | Fee on File    |    | MENINGOCOCCAL POLYSACCHARIDE VACCINE, SEROGROUPS A, C Y, W-135, QUADRIVALENT (MPSV4), FOR SUBCUTANEOUS USE  | 2       | 18      | 05/01/2006 | 12/31/9999 | 1         | 0.00     |
| 90734 | Fee on File    |    | MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135, QUADRIVALENT (MCV4 OR MENACWY), FOR INTRAMUSCULAR USE  | 0       | 18      | 05/01/2006 | 12/31/9999 | 1         | 0.00     |
| 90736 | Fee on File    |    | ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS USE   | 60      | 999     | 01/01/2015 | 12/31/9999 | 1         | 219.04   |
| 90738 | Not Covered    |    | JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE   | 0       | 999     | 07/01/2008 | 12/31/9999 | 1         | 0.00     |
| 90739 | Not Covered    |    | HEPATITIS B VACCINE (HEPB), ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | 0       | 999     | 01/01/2013 | 12/31/9999 | 2         | 0.00     |
| 90740 | Fee on File    |    | HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | 19      | 999     | 07/01/2017 | 12/31/9999 | 1         | 126.60   |
| 90743 | Not Covered    |    | HEPATITIS B VACCINE (HEPB), ADOLESCENT, (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00     |
| 90744 | Fee on File    |    | HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE   | 0       | 18      | 01/01/2005 | 12/31/9999 | 1         | 0.00     |
| 90746 | Fee on File    |    | HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE  | 19      | 999     | 07/01/2017 | 12/31/9999 | 1         | 63.30    |
| 90747 | Fee on File    |    | HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, (4 DOSE SCHEDULE).FOR INTRAMUSCULAR USE  | 19      | 999     | 07/01/2017 | 12/31/9999 | 1         | 126.60   |
| A9500 | Fee on File    |    | TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE   | 18      | 999     | 01/01/2015 | 12/31/9999 | 3         | 121.70   |
| A9501 | Manual Pricing |    | TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE  | 0       | 999     | 01/01/2008 | 12/31/9999 | 1         | 0.00     |
| A9502 | Fee on File    |    | TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE   | 18      | 999     | 01/01/2015 | 12/31/9999 | 3         | 130.70   |
| A9503 | Fee on File    |    | TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES   | 18      | 999     | 07/01/2014 | 12/31/9999 | 1         | 22.06    |
| A9504 | Not Covered    |    | TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES  | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| A9505 | Fee on File    |    | THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE   | 18      | 999     | 01/01/2015 | 12/31/9999 | 4         | 137.85   |
| A9507 | Fee on File    |    | INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10  | 18      | 999     | 07/01/2014 | 12/31/9999 | 1         | 1,781.62 |

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|-------|----------------|----|---|---------|---------|------------|------------|-----------|----------|
| A9508 | Not Covered    |    | IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE   | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| A9509 | Not Covered    |    | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE  | 0       | 999     | 07/01/2014 | 12/31/9999 | 273       | 0.00     |
| A9510 | Fee on File    |    | TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES                           | 18      | 999     | 07/01/2012 | 12/31/9999 | 1         | 45.60    |
| A9512 | Fee on File    |    | TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE   | 0       | 999     | 01/01/2015 | 12/31/9999 | 10        | 13.52    |
| A9515 | Fee on File    |    | CHOLINE C 11, DIAGNOSTIC, PER STUDY DOSE  | 18      | 999     | 01/01/2017 | 12/31/9999 | 1         | 5,700.00 |
| A9516 | Fee on File    |    | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURIES                      | 18      | 999     | 01/01/2015 | 12/31/9999 | 1         | 242.54   |
| A9517 | Fee on File    |    | IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 40.70    |
| A9520 | Fee on File    |    | TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES                                       | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 497.00   |
| A9521 | Fee on File    |    | TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES                         | 18      | 999     | 07/01/2012 | 12/31/9999 | 1         | 1,526.25 |
| A9524 | Fee on File    |    | IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5   | 18      | 999     | 07/01/2011 | 12/31/9999 | 1         | 61.75    |
| A9526 | Manual Pricing |    | NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40   | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00     |
| A9527 | Fee on File    |    | IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE                                       | 0       | 999     | 04/01/2017 | 12/31/9999 | 1         | 29.93    |
| A9528 | Fee on File    |    | IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER  | 18      | 999     | 07/01/2014 | 12/31/9999 | 1         | 42.87    |
| A9529 | Fee on File    |    | IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 10.28    |
| A9530 | Fee on File    |    | ODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE   | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 12.56    |
| A9531 | Fee on File    |    | IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)                          | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 154.28   |
| A9532 | Manual Pricing |    | IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES   | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00     |
| A9536 | Not Covered    |    | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES<br>00003400              | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| A9537 | Fee on File    |    | TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICuries<br>00003500              | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 69.79    |
| A9538 | Fee on File    |    | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES<br>00003600           | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 34.53    |
| A9539 | Not Covered    |    | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC<br>00003700                    | 0       | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.00     |
| A9540 | Not Covered    |    | TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES<br>00003800 | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| A9541 | Fee on File    |    | TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES<br>00003900          | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 207.90   |

| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee       |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|-----------|
| A9542 | Fee on File    |    | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5MILLICURUES<br>00004000          | 0       | 999     | 04/01/2008 | 12/31/9999 | 1         | 2,769.63  |
| A9543 | Fee on File    |    | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES<br>00004100    | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 46,917.25 |
| A9546 | Manual Pricing |    | COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE<br>00004400             | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9547 | Fee on File    |    | INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE<br>00004500                                  | 0       | 999     | 07/01/2011 | 12/31/9999 | 1         | 605.57    |
| A9548 | Fee on File    |    | INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE<br>00004600                                     | 18      | 999     | 07/01/2011 | 12/31/9999 | 1         | 640.78    |
| A9550 | Manual Pricing |    | TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES<br>00004800       | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9551 | Fee on File    |    | TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES<br>00004900                | 0       | 999     | 07/01/2011 | 12/31/9999 | 1         | 156.49    |
| A9552 | Fee on File    |    | FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES<br>00005000               | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 197.76    |
| A9553 | Not Covered    |    | CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES<br>00005100           | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00      |
| A9554 | Fee on File    |    | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES<br>00005200           | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 1,050.00  |
| A9555 | Fee on File    |    | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES<br>00005300                            | 0       | 999     | 07/01/2011 | 12/31/9999 | 1         | 500.00    |
| A9556 | Fee on File    |    | GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE<br>00005400   | 18      | 999     | 07/01/2014 | 12/31/9999 | 10        | 67.42     |
| A9557 | Manual Pricing |    | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES<br>00005500                | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9558 | Fee on File    |    | XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES<br>00005600  | 18      | 999     | 07/01/2011 | 12/31/9999 | 2         | 38.96     |
| A9559 | Manual Pricing |    | COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE<br>00005700           | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9560 | Fee on File    |    | TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES<br>00005800 | 18      | 999     | 01/01/2015 | 12/31/9999 | 1         | 112.08    |
| A9561 | Fee on File    |    | TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLI<br>00005900                    | 18      | 999     | 07/01/2012 | 12/31/9999 | 1         | 50.16     |
| A9562 | Fee on File    |    | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLI<br>00006000                    | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 619.20    |

| Code  | Status         | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|----------------|----|--|---------|---------|------------|------------|-----------|----------|
| A9563 | Fee on File    |    | SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE 00006100  | 0       | 999     | 01/01/2017 | 12/31/9999 | 999       | 56.64    |
| A9564 | Fee on File    |    | CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE 00006200  | 0       | 999     | 01/01/2017 | 12/31/9999 | 999       | 71.14    |
| A9566 | Manual Pricing |    | TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES 00006400                             | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00     |
| A9567 | Manual Pricing |    | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES 00006500                      | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00     |
| A9568 | Fee on File    |    | TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES                                      | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 1,196.00 |
| A9569 | Manual Pricing |    | TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE                       | 0       | 999     | 01/01/2008 | 12/31/9999 | 1         | 0.00     |
| A9570 | Manual Pricing |    | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE                                       | 0       | 999     | 01/01/2008 | 12/31/9999 | 1         | 0.00     |
| A9571 | Fee on File    |    | INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 4,291.50 |
| A9572 | Fee on File    |    | INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 3,405.60 |
| A9575 | Fee on File    |    | INJECTION, GADOTERATE MEGLUMINE, 0.1 ML  | 2       | 999     | 07/01/2017 | 12/31/9999 | 32        | 0.23     |
| A9576 | Fee on File    |    | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML   | 0       | 999     | 07/01/2017 | 12/31/9999 | 273       | 1.75     |
| A9577 | Fee on File    |    | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML   | 0       | 999     | 07/01/2017 | 12/31/9999 | 273       | 2.08     |
| A9578 | Fee on File    |    | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML   | 0       | 999     | 07/01/2017 | 12/31/9999 | 273       | 2.05     |
| A9579 | Fee on File    |    | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 273       | 1.86     |
| A9580 | Manual Pricing |    | SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30   | 0       | 999     | 01/01/2009 | 12/31/9999 | 20        | 0.00     |
| A9581 | Fee on File    |    | INJECTION, GADOXETATE DISODIUM, 1  | 0       | 999     | 04/01/2017 | 12/31/9999 | 14        | 13.94    |
| A9582 | Fee on File    |    | IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15  | 0       | 999     | 07/01/2014 | 12/31/9999 | 7         | 944.64   |
| A9583 | Fee on File    |    | INJECTION, GADOFOSVESET TRISODIUM, 1 ML  | 0       | 999     | 04/01/2017 | 12/31/9999 | 17        | 18.56    |
| A9584 | Fee on File    |    | IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES  | 21      | 999     | 01/01/2015 | 12/31/9999 | 1         | 1,140.48 |
| A9585 | Fee on File    |    | INJECTION, GADOBUTROL, 0.1 ML  | 2       | 999     | 04/01/2017 | 12/31/9999 | 20        | 0.38     |
| A9586 | Not Covered    |    | FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES  | 18      | 999     | 01/01/2013 | 12/31/9999 | 999       | 0.00     |
| A9587 | Fee on File    |    | GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE  | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 66.74    |
| A9588 | Fee on File    |    | FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE  | 18      | 999     | 01/01/2017 | 12/31/9999 | 10        | 389.55   |
| A9597 | Not Covered    |    | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED     | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 0.00     |
| A9598 | Not Covered    |    | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 0.00     |



| Code  | Status         | PA  | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee       |
|-------|----------------|-----|---|---------|---------|------------|------------|-----------|-----------|
| A9599 | Manual Pricing |     | RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSITRON EMISSION TOMOGRAPHY (PET) IMAGING, PER STUDY DOSE, NOT OTHERWISE SPECIFIED | 18      | 999     | 01/01/2014 | 12/31/9999 | 1         | 0.00      |
| A9600 | Fee on File    | Yes | STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE   | 0       | 999     | 07/01/2017 | 12/31/9999 | 999       | 1,409.48  |
| A9604 | Fee on File    |     | SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES  | 0       | 999     | 07/01/2017 | 12/31/9999 | 999       | 13,312.79 |
| A9606 | Fee on File    |     | RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE   | 18      | 999     | 07/01/2017 | 12/31/9999 | 215       | 151.63    |
| A9698 | Manual Pricing |     | NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY 00006600   | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9699 | Manual Pricing | Yes | RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED  | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| A9700 | Manual Pricing | Yes | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER   | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00      |
| C9113 | Not Covered    |     | INJECTION, PANTOPRAZOLE SODIUM, PER VIAL  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00      |
| C9132 | Not Covered    |     | PROTRHOMBIN COMPLEX CONCENTRATE (HUMAN) KCCENTRA PER IU OF FACTOR IX ACTIVITY   | 0       | 999     | 10/01/2013 | 12/31/9999 | 1         | 0.00      |
| C9140 | Fee on File    |     | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (AFSTYLA), 1 I.U.   | 0       | 999     | 04/01/2017 | 12/31/9999 | 7940      | 1.42      |
| C9248 | Not Covered    |     | INJECTION, CLEVIDIPIEN BUTYRATE, 1  | 0       | 999     | 01/01/2009 | 12/31/9999 | 1         | 0.00      |
| C9250 | Not Covered    |     | HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2ML  | 0       | 999     | 07/01/2009 | 12/31/9999 | 1         | 0.00      |
| C9254 | Not Covered    |     | INJECTION, LACOSAMIDE, 1 MG   | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00      |
| C9257 | Not Covered    |     | INJECTION, BEVACIZUMAB, 0.25 MG   | 0       | 999     | 01/01/2010 | 12/31/9999 | 1         | 0.00      |
| C9275 | Not Covered    |     | INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE   | 0       | 999     | 01/01/2011 | 12/31/9999 | 1         | 0.00      |
| C9285 | Not Covered    |     | LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH   | 0       | 999     | 07/01/2011 | 12/31/9999 | 1         | 0.00      |
| C9290 | Not Covered    |     | BUPIVACAINE LIPOSOME INJ 1 MG   | 0       | 999     | 04/01/2012 | 12/31/9999 | 1         | 0.00      |
| C9293 | Not Covered    |     | INJECTION, GLUCARPIDASE, 10 UNITS   | 0       | 999     | 01/01/2013 | 12/31/9999 | 999       | 0.00      |
| C9447 | Not Covered    |     | INJECTION, PHENYLEPHRINE AND KETOROLAC, 4ML VIAL  | 18      | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00      |
| C9460 | Not Covered    |     | INJECTION, CANGRELOR, 1 MG  | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00      |
| C9482 | Not Covered    |     | INJECTION, SOTALOL HYDROCHLORIDE, 1 MG  | 2       | 999     | 10/01/2016 | 12/31/9999 | 1         | 0.00      |
| C9483 | Not Covered    |     | INJECTION, ATEZOLIZUMAB, 10 MG  | 18      | 999     | 10/01/2016 | 12/31/9999 | 1         | 0.00      |
| C9484 | Fee on File    |     | INJECTION, ETEPLIRSEN, 10MG   | 4       | 999     | 04/01/2017 | 12/31/9999 | 477       | 169.60    |
| C9485 | Not Covered    |     | INJECTION, OLARATUMAB, 10MG   | 18      | 999     | 04/01/2017 | 12/31/9999 | 239       | 0.00      |
| C9486 | Not Covered    |     | INJECTION, GRANISETRON EXTENDED RELEASE, 0.1MG  | 18      | 999     | 04/01/2017 | 12/31/9999 | 100       | 0.00      |
| C9488 | Not Covered    |     | INJECTION, CONIVAPTAN HYDROCHLORIDE, 1MG  | 18      | 999     | 04/01/2017 | 12/31/9999 | 40        | 0.00      |
| C9489 | Not Covered    |     | INJECTION, NUSINERSEN, 0.1 MG   | 0       | 17      | 07/01/2017 | 12/31/9999 | 1         | 0.00      |
| C9490 | Not Covered    |     | INJECTION, BEZLOTUXUMAB, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 159       | 0.00      |
| C9491 | Not Covered    |     | INJECTION, AVELUMAB, 10 MG  | 18      | 999     | 10/01/2017 | 12/31/9999 | 159       | 0.00      |
| C9492 | Not Covered    |     | INJECTION, DURVALUMAB, 10 MG  | 18      | 999     | 10/01/2017 | 12/31/9999 | 159       | 0.00      |
| C9493 | Not Covered    |     | INJECTION, EDARAVONE, 1 MG  | 18      | 999     | 10/01/2017 | 12/31/9999 | 60        | 0.00      |
| C9494 | Not Covered    |     | INJECTION, OCRELIZUMAB, 1 MG  | 18      | 999     | 10/01/2017 | 12/31/9999 | 600       | 0.00      |
| C9497 | Not Covered    |     | LOXAPINE, INHALATION POWDER, 10 MG  | 18      | 999     | 01/01/2014 | 12/31/9999 | 1         | 0.00      |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|----------|
| J0120 | Fee on File |    | INJECTION, TETRACYCLINE, UP TO 250 MG   | 8       | 999     | 01/01/2017 | 12/31/9999 | 8         | 7.29     |
| J0129 | Fee on File |    | INJECTION, ABATACEPT, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 100       | 47.61    |
| J0130 | Fee on File |    | INJECTION ABCIXIMAB, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 1,235.47 |
| J0131 | Fee on File |    | INJECTION, ACETAMINOPHEN, 10 MG   | 2       | 999     | 01/01/2015 | 12/31/9999 | 400       | 0.42     |
| J0132 | Fee on File |    | INJECTION, ACETYLCYSTEINE, 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 700       | 1.26     |
| J0133 | Fee on File |    | INJECTION, ACYCLOVIR, 5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1908      | 0.08     |
| J0135 | Fee on File |    | INJECTION, ADALIMUMAB, 20 MG  | 0       | 999     | 04/01/2017 | 12/31/9999 | 8         | 1,176.93 |
| J0153 | Fee on File |    | INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS) | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 0.59     |
| J0171 | Fee on File |    | INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 0.30     |
| J0178 | Fee on File |    | INJECTION AFLIBERCEPT, 1MG  | 19      | 999     | 07/01/2017 | 12/31/9999 | 4         | 978.09   |
| J0180 | Fee on File |    | INJECTION, AGALSIDASE BETA, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 159       | 170.99   |
| J0190 | Not Covered |    | INJECTION, BIPERIDEN LACTATE, PER 5 MG  | 18      | 999     | 07/01/2014 | 12/31/9999 | 4         | 0.00     |
| J0200 | Not Covered |    | INJECTION, ALATROFLOXACIN MESYLATE, 100 MG  | 0       | 999     | 01/01/2014 | 12/31/9999 | 3         | 0.00     |
| J0202 | Fee on File |    | INJECTION, ALEMTUZUMAB, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 300       | 1,781.99 |
| J0205 | Not Covered |    | INJECTION, ALGLUCERASE, PER 10  | 0       | 999     | 07/01/2014 | 12/31/9999 | 954       | 0.00     |
| J0207 | Fee on File |    | INJECTION, AMIFOSTINE, 500 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 1,034.13 |
| J0210 | Fee on File |    | INJECTION, METHYLDOPATE HCL, UP TO 250 MG   | 0       | 999     | 04/01/2015 | 12/31/9999 | 16        | 42.40    |
| J0215 | Fee on File |    | INJECTION, ALEFACEPT, 0.5 MG  | 0       | 999     | 10/01/2015 | 12/31/9999 | 30        | 41.64    |
| J0220 | Fee on File |    | INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED                           | 0       | 999     | 01/01/2016 | 12/31/9999 | 1590      | 206.70   |
| J0221 | Fee on File |    | INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG  | 8       | 999     | 04/01/2017 | 12/31/9999 | 1590      | 159.74   |
| J0256 | Fee on File |    | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG         | 0       | 999     | 07/01/2017 | 12/31/9999 | 954       | 4.94     |
| J0257 | Fee on File |    | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG                       | 21      | 999     | 07/01/2017 | 12/31/9999 | 954       | 4.63     |
| J0270 | Not Covered |    | INJECTION ALPROSTADIL 1.25 MCG  | 0       | 999     | 01/01/1997 | 12/31/9999 | 2         | 0.00     |
| J0275 | Not Covered |    | ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRU                | 0       | 999     | 01/01/1999 | 12/31/9999 | 2         | 0.00     |
| J0278 | Fee on File |    | INJECTION, AMIKACIN SULFATE, 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 1.80     |
| J0280 | Fee on File |    | INJECTION, AMINOPHYLLIN, UP TO 250  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 6.69     |
| J0282 | Not Covered |    | INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG  | 0       | 999     | 01/01/2001 | 12/31/9999 | 34        | 0.00     |
| J0285 | Fee on File |    | INJECTION, AMPHOTERICIN B, 50 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 32.59    |
| J0287 | Fee on File |    | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 80        | 13.08    |
| J0288 | Fee on File |    | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG                            | 0       | 999     | 01/01/2014 | 12/31/9999 | 96        | 14.00    |
| J0289 | Fee on File |    | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 80        | 20.75    |
| J0290 | Fee on File |    | INJECTION, AMPICILLIN SODIUM, É500  | 0       | 999     | 07/01/2017 | 12/31/9999 | 28        | 1.15     |
| J0295 | Fee on File |    | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM                               | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 3.70     |
| J0300 | Not Covered |    | INJECTION, AMOBARBITAL, UP TO 125   | 6       | 999     | 01/01/2015 | 12/31/9999 | 4         | 0.00     |
| J0330 | Fee on File |    | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG  | 0       | 999     | 07/01/2015 | 12/31/9999 | 8         | 1.92     |
| J0348 | Fee on File |    | INJECTION, ANADULAFUNGIN, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 200       | 0.53     |
| J0350 | Fee on File |    | INJECTION, ANISTREPLASE, PER 30   | 0       | 999     | 01/01/2014 | 12/31/9999 | 4         | 2,268.46 |
| J0360 | Fee on File |    | INJECTION, HYDRALAZINE HCL, UP TO 20 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 3.30     |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J0364 | Fee on File |    | INJECTION, APOMORPHINE HCL, 1 MG   | 0       | 999     | 07/01/2015 | 12/31/9999 | 3         | 39.80    |
| J0365 | Not Covered |    | INJECTION, APROTONIN, 10,000 KIU<br>00013900   | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00     |
| J0380 | Not Covered | Z  | INJECTION, METARAMINOL BITARTRATE,<br>PER 10 MG  | 18      | 999     | 07/01/2014 | 12/31/9999 | 10        | 0.00     |
| J0390 | Fee on File | Z  | INJECTION, CHLOROQUINE<br>HYDROCHLORIDE, UP TO 250 MG  | 0       | 999     | 01/01/2014 | 12/31/9999 | 3         | 17.27    |
| J0395 | Not Covered | Z  | INJECTION, ARBUTAMINE HCL, 1 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J0400 | Fee on File | Z  | INJECTION, ARIPIPRAZOLE,<br>INTRAMUSCULAR, 0.25 MG   | 18      | 999     | 01/01/2016 | 12/31/9999 | 120       | 0.76     |
| J0401 | Fee on File | Z  | INJECTION, ARIPIPRAZOLE, EXTENDED<br>RELEASE, 1 MG   | 6       | 999     | 07/01/2017 | 12/31/9999 | 400       | 4.79     |
| J0456 | Fee on File | Z  | INJECTION, AZITHROMYCIN, 500 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 3.60     |
| J0461 | Fee on File | Z  | INJECTION, ATROPINE SULFATE, 0.01 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 600       | 0.06     |
| J0470 | Fee on File | Z  | INJECTION, DIMERCAPROL, PER 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 48        | 47.29    |
| J0475 | Fee on File | Z  | INJECTION, BACLOFEN, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 168.01   |
| J0476 | Fee on File | Z  | INJECTION, BACLOFEN, 50 MCG FOR<br>INTRATHECAL TRIAL   | 0       | 999     | 07/01/2017 | 12/31/9999 | 14        | 73.21    |
| J0480 | Fee on File | Z  | INJECTION, BASILIXIMAB, 20 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 3,423.97 |
| J0485 | Fee on File | Z  | INJECTION, BELATACEPT, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 1590      | 3.91     |
| J0490 | Fee on File | Z  | INJECTION, BELIMUMAB, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 159       | 41.98    |
| J0500 | Fee on File | Z  | INJECTION, DICYCLOMINE HCL, UP TO 20<br>MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 74.78    |
| J0515 | Fee on File | Z  | INJECTION, BENZTROPINE MESYLATE,<br>PER 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 24.22    |
| J0520 | Fee on File | Z  | INJECTION, BETHANECHOL CHLORIDE,<br>MYOTONACHOL OR URECHOLINE, UP TO<br>5 MG                         | 18      | 999     | 01/01/2015 | 12/31/9999 | 2         | 4.49     |
| J0558 | Fee on File | Z  | INJECTION, PENICILLIN G BENZATHINE<br>AND PENICILLIN G PROCAINE, 100,000<br>UNITS                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 9.30     |
| J0561 | Fee on File | Z  | INJECTION, PENICILLIN G BENZATHINE,<br>100,000 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 11.45    |
| J0570 | Not Covered | Z  | BUPRENORPHINE IMPLANT, 74.2 MG   | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 0.00     |
| J0571 | Not Covered | Z  | BUPRENORPHINE/NALOXONE, ORAL,<br>LESS THAN OR EQUAL TO 3 MG<br>BUPRENORPHINE                         | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J0572 | Not Covered | Z  | BUPRENORPHINE/NALOXONE, ORAL,<br>LESS THAN OR EQUAL TO 3 MG<br>BUPRENORPHINE                         | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J0573 | Not Covered | Z  | USTEKINUMAB, FOR SUBCUTANEOUS<br>INJECTION, 1 MG   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J0574 | Not Covered | Z  | BUPRENORPHINE/NALOXONE, ORAL,<br>GREATER THAN 6 MG, BUT LESS THAN<br>OR EQUAL TO 10 MG BUPRENORPHINE | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J0575 | Not Covered | Z  | BUPRENORPHINE/NALOXONE, ORAL,<br>GREATER THAN 10 MG BUPRENORPHINE                                    | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J0583 | Not Covered | Z  | INJECTION, BIVALIRUDIN, 1 MG   | 0       | 999     | 01/01/2004 | 12/31/9999 | 5         | 0.00     |
| J0585 | Fee on File | Z  | INJECTION, ONABOTULINUMTOXINA, 1<br>UNIT   | 12      | 999     | 07/01/2017 | 12/31/9999 | 400       | 5.99     |
| J0586 | Fee on File | Z  | INJECTION, ABOBOTULINUMTOXINA, 5<br>UNITS  | 2       | 999     | 07/01/2017 | 12/31/9999 | 300       | 7.95     |
| J0587 | Fee on File | Z  | INJECTION, RIMABOTULINUMTOXINB, 100<br>UNITS   | 18      | 999     | 07/01/2017 | 12/31/9999 | 50        | 10.69    |
| J0588 | Fee on File | Z  | INJECTION, INCOBOTULINUMTOXIN A, 1<br>UNIT   | 18      | 999     | 07/01/2017 | 12/31/9999 | 400       | 5.08     |
| J0592 | Fee on File | Z  | INJECTION, BUPRENORPHINE<br>HYDROCHLORIDE, 0.1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 3.52     |
| J0594 | Fee on File | Z  | INJECTION, BUSULFAN, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 35.86    |
| J0595 | Fee on File | Z  | INJECTION, BUTORPHANOL TARTRATE, 1<br>MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 2.71     |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J0596 | Not Covered | Z  | INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS   | 13      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J0597 | Fee on File | Z  | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS  | 0       | 999     | 07/01/2017 | 12/31/9999 | 300       | 48.90    |
| J0598 | Fee on File | Z  | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 100       | 56.42    |
| J0600 | Fee on File | Z  | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG   | 0       | 999     | 07/01/2015 | 12/31/9999 | 2         | 5,594.42 |
| J0610 | Fee on File | Z  | INJECTION, CALCIUM GLUCONATE, PER 10 ML  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 2.79     |
| J0620 | Fee on File | Z  | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML   | 0       | 999     | 01/01/2014 | 12/31/9999 | 4         | 8.96     |
| J0630 | Fee on File | Z  | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 2,282.99 |
| J0636 | Fee on File | Z  | INJECTION, CALCITRIOL, 0.1 MCG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 0.63     |
| J0637 | Fee on File | Z  | INJECTION, CASPOFUNGIN ACETATE, 5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 14        | 11.98    |
| J0638 | Fee on File | Z  | INJECTION, CANAKINUMAB, 1 MG   | 4       | 999     | 01/01/2017 | 12/31/9999 | 150       | 92.51    |
| J0640 | Fee on File | Z  | INJECTION, LEUCOVORIN CALCIUM, PER 50 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 30        | 2.87     |
| J0641 | Fee on File | Z  | INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1000      | 0.70     |
| J0670 | Fee on File | Z  | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML  | 0       | 999     | 07/01/2017 | 12/31/9999 | 55        | 2.46     |
| J0690 | Fee on File | Z  | INJECTION, CEFAZOLIN SODIUM, 500 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 0.88     |
| J0692 | Fee on File | Z  | INJECTION, CEFEPIME HCL, 500 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 2.71     |
| J0694 | Fee on File | Z  | INJECTION, CEFOXITIN SODIUM, 1 GM  | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 5.10     |
| J0695 | Not Covered | Z  | INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG  | 18      | 999     | 01/01/2016 | 12/31/9999 | 20        | 0.00     |
| J0696 | Fee on File | Z  | INJECTION, CEFTRIAXONE SODIUM, PER 250 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 0.57     |
| J0697 | Fee on File | Z  | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 3.10     |
| J0698 | Fee on File | Z  | CEFOTAXIME SODIUM, PER GM  | 0       | 999     | 01/01/2017 | 12/31/9999 | 12        | 1.53     |
| J0702 | Fee on File | Z  | INJECTION, BETAMETHASONE ACETATE 3MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 7.34     |
| J0706 | Not Covered | Z  | INJECTION, CAFFEINE CITRATE, 5MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 32        | 0.00     |
| J0710 | Fee on File | Z  | INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM   | 0       | 999     | 01/01/2014 | 12/31/9999 | 12        | 3.07     |
| J0712 | Fee on File | Z  | INJECTION, CEFTAROLINE FOSAMIL, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 120       | 2.62     |
| J0713 | Fee on File | Z  | INJECTION, CEFTAZIDIME, PER 500 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 2.50     |
| J0714 | Fee on File | Z  | INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G  | 18      | 999     | 07/01/2017 | 12/31/9999 | 3         | 77.00    |
| J0715 | Fee on File | Z  | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG  | 0       | 999     | 01/01/2014 | 12/31/9999 | 24        | 5.24     |
| J0716 | Fee on File | Z  | INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS  | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 4,459.02 |
| J0717 | Fee on File | Z  | INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) | 18      | 999     | 07/01/2017 | 12/31/9999 | 400       | 7.71     |
| J0720 | Fee on File | Z  | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM  | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 39.88    |
| J0725 | Fee on File | Z  | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS   | 3       | 20      | 07/01/2017 | 12/31/9999 | 10        | 21.21    |
| J0735 | Fee on File | Z  | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 12.99    |
| J0740 | Fee on File | Z  | INJECTION, CIDOFOVIR, 375 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 488.40   |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J0743 | Fee on File | Z  | INJECTION, CILASTATIN SODIUM; IMPENEM, PER 250 MG                        | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 4.54     |
| J0744 | Not Covered | Z  | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG                | 0       | 999     | 01/01/2002 | 12/31/9999 | 6         | 0.00     |
| J0745 | Fee on File | Z  | INJECTION, CODEINE PHOSPHATE, PER 30 MG                                  | 0       | 999     | 07/01/2015 | 12/31/9999 | 12        | 1.26     |
| J0770 | Fee on File | Z  | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG                           | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 13.11    |
| J0775 | Fee on File | Z  | INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG                | 18      | 999     | 07/01/2017 | 12/31/9999 | 58        | 40.66    |
| J0780 | Fee on File | Z  | INJECTION, PROCHLORPERAZINE, UP TO 10 MG                                 | 2       | 999     | 07/01/2017 | 12/31/9999 | 4         | 11.98    |
| J0795 | Fee on File | Z  | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 59        | 8.25     |
| J0800 | Fee on File | Z  | INJECTION, CORTICOTROPIN, UP TO 40 UNITS                                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 3,703.38 |
| J0833 | Fee on File | Z  | INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG                 | 0       | 999     | 01/01/2015 | 12/31/9999 | 3         | 101.68   |
| J0834 | Fee on File | Z  | INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG                              | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 40.60    |
| J0840 | Fee on File | Z  | INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM        | 0       | 999     | 07/01/2017 | 12/31/9999 | 18        | 2,870.72 |
| J0850 | Fee on File | Z  | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 1,128.67 |
| J0875 | Fee on File | Z  | INJECTION, DALBAVANCIN, 5MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 300       | 14.57    |
| J0878 | Fee on File | Z  | INJECTION, DAPTOMYCIN, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 954       | 0.67     |
| J0881 | Fee on File | Z  | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 500       | 3.90     |
| J0882 | Fee on File | Z  | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)          | 0       | 999     | 07/01/2017 | 12/31/9999 | 200       | 3.90     |
| J0883 | Fee on File | Z  | INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)                           | 18      | 999     | 07/01/2017 | 12/31/9999 | 60        | 1.51     |
| J0884 | Fee on File | Z  | INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)                       | 18      | 999     | 01/01/2017 | 12/31/9999 | 60        | 5.45     |
| J0885 | Fee on File | Z  | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 95        | 13.76    |
| J0887 | Fee on File | Z  | INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)             | 0       | 999     | 07/01/2017 | 12/31/9999 | 14154     | 1.39     |
| J0888 | Fee on File | Z  | INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 498       | 1.39     |
| J0890 | Not Covered | Z  | INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)                   | 18      | 999     | 01/01/2014 | 12/31/9999 | 60        | 0.00     |
| J0894 | Fee on File | Z  | INJECTION, DECITABINE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 80        | 19.35    |
| J0895 | Fee on File | Z  | INJECTION, DEFEROXAMINE MESYLATE, 500 MG                                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 8.50     |
| J0897 | Fee on File | Z  | INJECTION, DENOSUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 120       | 17.04    |
| J0945 | Fee on File | Z  | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG                            | 2       | 999     | 07/01/2014 | 12/31/9999 | 4         | 0.10     |
| J1000 | Fee on File | Z  | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG                          | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 19.32    |
| J1020 | Fee on File | Z  | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG                             | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 5.40     |
| J1030 | Fee on File | Z  | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG                             | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 6.00     |
| J1040 | Fee on File | Z  | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG                             | 0       | 999     | 07/01/2017 | 12/31/9999 | 954       | 11.53    |
| J1050 | Fee on File | Z  | INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG                             | 0       | 999     | 01/01/2017 | 12/31/9999 | 150       | 0.59     |
| J1071 | Fee on File | Z  | INJECTION, TESTOSTERONE CYPIONATE, 1 MG                                  | 12      | 999     | 07/01/2017 | 12/31/9999 | 400       | 0.03     |
| J1094 | Fee on File | Z  | INJECTION, DEXAMETHASONE ACETATE, 1 MG                                   | 0       | 999     | 07/01/2014 | 12/31/9999 | 954       | 0.10     |
| J1100 | Fee on File | Z  | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG                           | 0       | 999     | 07/01/2017 | 12/31/9999 | 954       | 0.12     |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|----------|
| J1110 | Fee on File | Z  | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 83.01    |
| J1120 | Fee on File | Z  | INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG                         | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 21.88    |
| J1130 | Fee on File | Z  | INJECTION, DICLOFENAC SODIUM, 0.5                                     | 18      | 999     | 07/01/2017 | 12/31/9999 | 300       | 0.18     |
| J1160 | Fee on File | Z  | INJECTION, DIGOXIN, UP TO 0.5 MG                                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 5.62     |
| J1162 | Fee on File | Z  | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 3,267.03 |
| J1165 | Fee on File | Z  | INJECTION, PHENYTOIN SODIUM, PER 50 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 43        | 0.52     |
| J1170 | Fee on File | Z  | INJECTION, HYDROMORPHONE, UP TO 4 MG                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 2.08     |
| J1180 | Not Covered | Z  | INJECTION, DYPHYLLINE, UP TO 500 MG                                   | 0       | 999     | 01/01/2014 | 12/31/9999 | 1         | 0.00     |
| J1190 | Fee on File | Z  | INJECTION, DEXRAZOXANE HYDROCHLORIDE PER 250 MG                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 184.66   |
| J1200 | Fee on File | Z  | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG                           | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 0.60     |
| J1205 | Fee on File | Z  | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG                          | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 66.42    |
| J1212 | Fee on File | Z  | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 553.42   |
| J1230 | Fee on File | Z  | INJECTION, METHADONE HCL, UP TO 10 MG                                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 19.26    |
| J1240 | Fee on File | Z  | INJECTION, DIMENHYDRINATE, UP TO 50 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 7.46     |
| J1245 | Fee on File | Z  | INJECTION, DIPYRIDAMOLE, PER 10 MG                                    | 0       | 999     | 04/01/2017 | 12/31/9999 | 6         | 0.78     |
| J1250 | Fee on File | Z  | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 37        | 6.08     |
| J1260 | Fee on File | Z  | INJECTION, DOLASETRON MESYLATE, 10 MG                                 | 0       | 999     | 10/01/2016 | 12/31/9999 | 2         | 6.17     |
| J1265 | Not Covered | Z  | INJECTION, DOPAMINE HCL, 40 MG 00014600                               | 0       | 999     | 01/01/2006 | 12/31/9999 | 115       | 0.00     |
| J1267 | Fee on File | Z  | INJECTION, DORIPENEM, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 150       | 0.65     |
| J1270 | Fee on File | Z  | INJECTION, DOXERCALCIFEROL, 1 MCG                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 0.43     |
| J1290 | Fee on File | Z  | INJECTION, ECALLANTIDE, 1 MG  | 12      | 999     | 07/01/2017 | 12/31/9999 | 60        | 432.71   |
| J1300 | Fee on File | Z  | INJECTION, ECULIZUMAB, 10 MG  | 0       | 999     | 04/01/2017 | 12/31/9999 | 90        | 226.63   |
| J1320 | Fee on File | Z  | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG                             | 12      | 999     | 01/01/2014 | 12/31/9999 | 15        | 2.24     |
| J1322 | Fee on File | Z  | INJECTION, ELOSULFASE ALFA, 1 MG                                      | 5       | 999     | 07/01/2017 | 12/31/9999 | 318       | 227.10   |
| J1324 | Fee on File | Z  | INJECTION, ENFUVRTIDE, 1 MG   | 0       | 999     | 01/01/2015 | 12/31/9999 | 180       | 18.63    |
| J1325 | Fee on File | Z  | INJECTION, EPOPROSTENOL, 0.5 MG                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 15.57    |
| J1327 | Fee on File | Z  | INJECTION, EPTIFIBATIDE, 5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 87        | 21.84    |
| J1330 | Fee on File | Z  | INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG                           | 0       | 999     | 07/01/2016 | 12/31/9999 | 2         | 91.15    |
| J1335 | Fee on File | Z  | INJECTION, ERTAPENEM SODIUM, 500                                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 52.34    |
| J1364 | Fee on File | Z  | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 62.43    |
| J1380 | Fee on File | Z  | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG                            | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 7.32     |
| J1410 | Fee on File | Z  | INJECTION, ESTROGEN ÉCONJUGATED, PER 25 MG                            | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 303.16   |
| J1430 | Not Covered | Z  | INJECTION, ETHANOLAMINE OLEATE, 100 MG 00102000                       | 0       | 999     | 01/01/2006 | 12/31/9999 | 10        | 0.00     |
| J1435 | Fee on File | Z  | INJECTION, ESTRONE, PER 1 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.12     |
| J1436 | Fee on File | Z  | INJECTION, ETIDRONATE DISODIUM, PER 300 MG                            | 18      | 999     | 01/01/2014 | 12/31/9999 | 11        | 71.41    |
| J1438 | Fee on File | Z  | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 457.26   |
| J1439 | Fee on File | Z  | INJECTION, FERRIC CARBOXYMALTOSE, 10 MG                               | 18      | 999     | 07/01/2017 | 12/31/9999 | 750       | 1.07     |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee    |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|--------|
| J1442 | Fee on File | Z  | INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM   | 0       | 999     | 04/01/2017 | 12/31/9999 | 1590      | 1.01   |
| J1443 | Not Covered | Z  | INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON   | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00   |
| J1447 | Fee on File | Z  | INJECTION, TBO-FILGRASTIM, 1 MICROGRAM   | 18      | 999     | 07/01/2017 | 12/31/9999 | 795       | 0.64   |
| J1450 | Fee on File | Z  | INJECTION FLUCONAZOLE, 200 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 4.68   |
| J1451 | Not Covered | Z  | INJECTION, FOMEPIZOLE, 15 MG 00014700  | 0       | 999     | 01/01/2006 | 12/31/9999 | 159       | 0.00   |
| J1452 | Fee on File | Z  | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG   | 0       | 999     | 07/01/2005 | 12/31/9999 | 1         | 212.00 |
| J1453 | Fee on File | Z  | INJECTION, FOSAPREPITANT, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 150       | 1.91   |
| J1455 | Fee on File | Z  | INJECTION, FOSCARNET SODIUM, PER 1000 MG   | 18      | 999     | 04/01/2017 | 12/31/9999 | 20        | 75.17  |
| J1457 | Not Covered | Z  | INJECTION, GALLIUM NITRATE, 1 MG   | 0       | 999     | 01/01/2014 | 12/31/9999 | 400       | 0.00   |
| J1458 | Fee on File | Z  | INJECTION, GALSULFASE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 159       | 373.81 |
| J1459 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG                | 0       | 999     | 04/01/2017 | 12/31/9999 | 318       | 79.20  |
| J1460 | Fee on File | Z  | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC   | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 36.37  |
| J1556 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG   | 6       | 999     | 04/01/2017 | 12/31/9999 | 254       | 38.31  |
| J1557 | Fee on File | Z  | IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG                                  | 18      | 999     | 07/01/2017 | 12/31/9999 | 255       | 46.69  |
| J1559 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG  | 0       | 999     | 04/01/2017 | 12/31/9999 | 999       | 9.83   |
| J1560 | Fee on File | Z  | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 363.66 |
| J1561 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED) NON-LYOPHILIZED, 500 MG                                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 318       | 38.41  |
| J1562 | Not Covered | Z  | INJECTION, IMMUNE GLOBULIN, (VIVAGLOBIN), 100 MG   | 0       | 999     | 01/01/2014 | 12/31/9999 | 227       | 0.00   |
| J1566 | Fee on File | Z  | INJ, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED 500 MG             | 0       | 999     | 07/01/2017 | 12/31/9999 | 318       | 32.94  |
| J1568 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G LIQUID), 500 MG                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 318       | 34.13  |
| J1569 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID) NON-LYOPHILIZED, 500 MG                                   | 0       | 999     | 07/01/2017 | 12/31/9999 | 318       | 40.19  |
| J1570 | Fee on File | Z  | INJECTION, GANCICLOVIR SODIUM, 500 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 72.79  |
| J1571 | Fee on File | Z  | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 218       | 60.20  |
| J1572 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (EG LIQUID) 500 MG | 0       | 999     | 07/01/2017 | 12/31/9999 | 218       | 27.93  |
| J1573 | Fee on File | Z  | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 218       | 60.20  |
| J1575 | Fee on File | Z  | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN                                | 18      | 999     | 07/01/2017 | 12/31/9999 | 954       | 13.04  |
| J1580 | Fee on File | Z  | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG  | 0       | 999     | 04/01/2017 | 12/31/9999 | 14        | 1.54   |
| J1595 | Fee on File | Z  | INJECTION, GLATIRAMER ACETATE, 20 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 214.19 |

| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|----------|
| J1599 | Manual Pricing | Z  | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG | 0       | 999     | 01/01/2014 | 12/31/9999 | 318       | 0.00     |
| J1600 | Fee on File    | Z  | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG  | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 4.27     |
| J1602 | Fee on File    | Z  | INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE   | 18      | 999     | 07/01/2017 | 12/31/9999 | 318       | 24.73    |
| J1610 | Fee on File    | Z  | INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 194.43   |
| J1620 | Not Covered    | Z  | INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG   | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J1626 | Fee on File    | Z  | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 0.33     |
| J1630 | Fee on File    | Z  | INJECTION, HALOPERIDOL, UP TO 5 MG  | 18      | 999     | 04/01/2017 | 12/31/9999 | 6         | 1.22     |
| J1631 | Fee on File    | Z  | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 4         | 18.04    |
| J1640 | Not Covered    | Z  | INJECTION, HEMIN, 1 MG<br>00104000  | 0       | 999     | 01/01/2006 | 12/31/9999 | 954       | 0.00     |
| J1642 | Fee on File    | Z  | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS   | 0       | 999     | 10/01/2016 | 12/31/9999 | 100       | 0.18     |
| J1644 | Fee on File    | Z  | INJECTION, HEPARIN SODIUM, PER 1000 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 40        | 0.21     |
| J1645 | Fee on File    | Z  | INJECTION, DALTEPARIN SODIUM, PER 2500 IU   | 0       | 999     | 04/01/2017 | 12/31/9999 | 8         | 15.34    |
| J1650 | Fee on File    | Z  | INJECTION, ENOXAPARIN SODIUM, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 0.86     |
| J1652 | Fee on File    | Z  | INJECTION, FONDAPARINUX SODIUM, 0.5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 2.12     |
| J1655 | Fee on File    | Z  | INJECTION, TINZAPARIN SODIUM, 1000 IU   | 0       | 999     | 01/01/2014 | 12/31/9999 | 28        | 3.49     |
| J1670 | Fee on File    | Z  | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS  | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 422.04   |
| J1675 | Fee on File    | Z  | INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS   | 0       | 999     | 01/01/2014 | 12/31/9999 | 5000      | 1,140.00 |
| J1700 | Not Covered    | Z  | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.00     |
| J1710 | Not Covered    | Z  | INJECTION, HYDROCORTISONE SODIUM ÉPHOSPHATE, UP TO 50 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 40        | 0.00     |
| J1720 | Fee on File    | Z  | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 10.85    |
| J1725 | Not Covered    | Z  | INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG   | 16      | 60      | 07/01/2017 | 12/31/9999 | 1         | 0.00     |
| J1730 | Fee on File    | Z  | INJECTION, DIAZOXIDE, UP TO 300 MG  | 0       | 999     | 01/01/2017 | 12/31/9999 | 8         | 690.03   |
| J1740 | Fee on File    | Z  | INJECTION, IBANDRONATE SODIUM, 1  | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 83.78    |
| J1741 | Fee on File    | Z  | INJECTION, IBUPROFEN, 100 MG  | 18      | 999     | 01/01/2015 | 12/31/9999 | 32        | 1.87     |
| J1742 | Fee on File    | Z  | INJECTION, IBUTILIDE FUMARATE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 65.75    |
| J1743 | Fee on File    | Z  | INJECTION, IDURSULFASE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 80        | 533.48   |
| J1744 | Fee on File    | Z  | INJECTION, ICATIBANT, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 90        | 329.44   |
| J1745 | Fee on File    | Z  | INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 159       | 140.14   |
| J1750 | Fee on File    | Z  | INJECTION, IRON DEXTRAN, 50 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 60        | 13.03    |
| J1756 | Fee on File    | Z  | INJECTION, IRON SUCROSE, 1 MG   | 0       | 999     | 01/01/2017 | 12/31/9999 | 500       | 0.25     |
| J1786 | Fee on File    | Z  | INJECTION, IMIGLUCERASE, 10 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 954       | 41.75    |
| J1790 | Fee on File    | Z  | INJECTION, DROPERIDOL, UP TO 5 MG   | 0       | 999     | 04/01/2015 | 12/31/9999 | 1         | 2.14     |
| J1800 | Fee on File    | Z  | INJECTION, PROPRANOLOL HCL, UP TO 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 1.66     |
| J1810 | Not Covered    | Z  | INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML  | 0       | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.00     |
| J1815 | Fee on File    | Z  | INJECTION, INSULIN, PER 5 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 0.83     |
| J1817 | Fee on File    | Z  | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 9.57     |
| J1826 | Fee on File    | Z  | INJECTION, INTERFERON BETA-1A, 30 MCG   | 0       | 999     | 01/01/2017 | 12/31/9999 | 2         | 482.21   |



| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J1830 | Fee on File | Z  | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHE               | 18      | 999     | 07/01/2017 | 12/31/9999 | 1         | 391.87   |
| J1833 | Not Covered | Z  | INJECTION, ISAVUCONAZONIUM, 1 MG   | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J1835 | Not Covered | Z  | INJECTION, ITRACONAZOLE, 50 MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 8         | 0.00     |
| J1840 | Fee on File | Z  | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG   | 0       | 999     | 04/01/2015 | 12/31/9999 | 5         | 7.69     |
| J1850 | Fee on File | Z  | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG  | 0       | 999     | 04/01/2015 | 12/31/9999 | 32        | 1.15     |
| J1885 | Fee on File | Z  | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 0.59     |
| J1890 | Not Covered | Z  | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM  | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J1930 | Fee on File | Z  | INJECTION, LANREOTIDE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 120       | 54.39    |
| J1931 | Fee on File | Z  | INJECTION, LARONIDASE, 0.1 MG  | 0       | 999     | 01/01/2017 | 12/31/9999 | 790       | 30.61    |
| J1940 | Fee on File | Z  | INJECTION, FUROSEMIDE, UP TO 20 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 25        | 0.88     |
| J1942 | Fee on File | Z  | INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 882       | 2.36     |
| J1945 | Not Covered | Z  | INJECTION, LEPIRUDIN, 50 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 9         | 0.00     |
| J1950 | Fee on File | Z  | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 1,016.35 |
| J1953 | Fee on File | Z  | INJECTION, LEVETIRACETAM, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 300       | 0.13     |
| J1955 | Fee on File | Z  | INJECTION, LEVOCARNITINE, PER 1 GM   | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 20.34    |
| J1956 | Fee on File | Z  | INJECTION, LEVOFLOXACIN, 250 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 1.31     |
| J1960 | Fee on File | Z  | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG  | 18      | 999     | 07/01/2014 | 12/31/9999 | 4         | 4.78     |
| J1980 | Fee on File | Z  | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 27.41    |
| J1990 | Fee on File | Z  | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG  | 6       | 999     | 01/01/2014 | 12/31/9999 | 3         | 21.05    |
| J2001 | Fee on File | Z  | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG                               | 0       | 999     | 01/01/2014 | 12/31/9999 | 200       | 0.02     |
| J2010 | Fee on File | Z  | INJECTION, LINCOMYCIN HCL, UP TO 300 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 40        | 12.85    |
| J2020 | Fee on File | Z  | INJECTION, LIPO-HEPIN  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 15.27    |
| J2060 | Fee on File | Z  | INJECTION, LORAZEPAM, 2 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 4         | 0.91     |
| J2150 | Fee on File | Z  | INJECTION, MANNITOL, 25% IN 50 ML  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 1.89     |
| J2170 | Fee on File | Z  | INJECTION, MECASERMIN, 1 MG  | 0       | 999     | 01/01/2015 | 12/31/9999 | 227       | 798.78   |
| J2175 | Fee on File | Z  | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 5.46     |
| J2180 | Fee on File | Z  | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG                                | 0       | 999     | 01/01/2012 | 12/31/9999 | 1         | 5.55     |
| J2182 | Fee on File | Z  | INJECTION, MEPOLIZUMAB, 1 MG   | 12      | 999     | 07/01/2017 | 12/31/9999 | 100       | 27.68    |
| J2185 | Fee on File | Z  | INJECTION, MEROPENEM, 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 1.14     |
| J2210 | Fee on File | Z  | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG INJECTION, METHYLERGON               | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 17.63    |
| J2212 | Fee on File | Z  | INJECTION, METHYLNALTREXONE, 0.1   | 0       | 999     | 01/01/2015 | 12/31/9999 | 240       | 144.12   |
| J2248 | Fee on File | Z  | INJECTION, MICAfungin SODIUM, 1 MG   | 0       | 999     | 04/01/2017 | 12/31/9999 | 150       | 0.95     |
| J2250 | Fee on File | Z  | INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG   | 0       | 999     | 01/01/2017 | 12/31/9999 | 32        | 0.12     |
| J2260 | Fee on File | Z  | INJECTION, MILRINONE LACTATE, 5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 1.75     |
| J2265 | Fee on File | Z  | INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG   | 8       | 999     | 07/01/2017 | 12/31/9999 | 200       | 1.50     |
| J2270 | Fee on File | Z  | INJECTION, MORPHINE SULFATE, UP TO 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 1.65     |
| J2274 | Fee on File | Z  | INJECTION, MORPHINE SULFATE, PRESERVATIVE- FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 9.73     |
| J2278 | Not Covered | Z  | INJECTION, ZICONOTIDE, 1 MICROGRAM 00015400  | 0       | 999     | 01/01/2006 | 12/31/9999 | 20        | 0.00     |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|----------|
| J2280 | Fee on File | Z  | INJ MOXIFLOXACIN 100MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 8.48     |
| J2300 | Fee on File | Z  | INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 2.56     |
| J2310 | Fee on File | Z  | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 26.73    |
| J2315 | Fee on File | Z  | INJECTION, NALTREXONE, DEPOT FORM, 1 MG   | 18      | 999     | 01/01/2017 | 12/31/9999 | 380       | 3.25     |
| J2320 | Not Covered | Z  | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG  | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J2323 | Fee on File | Z  | INJECTION, NATALIZUMAB, 1MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 300       | 19.43    |
| J2325 | Not Covered | Z  | INJECTION, NESIRITIDE, 0.1 MG<br>00015500   | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00     |
| J2353 | Fee on File | Z  | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 60        | 182.59   |
| J2354 | Not Covered | Z  | INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG | 0       | 999     | 01/01/2004 | 12/31/9999 | 6         | 0.00     |
| J2355 | Fee on File | Z  | INJECTION, OPRELVEKIN, 5 MG   | 0       | 999     | 10/01/2016 | 12/31/9999 | 3         | 467.22   |
| J2357 | Fee on File | Z  | INJECTION, OMALIZUMAB, 5 MG   | 6       | 75      | 07/01/2017 | 12/31/9999 | 75        | 33.59    |
| J2358 | Fee on File | Z  | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG  | 18      | 999     | 07/01/2014 | 12/31/9999 | 405       | 2.92     |
| J2360 | Fee on File | Z  | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 6.04     |
| J2370 | Fee on File | Z  | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML  | 0       | 999     | 01/01/2015 | 12/31/9999 | 3         | 3.34     |
| J2400 | Fee on File | Z  | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML                                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 23.98    |
| J2405 | Fee on File | Z  | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG  | 0       | 999     | 01/01/2017 | 12/31/9999 | 50        | 0.09     |
| J2407 | Fee on File | Z  | INJECTION, ORITAVANCIN, 10 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 120       | 23.37    |
| J2410 | Fee on File | Z  | INJECTION, OXYMORPHONE HCL, UP TO 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 14        | 2.92     |
| J2425 | Fee on File | Z  | INJECTION, PALIFERMIN, 50 MICROGRAMS  | 0       | 999     | 07/01/2017 | 12/31/9999 | 180       | 19.16    |
| J2426 | Fee on File | Z  | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG                                | 18      | 999     | 07/01/2017 | 12/31/9999 | 819       | 9.96     |
| J2430 | Fee on File | Z  | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 9.40     |
| J2440 | Fee on File | Z  | INJECTION, PAPAVERINE HCL, UP TO 60 MG  | 18      | 999     | 07/01/2014 | 12/31/9999 | 15        | 3.00     |
| J2460 | Fee on File | Z  | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG   | 0       | 999     | 01/01/2014 | 12/31/9999 | 9         | 0.94     |
| J2469 | Fee on File | Z  | INJECTION, PALONOSETRON HCL, 25   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 22.05    |
| J2501 | Fee on File | Z  | INJECTION, PARICALCITOL, 1 MCG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 1.17     |
| J2502 | Not Covered | Z  | INJECTION, PASIREOTIDE LONG ACTING, 1 MG  | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J2503 | Fee on File | Z  | INJECTION, PEGAPTANIB SODIUM, 0.3   | 0       | 999     | 04/01/2016 | 12/31/9999 | 2         | 1,054.70 |
| J2504 | Not Covered | Z  | INJECTION, PEGADEMASE BOVINE, 25 IU<br>00015800   | 0       | 999     | 01/01/2006 | 12/31/9999 | 100       | 0.00     |
| J2505 | Fee on File | Z  | INJECTION, PEGFILGRASTIM, 6 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 4,247.25 |
| J2507 | Fee on File | Z  | INJECTION, PEGLOTICASE, 1 MG  | 8       | 999     | 07/01/2017 | 12/31/9999 | 8         | 1,998.85 |
| J2510 | Fee on File | Z  | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS                          | 0       | 999     | 04/01/2017 | 12/31/9999 | 6         | 26.77    |
| J2513 | Not Covered | Z  | INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML<br>00015900                                | 0       | 999     | 01/01/2006 | 12/31/9999 | 20        | 0.00     |
| J2515 | Fee on File | Z  | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 48.22    |
| J2540 | Fee on File | Z  | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 50        | 1.06     |
| J2543 | Fee on File | Z  | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 22        | 2.95     |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J2545 | Fee on File | Z  | PENTAMIDINE ISETHIONATE, INHALATION SOL, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER 300 | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 118.05   |
| J2547 | Not Covered | Z  | INJECTION, PERAMIVIR, 1 MG   | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J2550 | Fee on File | Z  | INJECTION, PROMETHAZINE HCL, UP TO 50 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 2.91     |
| J2560 | Fee on File | Z  | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 36.13    |
| J2562 | Fee on File | Z  | INJECTION, PLERIXAFOR, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 36        | 314.23   |
| J2590 | Fee on File | Z  | INJECTION, OXYTOCIN, UP TO 10 UNITS  | 9       | 999     | 07/01/2014 | 12/31/9999 | 30        | 0.96     |
| J2597 | Fee on File | Z  | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 12.40    |
| J2650 | Fee on File | Z  | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML  | 0       | 999     | 10/01/2010 | 12/31/9999 | 1         | 0.52     |
| J2670 | Fee on File | Z  | INJECTION, TOLAZOLINE HCL, UP TO 25 MG   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 1,600.40 |
| J2675 | Fee on File | Z  | INJECTION, PROGESTERONE, PER 50 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 1.46     |
| J2680 | Fee on File | Z  | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG   | 12      | 999     | 07/01/2017 | 12/31/9999 | 4         | 18.40    |
| J2690 | Fee on File | Z  | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 66.52    |
| J2700 | Fee on File | Z  | INJECTION, OXACILLIN SODIUM, UP TO 250 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 1.52     |
| J2704 | Not Covered | Z  | INJECTION, PROPOFOL, 10 MG   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.00     |
| J2710 | Fee on File | Z  | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG   | 0       | 999     | 07/01/2014 | 12/31/9999 | 10        | 1.61     |
| J2720 | Fee on File | Z  | INJECTION, PROTAMINE SULFATE, PER 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 1.06     |
| J2724 | Fee on File | Z  | INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU  | 0       | 999     | 07/01/2017 | 12/31/9999 | 2182      | 15.17    |
| J2725 | Fee on File | Z  | INJECTION, PROTIRELIN, PER 250 MCG   | 6       | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.03     |
| J2730 | Fee on File | Z  | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 87.94    |
| J2760 | Fee on File | Z  | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 328.88   |
| J2765 | Fee on File | Z  | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 0.90     |
| J2770 | Not Covered | Z  | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG   | 0       | 999     | 01/01/2001 | 12/31/9999 | 3         | 0.00     |
| J2778 | Fee on File | Z  | INJECTION, RANIBIZUMAB, 0.1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 380.89   |
| J2780 | Fee on File | Z  | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 6.17     |
| J2783 | Fee on File | Z  | INJECTION, RASBURICASE, 0.5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 64        | 259.25   |
| J2785 | Fee on File | Z  | INJECTION, REGADENOSON, 0.1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 55.37    |
| J2786 | Fee on File | Z  | INJECTION, RESLIZUMAB, 1 MG  | 18      | 999     | 04/01/2017 | 12/31/9999 | 477       | 8.85     |
| J2788 | Fee on File | Z  | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 19.90    |
| J2790 | Fee on File | Z  | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 79.04    |
| J2791 | Fee on File | Z  | INJECTION, RHO (D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 4.78     |
| J2792 | Fee on File | Z  | INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT,   | 0       | 999     | 07/01/2017 | 12/31/9999 | 30        | 23.86    |
| J2793 | Fee on File | Z  | INJECTION, RILONACEPT, 1 MG  | 12      | 999     | 01/01/2015 | 12/31/9999 | 320       | 24.09    |
| J2794 | Fee on File | Z  | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 100       | 8.54     |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|----------|
| J2795 | Fee on File | Z  | INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 750       | 0.07     |
| J2796 | Not Covered | Z  | INJECTION, ROMIPLOSTIM, 10 MICROGRAMS                                     | 0       | 999     | 01/01/2010 | 12/31/9999 | 150       | 0.00     |
| J2800 | Fee on File | Z  | INJECTION, METHOCARBAMOL, UP TO 10 ML                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 36.39    |
| J2805 | Not Covered | Z  | INJECTION, SINCALIDE, 5 MICROGRAMS 00016000                               | 0       | 999     | 01/01/2006 | 12/31/9999 | 4         | 0.00     |
| J2810 | Fee on File | Z  | INJECTION, THEOPHYLLINE, PER 40 MG  | 0       | 999     | 04/01/2017 | 12/31/9999 | 20        | 0.31     |
| J2820 | Fee on File | Z  | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 37.82    |
| J2840 | Fee on File | Z  | INJECTION, SEBELIPASE ALFA, 1 MG  | 0       | 64      | 01/01/2017 | 12/31/9999 | 1         | 530.00   |
| J2850 | Not Covered | Z  | INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM 00104100               | 0       | 999     | 01/01/2006 | 12/31/9999 | 64        | 0.00     |
| J2860 | Not Covered | Z  | INJECTION, SILTUXIMAB, 10 MG  | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J2910 | Not Covered | Z  | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG                                   | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J2916 | Fee on File | Z  | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 2.30     |
| J2920 | Fee on File | Z  | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG               | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 4.35     |
| J2930 | Fee on File | Z  | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG              | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 6.03     |
| J2940 | Not Covered | Z  | INJECTION, SPANESTRIN P, UP TO 1 ML                                       | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00     |
| J2941 | Not Covered | Z  | INJECTION, SOMATROPIN, 1 MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00     |
| J2950 | Not Covered | Z  | INJECTION, PROMAZINE HCL, UP TO 25 MG                                     | 0       | 999     | 07/01/2014 | 12/31/9999 | 40        | 0.00     |
| J2993 | Not Covered | Z  | INJECTION, RETEPLASE, 18.1 MG INJECTION, RETEPLASE, 18.1 MG               | 0       | 999     | 01/01/2001 | 12/31/9999 | 2         | 0.00     |
| J2995 | Not Covered | Z  | INJECTION, STREPTOKINASE, PER 250,000 IU                                  | 0       | 999     | 07/01/2014 | 12/31/9999 | 6         | 0.00     |
| J2997 | Fee on File | Z  | INJECTION, ALTEPLASE RECOMBINANT, 1 MG                                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 100       | 83.48    |
| J3000 | Fee on File | Z  | INJECTION, STREPTOMYCIN, UP TO 1 GM                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 12.89    |
| J3010 | Fee on File | Z  | INJECTION, FENTANYL CITRATE, 0.1 MG                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 0.43     |
| J3030 | Fee on File | Z  | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WH) | 0       | 999     | 01/01/2014 | 12/31/9999 | 3         | 51.89    |
| J3060 | Fee on File | Z  | INJECTION, TALIGLUCERACE ALFA, 10 UNITS                                   | 18      | 999     | 07/01/2017 | 12/31/9999 | 954       | 40.38    |
| J3070 | Fee on File | Z  | INJECTION, PENTAZOCINE, 30 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 74.13    |
| J3090 | Fee on File | Z  | INJECTION, T-E IONATE-P.A., UP TO 2 ML                                    | 18      | 999     | 07/01/2017 | 12/31/9999 | 200       | 1.32     |
| J3095 | Fee on File | Z  | INJECTION, TELEVANCIN, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 150       | 5.08     |
| J3101 | Fee on File | Z  | INJECTION, TENECTEPLASE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 50        | 110.04   |
| J3105 | Fee on File | Z  | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 2.45     |
| J3110 | Fee on File | Z  | INJECTION, TESLAC, UP TO 100 MG   | 18      | 999     | 07/01/2014 | 12/31/9999 | 2         | 17.58    |
| J3121 | Fee on File | Z  | INJECTION, TESTOSTERONE ENANTHATE, 1MG                                    | 12      | 999     | 10/01/2016 | 12/31/9999 | 400       | 0.04     |
| J3145 | Fee on File | Z  | INJECTION, TESTOSTERONE UNDECANOATE, 1 MG                                 | 12      | 999     | 10/01/2016 | 12/31/9999 | 750       | 1.19     |
| J3230 | Fee on File | Z  | INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 27.71    |
| J3240 | Fee on File | Z  | INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 1,564.25 |
| J3243 | Fee on File | Z  | INJECTION, TIGECYCLINE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 100       | 3.27     |
| J3246 | Fee on File | Z  | INJECTION, TIROFIBAN HCL, 0.25MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 5         | 8.86     |
| J3250 | Fee on File | Z  | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG                            | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 29.47    |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee    |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|--------|
| J3260 | Fee on File | Z  | INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 1.87   |
| J3262 | Fee on File | Z  | INJECTION, TOCILIZUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 800       | 4.37   |
| J3265 | Fee on File | Z  | INJECTION, TORSEMIDE, 10 MG/ML   | 0       | 999     | 01/01/2014 | 12/31/9999 | 200       | 2.19   |
| J3280 | Not Covered | Z  | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG   | 18      | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00   |
| J3285 | Fee on File | Z  | INJECTION, TREPROSTINIL, 1 MG<br>00016100  | 0       | 999     | 04/01/2015 | 12/31/9999 | 2         | 61.24  |
| J3300 | Fee on File | Z  | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG                              | 0       | 999     | 07/01/2017 | 12/31/9999 | 90        | 3.89   |
| J3301 | Fee on File | Z  | INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE  | 0       | 999     | 07/01/2017 | 12/31/9999 | 12        | 1.88   |
| J3302 | Fee on File | Z  | INJECTION TRIAMCINOLONE DIACETATE, PER 5MG   | 18      | 999     | 07/01/2014 | 12/31/9999 | 10        | 0.11   |
| J3303 | Fee on File | Z  | INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG  | 0       | 999     | 10/01/2016 | 12/31/9999 | 6         | 3.61   |
| J3305 | Not Covered | Z  | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG   | 18      | 999     | 07/01/2014 | 12/31/9999 | 10        | 0.00   |
| J3310 | Fee on File | Z  | INJECTION, PERPHENAZINE, UP TO 5 MG  | 12      | 999     | 07/01/2014 | 12/31/9999 | 2         | 1.58   |
| J3315 | Fee on File | Z  | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 279.36 |
| J3320 | Not Covered | Z  | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM                                     | 0       | 999     | 01/01/2014 | 12/31/9999 | 1         | 0.00   |
| J3330 | Not Covered | Z  | INJECTION, ULACORT   | 0       | 999     | 05/01/1992 | 12/31/9999 | 1         | 0.00   |
| J3350 | Fee on File | Z  | INJECTION, UREA, UP TO 40 GM   | 0       | 999     | 01/01/2015 | 12/31/9999 | 3         | 39.97  |
| J3355 | Not Covered | Z  | INJECTION, UROFOLLITROPIN, 75 IU<br>00104200   | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00   |
| J3357 | Fee on File | Z  | USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 90        | 183.25 |
| J3360 | Fee on File | Z  | INJECTION, DIAZEPAM, UP TO 5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 9.86   |
| J3364 | Not Covered | Z  | INJECTION, UROKINASE, 5000 IU VIAL   | 18      | 999     | 07/01/2014 | 12/31/9999 | 140       | 0.00   |
| J3365 | Not Covered | Z  | INJECTION, IV, UROKINASE, 250,000 I.U. VIAL  | 18      | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.00   |
| J3370 | Fee on File | Z  | INJECTION, VANCOMYCIN HCL, 500 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 2.56   |
| J3380 | Fee on File | Z  | INJECTION, VEDOLIZUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 300       | 18.06  |
| J3385 | Fee on File | Z  | INJECTION, VELAGLUCERASE ALFA, 100 UNITS   | 0       | 999     | 07/01/2017 | 12/31/9999 | 90        | 342.19 |
| J3396 | Fee on File | Z  | INJECTION, VERTEPORFIN, 0.1 MG   | 0       | 999     | 04/01/2017 | 12/31/9999 | 318       | 10.76  |
| J3400 | Not Covered | Z  | INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG  | 2       | 999     | 07/01/2014 | 12/31/9999 | 8         | 0.00   |
| J3410 | Fee on File | Z  | INJECTION, HYDROXYZINE HCL, UP TO 25 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 2.12   |
| J3411 | Not Covered | Z  | INJECTION, THIAMINE HCL, 100 MG  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| J3415 | Not Covered | Z  | INJECTION, PYRIDOXINE HCL, 100 MG  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| J3420 | Fee on File | Z  | INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP ÉTO 1000 MCG                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 2.51   |
| J3430 | Fee on File | Z  | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 38        | 4.09   |
| J3465 | Not Covered | Z  | INJECTION, VORICONAZOLE, 10 MG   | 0       | 999     | 01/01/2004 | 12/31/9999 | 60        | 0.00   |
| J3470 | Fee on File | Z  | INJECTION, HYALURONIDASE, UP TO 150 UNITS  | 0       | 999     | 07/01/2016 | 12/31/9999 | 2         | 1.42   |
| J3471 | Not Covered | Z  | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS) | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00   |
| J3472 | Not Covered | Z  | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS                   | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00   |
| J3473 | Fee on File | Z  | INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT  | 0       | 999     | 01/01/2016 | 12/31/9999 | 200       | 0.36   |
| J3475 | Fee on File | Z  | INJECTION, MAGNESIUM SULFATE, PER 500 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 0.54   |

| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee   |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|-------|
| J3480 | Fee on File    | Z  | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ  | 0       | 999     | 04/01/2017 | 12/31/9999 | 150       | 0.13  |
| J3485 | Not Covered    | Z  | INJECTION, ZIDOVUDINE, 10 MG  | 0       | 999     | 01/01/2001 | 12/31/9999 | 180       | 0.00  |
| J3486 | Fee on File    | Z  | INJECTION, ZIPRASIDONE MESYLATE, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 4         | 21.68 |
| J3489 | Fee on File    | Z  | INJECTION, ZOLEDRONIC ACID, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 5         | 12.03 |
| J3490 | Manual Pricing | Z  | UNCLASSIFIED DRUGS UNCLASSIFIED DRUGS   | 0       | 999     | 07/01/1991 | 12/31/9999 | 1         | 0.00  |
| J3520 | Not Covered    | Z  | ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)  | 0       | 999     | 12/10/1996 | 12/31/9999 | 1         | 0.00  |
| J3530 | Not Covered    | Z  | NASAL VACCINE INHALATION NASAL VACCINE INHALATION   | 0       | 999     | 09/30/1995 | 12/31/9999 | 1         | 0.00  |
| J3535 | Not Covered    | Z  | DRUG ADMINISTERED THROUGH A METERED DOSE INHALER DRUG ADMINISTERED THROU                          | 0       | 999     | 02/01/1996 | 12/31/9999 | 1         | 0.00  |
| J3570 | Not Covered    | Z  | LAETRILE, AMYGDALIN, VITAMIN B17  | 0       | 999     | 05/01/1992 | 12/31/9999 | 1         | 0.00  |
| J3590 | Manual Pricing | Z  | UNCLASSIFIED BIOLOGICS  | 0       | 999     | 11/01/2004 | 12/31/9999 | 1         | 0.00  |
| J7030 | Fee on File    | Z  | INFUSION, NORMAL SALINE SOLUTION , 1000 CC  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 1.99  |
| J7040 | Fee on File    | Z  | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 1.00  |
| J7042 | Fee on File    | Z  | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 0.88  |
| J7050 | Fee on File    | Z  | INFUSION, NORMAL SALINE SOLUTION , 250 CC   | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 0.49  |
| J7060 | Fee on File    | Z  | 5% DEXTROSE/WATER (500 ML = 1 UNIT)   | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 2.06  |
| J7070 | Fee on File    | Z  | INFUSION, D5W, 1000 CC  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 4.03  |
| J7100 | Fee on File    | Z  | INFUSION, DEXTRAN 40, 500 ML  | 0       | 999     | 01/01/2015 | 12/31/9999 | 6         | 17.77 |
| J7110 | Fee on File    | Z  | INFUSION, DEXTRAN 75, 500 ML  | 0       | 999     | 01/01/2014 | 12/31/9999 | 3         | 14.52 |
| J7120 | Fee on File    | Z  | RINGERS LACTATE INFUSION, UP TO 1000 CC   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 2.40  |
| J7121 | Not Covered    | Z  | 5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC   | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00  |
| J7131 | Fee on File    | Z  | HYPERTONIC SALINE SOLUTION, 1 ML  | 0       | 999     | 01/01/2015 | 12/31/9999 | 8         | 0.03  |
| J7175 | Fee on File    | Z  | INJECTION, FACTOR X, (HUMAN), [COAGODEX] 1 I.U.   | 12      | 999     | 07/01/2017 | 12/31/9999 | 9540      | 6.83  |
| J7178 | Fee on File    | Z  | INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG   | 0       | 999     | 01/01/2017 | 12/31/9999 | 11130     | 1.15  |
| J7179 | Fee on File    | Z  | INJECTION, VON WILLEBRAND FACTOR (RECOMBIANCT),(VONVENDI), 1 IU                                   | 18      | 64      | 04/01/2017 | 12/31/9999 | 1         | 2.27  |
| J7180 | Fee on File    | Z  | INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1  | 0       | 999     | 01/01/2017 | 12/31/9999 | 5000      | 8.19  |
| J7181 | Fee on File    | Z  | INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU   | 0       | 999     | 07/01/2017 | 12/31/9999 | 5565      | 14.94 |
| J7182 | Not Covered    | Z  | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU                 | 0       | 999     | 01/01/2015 | 12/31/9999 | 9999      | 0.00  |
| J7183 | Fee on File    | Z  | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO                          | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 1.04  |
| J7185 | Not Covered    | Z  | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.                    | 0       | 999     | 01/01/2010 | 12/31/9999 | 5000      | 0.00  |
| J7186 | Fee on File    | Z  | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U. | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 0.94  |
| J7187 | Fee on File    | Z  | INJECTION, VON WILLEBRAND FACTOR COMPLEX, (HUMATE-P), PER IU VWF-RCO                              | 0       | 999     | 04/01/2017 | 12/31/9999 | 5000      | 1.09  |
| J7188 | Fee on File    | Z  | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.                   | 18      | 999     | 07/01/2017 | 12/31/9999 | 31800     | 4.08  |
| J7189 | Fee on File    | Z  | FACTOR VIIA (ANTIHEOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 1.98  |

| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|----------|
| J7190 | Fee on File    | Z  | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 0.98     |
| J7191 | Not Covered    | Z  | FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.                                   | 0       | 999     | 07/01/2014 | 12/31/9999 | 5000      | 0.00     |
| J7192 | Fee on File    | Z  | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED        | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 1.22     |
| J7193 | Not Covered    | Z  | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.                     | 0       | 999     | 01/01/2002 | 12/31/9999 | 5000      | 0.00     |
| J7194 | Fee on File    | Z  | FACTOR IX, COMPLEX, PER I.U.  | 0       | 999     | 07/01/2017 | 12/31/9999 | 5000      | 1.40     |
| J7195 | Not Covered    | Z  | INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED | 0       | 9       | 01/01/2002 | 12/31/9999 | 5000      | 0.00     |
| J7196 | Fee on File    | Z  | INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.  | 0       | 999     | 07/01/2014 | 12/31/9999 | 5000      | 103.35   |
| J7197 | Fee on File    | Z  | ANTITHROMBIN III (HUMAN), PER I.U.  | 0       | 999     | 04/01/2017 | 12/31/9999 | 9999      | 3.22     |
| J7198 | Fee on File    | Z  | ANTI-INHIBITOR, PER I.U.  | 0       | 999     | 01/01/2017 | 12/31/9999 | 3180      | 1.93     |
| J7199 | Manual Pricing | Z  | HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED                                      | 0       | 999     | 07/01/2015 | 12/31/9999 | 1         | 0.00     |
| J7200 | Fee on File    | Z  | INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU               | 0       | 999     | 07/01/2017 | 12/31/9999 | 9999      | 1.28     |
| J7201 | Fee on File    | Z  | INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 9999      | 2.98     |
| J7202 | Fee on File    | Z  | INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.             | 0       | 999     | 07/01/2017 | 12/31/9999 | 11925     | 4.14     |
| J7205 | Fee on File    | Z  | INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU                                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 10335     | 2.03     |
| J7207 | Fee on File    | Z  | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.           | 12      | 999     | 07/01/2017 | 12/31/9999 | 7950      | 1.77     |
| J7209 | Fee on File    | Z  | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.             | 2       | 999     | 07/01/2017 | 12/31/9999 | 6360      | 1.61     |
| J7297 | Fee on File    | Z  | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG               | 9       | 60      | 01/01/2016 | 12/31/9999 | 1         | 750.00   |
| J7298 | Fee on File    | Z  | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG                | 9       | 60      | 09/01/2016 | 12/31/9999 | 1         | 1,030.00 |
| J7300 | Fee on File    | Z  | INTRAVTERINE COPPER CONTRACEPTIVE (PARAGARD T380A)  | 9       | 60      | 01/01/2015 | 12/31/9999 | 1         | 886.80   |
| J7301 | Fee on File    | Z  | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG               | 0       | 999     | 09/01/2016 | 12/31/9999 | 1         | 857.64   |
| J7303 | Fee on File    | Z  | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH                               | 9       | 60      | 01/01/2015 | 12/31/9999 | 1         | 126.97   |
| J7304 | Not Covered    | Z  | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH                                      | 0       | 999     | 01/01/2005 | 12/31/9999 | 1         | 0.00     |
| J7306 | Not Covered    | Z  | LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES            | 0       | 999     | 07/01/2014 | 12/31/9999 | 1         | 0.00     |
| J7307 | Fee on File    | Z  | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES               | 9       | 60      | 01/01/2017 | 12/31/9999 | 1         | 847.90   |
| J7308 | Not Covered    | Z  | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG) | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00     |
| J7309 | Not Covered    | Z  | METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM                    | 0       | 999     | 01/01/2011 | 12/31/9999 | 1         | 0.00     |
| J7310 | Not Covered    | Z  | GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT  | 0       | 999     | 01/01/1997 | 12/31/9999 | 3         | 0.00     |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|----------|
| J7311 | Not Covered | Z  | FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT   | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00     |
| J7312 | Fee on File | Z  | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG                                 | 0       | 999     | 07/01/2017 | 12/31/9999 | 14        | 200.76   |
| J7313 | Fee on File | Z  | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG                       | 12      | 999     | 08/01/2016 | 12/31/9999 | 19        | 490.95   |
| J7315 | Fee on File | Z  | MITOMYCIN, OPHTHALMIC, 0.2 MG  | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 372.66   |
| J7316 | Fee on File | Z  | INJECTION, OCRIPLASMIN, 0.125 MG (JETREA)  | 18      | 999     | 04/01/2015 | 12/31/9999 | 1         | 1,046.75 |
| J7320 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG             | 18      | 999     | 07/01/2017 | 12/31/9999 | 30        | 7.06     |
| J7321 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, 'PER DOSE | 18      | 999     | 07/01/2017 | 12/31/9999 | 2         | 85.54    |
| J7322 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR                                 | 21      | 999     | 07/01/2017 | 12/31/9999 | 24        | 16.16    |
| J7323 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE            | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 152.33   |
| J7324 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE           | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 142.72   |
| J7325 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 48        | 12.69    |
| J7326 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE             | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 558.13   |
| J7327 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE            | 18      | 999     | 07/01/2017 | 12/31/9999 | 2         | 867.39   |
| J7328 | Fee on File | Z  | HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1                  | 18      | 999     | 04/01/2017 | 12/31/9999 | 168       | 2.18     |
| J7330 | Not Covered | Z  | AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT  | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00     |
| J7336 | Fee on File | Z  | CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER (QUTENZA)                                    | 18      | 999     | 07/01/2017 | 12/31/9999 | 1         | 3.20     |
| J7340 | Fee on File | Z  | CARBIDOPA 5 MG LEVODOPA 20 MG ENTERAL SUSPENSION 100 ML                                | 18      | 999     | 01/01/2017 | 12/31/9999 | 1         | 242.21   |
| J7342 | Fee on File | Z  | INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG                                      | 0       | 999     | 04/01/2017 | 12/31/9999 | 2         | 29.95    |
| J7500 | Not Covered | Z  | AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA AZATHIOPRINE - ORAL, TAB, 50 MG               | 0       | 999     | 05/01/1992 | 12/31/9999 | 16        | 0.00     |
| J7501 | Fee on File | Z  | AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 246.47   |
| J7502 | Not Covered | Z  | CYCLOSPORINE, ORAL, 100 MG   | 0       | 999     | 10/01/2003 | 12/31/9999 | 15        | 0.00     |
| J7503 | Not Covered | Z  | TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG.                             | 18      | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J7504 | Fee on File | Z  | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL,                | 0       | 999     | 07/01/2017 | 12/31/9999 | 18        | 1,754.67 |
| J7505 | Fee on File | Z  | MUROMONAB-CD3, PARENTERAL, 5 MG  | 0       | 999     | 01/01/2017 | 12/31/9999 | 1         | 231.22   |
| J7507 | Not Covered | Z  | TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG  | 0       | 999     | 01/01/1995 | 12/31/9999 | 13        | 0.00     |
| J7508 | Fee on File | Z  | TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG                              | 16      | 999     | 07/01/2017 | 12/31/9999 | 32        | 0.42     |
| J7509 | Not Covered | Z  | METHYLPREDNISOLONE ORAL, PER 4 MG METHYLPREDNISOLONE ORAL, PER                         | 0       | 999     | 01/01/1996 | 12/31/9999 | 12        | 0.00     |
| J7510 | Not Covered | Z  | PREDNISOLONE ORAL, PER 5 MG PREDNISOLONE ORAL, PER 5 MG                                | 0       | 999     | 01/01/1996 | 12/31/9999 | 12        | 0.00     |
| J7511 | Fee on File | Z  | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL,                | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 706.13   |
| J7512 | Not Covered | Z  | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG                           | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |



| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee  |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|------|
| J7513 | Not Covered    | Z  | DAKLIZUMAB, PARENTERAL, 25 MG   | 0       | 999     | 07/01/2014 | 12/31/9999 | 7         | 0.00 |
| J7515 | Not Covered    | Z  | CYCLOSPORINE, ORAL, 25 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 58        | 0.00 |
| J7516 | Not Covered    | Z  | CYCLOSPORIN, PARENTERAL, 250 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 10        | 0.00 |
| J7517 | Not Covered    | Z  | MYCOPHENOLATE MOFETIL, ORAL, 250 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 8         | 0.00 |
| J7518 | Not Covered    | Z  | MYCOPHENOLIC ACID, ORAL, 180 MG   | 0       | 999     | 01/01/2005 | 12/31/9999 | 9         | 0.00 |
| J7520 | Not Covered    | Z  | SIROLIMUS, ORAL, 1 MG   | 0       | 999     | 01/01/2001 | 12/31/9999 | 6         | 0.00 |
| J7525 | Not Covered    | Z  | TACROLIMUS, PARENTERAL, 5 MG  | 0       | 999     | 01/01/2001 | 12/31/9999 | 7         | 0.00 |
| J7527 | Fee on File    | Z  | EVEROLIMUS, ORAL, 0.25 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 40        | 8.13 |
| J7599 | Manual Pricing | Z  | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED IMMUNOSUPPRESSIVE DRUG,  | 0       | 999     | 01/01/2014 | 12/31/9999 | 999       | 0.00 |
| J7604 | Not Covered    | Z  | ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM                         | 0       | 999     | 01/01/2008 | 12/31/9999 | 1         | 0.00 |
| J7605 | Not Covered    | Z  | ARFORMOTEROL, INHALATION SOL, FDA APPRVD FINAL PROD, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM 15 MICROGRAMS                   | 0       | 999     | 01/01/2008 | 12/31/9999 | 2         | 0.00 |
| J7606 | Not Covered    | Z  | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED ADMINISTERED THROUGH DME UNIT DOSE FORM 20 MCG  | 0       | 999     | 01/01/2009 | 12/31/9999 | 2         | 0.00 |
| J7607 | Not Covered    | Z  | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG                          | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00 |
| J7608 | Not Covered    | Z  | ACETYLCYSTEINE, INHALATION SOL, FDA-APPROVED FINAL PROD, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER GRAM                   | 0       | 999     | 01/01/2000 | 12/31/9999 | 2         | 0.00 |
| J7609 | Not Covered    | Z  | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT  | 0       | 999     | 01/01/2007 | 12/31/9999 | 185       | 0.00 |
| J7610 | Not Covered    | Z  | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG                               | 0       | 999     | 01/01/2007 | 12/31/9999 | 185       | 0.00 |
| J7611 | Not Covered    | Z  | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM,            | 0       | 999     | 04/01/2008 | 12/31/9999 | 185       | 0.00 |
| J7612 | Not Covered    | Z  | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM,         | 0       | 999     | 04/01/2008 | 12/31/9999 | 5         | 0.00 |
| J7613 | Not Covered    | Z  | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG               | 0       | 999     | 04/01/2008 | 12/31/9999 | 185       | 0.00 |
| J7614 | Not Covered    | Z  | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG          | 0       | 999     | 04/01/2008 | 12/31/9999 | 5         | 0.00 |
| J7615 | Not Covered    | Z  | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT   | 0       | 999     | 01/01/2007 | 12/31/9999 | 5         | 0.00 |
| J7620 | Not Covered    | Z  | ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME | 0       | 999     | 01/01/2006 | 12/31/9999 | 185       | 0.00 |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee  |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|------|
| J7622 | Not Covered | Z  | BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                             | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00 |
| J7624 | Not Covered | Z  | BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                              | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00 |
| J7626 | Not Covered | Z  | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP                    | 0       | 999     | 01/01/2002 | 12/31/9999 | 2         | 0.00 |
| J7627 | Not Covered | Z  | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG                                  | 0       | 999     | 01/01/2006 | 12/31/9999 | 2         | 0.00 |
| J7628 | Not Covered | Z  | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                     | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7629 | Not Covered | Z  | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                        | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7631 | Not Covered | Z  | CROMOLYN SODIUM, INHALATION SOL FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER 10 MILLIGRAMS                | 0       | 999     | 01/01/2000 | 12/31/9999 | 8         | 0.00 |
| J7632 | Not Covered | Z  | CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS                        | 0       | 999     | 01/01/2008 | 12/31/9999 | 8         | 0.00 |
| J7633 | Not Covered | Z  | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM | 0       | 999     | 01/01/2003 | 12/31/9999 | 2         | 0.00 |
| J7634 | Not Covered | Z  | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25                                   | 0       | 999     | 01/01/2007 | 12/31/9999 | 2         | 0.00 |
| J7635 | Not Covered | Z  | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                                | 0       | 999     | 01/01/2000 | 12/31/9999 | 3         | 0.00 |
| J7636 | Not Covered | Z  | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                                   | 0       | 999     | 01/01/2000 | 12/31/9999 | 3         | 0.00 |
| J7637 | Not Covered | Z  | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                           | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7638 | Not Covered | Z  | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                              | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7639 | Not Covered | Z  | DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THRU DME UNIT DOSE FORM PER MG                   | 0       | 999     | 01/01/2000 | 12/31/9999 | 3         | 0.00 |
| J7640 | Not Covered | Z  | FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS                                 | 0       | 999     | 01/01/2006 | 12/31/9999 | 4         | 0.00 |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee  |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|------|
| J7641 | Not Covered | Z  | FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM                                       | 0       | 999     | 01/01/2002 | 12/31/9999 | 4         | 0.00 |
| J7642 | Not Covered | Z  | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                            | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7643 | Not Covered | Z  | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                               | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7644 | Not Covered | Z  | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM  | 0       | 999     | 01/01/2000 | 12/31/9999 | 2         | 0.00 |
| J7645 | Not Covered | Z  | IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                          | 0       | 999     | 01/01/2007 | 12/31/9999 | 2         | 0.00 |
| J7647 | Not Covered | Z  | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                           | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00 |
| J7648 | Not Covered | Z  | ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7649 | Not Covered | Z  | ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM      | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7650 | Not Covered | Z  | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                              | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00 |
| J7657 | Not Covered | Z  | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                         | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00 |
| J7658 | Not Covered | Z  | ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7659 | Not Covered | Z  | ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM    | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00 |
| J7660 | Not Covered | Z  | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                            | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00 |
| J7665 | Not Covered | Z  | MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG  | 0       | 999     | 01/01/2012 | 12/31/9999 | 1         | 0.00 |
| J7667 | Not Covered | Z  | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS  | 0       | 999     | 01/01/2007 | 12/31/9999 | 9         | 0.00 |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee  |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|------|
| J7668 | Not Covered | Z  | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS | 0       | 999     | 01/01/2000 | 12/31/9999 | 9         | 0.00 |
| J7669 | Not Covered | Z  | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS    | 0       | 999     | 01/01/2000 | 12/31/9999 | 9         | 0.00 |
| J7670 | Not Covered | Z  | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10                                       | 0       | 999     | 01/01/2007 | 12/31/9999 | 9         | 0.00 |
| J7674 | Not Covered | Z  | METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER  | 0       | 999     | 01/01/2005 | 12/31/9999 | 189       | 0.00 |
| J7676 | Not Covered | Z  | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG                                  | 0       | 999     | 01/01/2008 | 12/31/9999 | 1         | 0.00 |
| J7680 | Not Covered | Z  | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                                | 0       | 999     | 01/01/2000 | 12/31/9999 | 3         | 0.00 |
| J7681 | Not Covered | Z  | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM                                   | 0       | 999     | 01/01/2000 | 12/31/9999 | 3         | 0.00 |
| J7682 | Not Covered | Z  | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS               | 0       | 999     | 01/01/2000 | 12/31/9999 | 2         | 0.00 |
| J7683 | Not Covered | Z  | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM                                      | 0       | 999     | 01/01/2000 | 12/31/9999 | 12        | 0.00 |
| J7684 | Not Covered | Z  | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM   | 0       | 999     | 01/01/2000 | 12/31/9999 | 12        | 0.00 |
| J7685 | Not Covered | Z  | TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS                                       | 0       | 999     | 01/01/2007 | 12/31/9999 | 2         | 0.00 |
| J7686 | Not Covered | Z  | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74                           | 0       | 999     | 01/01/2011 | 12/31/9999 | 1         | 0.00 |
| J7699 | Not Covered | Z  | NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME   | 0       | 999     | 02/01/1996 | 12/31/9999 | 1         | 0.00 |
| J7799 | Not Covered | Z  | NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME  | 0       | 999     | 02/01/1996 | 12/31/9999 | 9999      | 0.00 |
| J7999 | Not Covered | Z  | COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED   | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00 |
| J8498 | Not Covered | Z  | ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED  | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00 |
| J8499 | Not Covered | Z  | PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS PRESCRIPTION DRUG, OR  | 0       | 999     | 01/01/1995 | 12/31/9999 | 1         | 0.00 |
| J8501 | Not Covered | Z  | APREPITANT, ORAL, 5 MG  | 0       | 999     | 01/01/2005 | 12/31/9999 | 25        | 0.00 |
| J8510 | Not Covered | Z  | BUSULFAN; ORAL, 2 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1680      | 0.00 |
| J8515 | Not Covered | Z  | CABERGOLINE, ORAL, 0.25 MG  | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00 |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee      |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|----------|
|       |             |    | 00017000  |         |         |            |            |           |          |
| J8520 | Not Covered | Z  | CAPECITABINE, ORAL, 150 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 46        | 0.00     |
| J8521 | Not Covered | Z  | CAPECITABINE, ORAL, 500 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 14        | 0.00     |
| J8530 | Fee on File | Z  | CYCLOPHOSPHAMIDE; ORAL, 25 MG<br>CYCLOPHOSPHAMIDE; ORAL, 25 MG                | 0       | 999     | 07/01/2017 | 12/31/9999 | 32        | 3.51     |
| J8540 | Not Covered | Z  | DEXAMETHASONE, ORAL, 0.25 MG<br>00017100                                      | 0       | 999     | 01/01/2006 | 12/31/9999 | 36        | 0.00     |
| J8560 | Not Covered | Z  | ETOPOSIDE; ORAL, 50 MG ETOPOSIDE;<br>ORAL, 50 MG                              | 0       | 999     | 01/01/1995 | 12/31/9999 | 4         | 0.00     |
| J8562 | Not Covered | Z  | FLUDARABINE PHOSPHATE, ORAL, 10 MG  | 0       | 999     | 01/01/2011 | 12/31/9999 | 10        | 0.00     |
| J8565 | Not Covered | Z  | GEFITINIB, ORAL, 250 MG   | 0       | 999     | 01/01/2005 | 12/31/9999 | 1         | 0.00     |
| J8597 | Not Covered | Z  | ANTIEMETIC DRUG, ORAL, NOT<br>OTHERWISE SPECIFIED<br>00017200                 | 0       | 999     | 01/01/2006 | 12/31/9999 | 1         | 0.00     |
| J8600 | Not Covered | Z  | MELPHALAN; ORAL, 2 MG MELPHALAN;<br>ORAL, 2 MG                                | 0       | 999     | 01/01/1995 | 12/31/9999 | 3         | 0.00     |
| J8610 | Not Covered | Z  | METHOTREXATE; ORAL, 2.5 MG<br>METHOTREXATE; ORAL, 2.5 MG                      | 0       | 999     | 01/01/1995 | 12/31/9999 | 12        | 0.00     |
| J8650 | Not Covered | Z  | NABILONE, ORAL, 1 MG  | 0       | 999     | 01/01/2007 | 12/31/9999 | 4         | 0.00     |
| J8655 | Not Covered | Z  | NETUPITANT 300 MG AND<br>PALONOSETRON 0.5 MG                                  | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J8670 | Fee on File | Z  | ROLAPITANT, ORAL, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 2         | 2.25     |
| J8700 | Not Covered | Z  | TEMOZOLMIDE, ORAL, 5 MG   | 0       | 999     | 01/01/2014 | 12/31/9999 | 212       | 0.00     |
| J8705 | Not Covered | Z  | TOPOTECAN, ORAL, 0.25 MG  | 0       | 999     | 01/01/2009 | 12/31/9999 | 28        | 0.00     |
| J8999 | Not Covered | Z  | PRESCRIPTION DRUG, ORAL,<br>CHEMOTHERAPEUTIC, NOS<br>PRESCRIPTION DRUG, ORAL, | 0       | 999     | 01/01/1995 | 12/31/9999 | 1         | 0.00     |
| J9000 | Fee on File | Z  | INJECTION, DOXORUBICIN<br>HYDROCHLORIDE, 10 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 21        | 2.67     |
| J9015 | Fee on File | Z  | INJECTION, ALDESLEUKIN, PER SINGLE<br>USE VIAL                                | 0       | 999     | 01/01/2017 | 12/31/9999 | 5         | 3,067.64 |
| J9017 | Fee on File | Z  | INJECTION, ARSENIC TRIOXIDE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 24        | 70.94    |
| J9019 | Fee on File | Z  | INJECTION, ASPARAGINASE (ERWINAXE),<br>1000 IU                                | 0       | 999     | 10/01/2016 | 12/31/9999 | 63        | 402.74   |
| J9020 | Fee on File | Z  | INJECTION, ASPARAGINASE, NOT<br>OTHERWISE SPECIFIED, 10,000 UNITS             | 0       | 999     | 01/01/2015 | 12/31/9999 | 7         | 64.56    |
| J9025 | Fee on File | Z  | INJECTION, AZACITIDINE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 204       | 2.10     |
| J9027 | Fee on File | Z  | INJECTION, CLOFARABINE, 1 MG  | 1       | 999     | 07/01/2017 | 12/31/9999 | 141       | 151.96   |
| J9031 | Fee on File | Z  | BCG LIVE (INTRAVESICAL), PER<br>INSTILLATION                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 128.68   |
| J9032 | Fee on File | Z  | INJECTION, BELINOSTAT, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 530       | 35.26    |
| J9033 | Fee on File | Z  | INJECTION, BENDAMUSTINE HCL<br>(TREANDA), 1 MG                                | 0       | 999     | 07/01/2017 | 12/31/9999 | 272       | 28.91    |
| J9034 | Fee on File | Z  | INJECTION, BENDAMUSTINE HCL<br>(BENDEKA), 1 MG                                | 18      | 999     | 07/01/2017 | 12/31/9999 | 272       | 23.55    |
| J9035 | Fee on File | Z  | INJECTION, BEVACIZUMAB, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 287       | 74.84    |
| J9039 | Not Covered | Z  | INJECTION, BLINATUMOMAB, 1<br>MICROGRAM                                       | 0       | 999     | 01/01/2016 | 12/31/9999 | 1         | 0.00     |
| J9040 | Fee on File | Z  | INJECTION, BLEOMYCIN SULFATE, 15<br>UNITS                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 46.50    |
| J9041 | Fee on File | Z  | INJECTION, BORTEZOMIB, 0.1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 35        | 46.84    |
| J9042 | Fee on File | Z  | INJECTION, BRENTUXIMAB VEDOTIN, 1   | 18      | 999     | 07/01/2017 | 12/31/9999 | 180       | 139.75   |
| J9043 | Fee on File | Z  | INJECTION, CABAZITAXEL, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 68        | 156.92   |
| J9045 | Fee on File | Z  | INJECTION, CARBOPLATIN, 50 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 3.41     |
| J9047 | Fee on File | Z  | INJECTION, CARFILZOMIB, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 143       | 32.14    |
| J9050 | Fee on File | Z  | INJECTION, CARMUSTINE, 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 3,862.48 |
| J9055 | Fee on File | Z  | INJECTION, CETUXIMAB, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 109       | 57.49    |
| J9060 | Fee on File | Z  | INJECTION, CISPLATIN, POWDER OR<br>SOLUTION, 10 MG                            | 0       | 999     | 07/01/2017 | 12/31/9999 | 160       | 2.01     |
| J9065 | Fee on File | Z  | INJECTION, CLADRIBINE, PER 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 21.22    |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee       |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|-----------|
| J9070 | Fee on File | Z  | CYCLOPHOSPHAMIDE, 100 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 80        | 42.16     |
| J9098 | Not Covered | Z  | INJECTION, CYTARABINE LIPOSOME, 10 MG                               | 0       | 999     | 01/01/2004 | 12/31/9999 | 9         | 0.00      |
| J9100 | Fee on File | Z  | INJECTION, CYTARABINE, 100 MG                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 7         | 0.83      |
| J9120 | Fee on File | Z  | INJECTION, DACTINOMYCIN, 0.5 MG                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 160       | 1,370.08  |
| J9130 | Fee on File | Z  | DACARBAZINE, 100 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 3.91      |
| J9145 | Fee on File | Z  | INJECTION, DARATUMUMAB, 10 MG                                       | 18      | 999     | 07/01/2017 | 12/31/9999 | 113       | 48.61     |
| J9150 | Fee on File | Z  | INJECTION, DAUNORUBICIN, 10 MG                                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 13        | 41.16     |
| J9151 | Fee on File | Z  | INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG       | 18      | 999     | 01/01/2017 | 12/31/9999 | 10        | 243.80    |
| J9155 | Fee on File | Z  | INJECTION, DEGARELIX, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 240       | 3.65      |
| J9160 | Fee on File | Z  | INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS                      | 18      | 999     | 07/01/2014 | 12/31/9999 | 10        | 1,863.80  |
| J9165 | Not Covered | Z  | INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG                   | 0       | 999     | 07/01/2014 | 12/31/9999 | 8         | 0.00      |
| J9171 | Fee on File | Z  | INJECTION, DOCETAXEL, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 272       | 1.80      |
| J9175 | Not Covered | Z  | INJECTION, ELLIOTTS' B SOLUTION, 1 ML 00017500                      | 0       | 999     | 01/01/2006 | 12/31/9999 | 10        | 0.00      |
| J9176 | Fee on File | Z  | INJECTION, ELOTUZUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 1500      | 6.28      |
| J9178 | Fee on File | Z  | INJECTION, EPIRUBICIN HCL, 2 MG                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 136       | 1.21      |
| J9179 | Fee on File | Z  | INJECTION, ERIBULIN MESYLATE, 0.1 MG                                | 28      | 85      | 07/01/2017 | 12/31/9999 | 38        | 109.61    |
| J9181 | Fee on File | Z  | INJECTION, ETOPOSIDE, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 28        | 0.59      |
| J9185 | Fee on File | Z  | INJECTION, FLUDARABINE PHOSPHATE, 50 MG                             | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 76.80     |
| J9190 | Fee on File | Z  | INJECTION, FLUOROURACIL, 500 MG                                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 20        | 1.65      |
| J9200 | Fee on File | Z  | INJECTION, FLOXURIDINE, 500 MG                                      | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 73.88     |
| J9201 | Fee on File | Z  | INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG                        | 0       | 999     | 07/01/2017 | 12/31/9999 | 17        | 6.17      |
| J9202 | Fee on File | Z  | GOSERELIN ACETATE IMPLANT, PER 3.6 MG                               | 0       | 999     | 07/01/2017 | 12/31/9999 | 3         | 326.01    |
| J9205 | Fee on File | Z  | INJECTION, IRINOTECAN LIPOSOME, 1                                   | 0       | 999     | 07/01/2017 | 12/31/9999 | 46        | 40.29     |
| J9206 | Fee on File | Z  | INJECTION, IRINOTECAN, 20 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 41        | 3.54      |
| J9207 | Fee on File | Z  | INJECTION, IXABEPILONE, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 108       | 74.09     |
| J9208 | Fee on File | Z  | INJECTION, IFOSFAMIDE, 1 GRAM                                       | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 27.26     |
| J9209 | Fee on File | Z  | INJECTION, MESNA, 200 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 30        | 2.17      |
| J9211 | Fee on File | Z  | INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG                           | 0       | 999     | 07/01/2017 | 12/31/9999 | 8         | 39.28     |
| J9212 | Not Covered | Z  | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM           | 0       | 999     | 07/01/2014 | 12/31/9999 | 15        | 0.00      |
| J9213 | Not Covered | Z  | INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS        | 0       | 999     | 07/01/2014 | 12/31/9999 | 5         | 0.00      |
| J9214 | Fee on File | Z  | INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS        | 0       | 999     | 07/01/2017 | 12/31/9999 | 82        | 28.44     |
| J9215 | Fee on File | Z  | INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000  | 18      | 999     | 01/01/2014 | 12/31/9999 | 24        | 8.60      |
| J9216 | Fee on File | Z  | INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS                   | 0       | 999     | 04/01/2017 | 12/31/9999 | 1         | 6,308.13  |
| J9217 | Fee on File | Z  | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG                   | 0       | 999     | 07/01/2017 | 12/31/9999 | 6         | 202.12    |
| J9218 | Fee on File | Z  | LEUPROLIDE ACETATE, PER 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 25.73     |
| J9219 | Not Covered | Z  | LEUPROLIDE ACETATE IMPLANT, 65 MG                                   | 2       | 999     | 01/01/2017 | 12/31/9999 | 1         | 0.00      |
| J9225 | Fee on File | Z  | HISTRELIN IMPLANT (VANTAS), 50 MG                                   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 3,203.11  |
| J9226 | Fee on File | Z  | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG                             | 2       | 12      | 07/01/2017 | 12/31/9999 | 1         | 27,749.07 |
| J9228 | Fee on File | Z  | INJECTION, IPILIMUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 1590      | 144.67    |
| J9230 | Fee on File | Z  | INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG | 0       | 999     | 07/01/2017 | 12/31/9999 | 7         | 292.89    |

| Code  | Status         | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee       |
|-------|----------------|----|---|---------|---------|------------|------------|-----------|-----------|
| J9245 | Fee on File    | Z  | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG                               | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 1,468.85  |
| J9250 | Fee on File    | Z  | METHOTREXATE SODIUM, 5 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 27        | 0.30      |
| J9260 | Fee on File    | Z  | METHOTREXATE SODIUM, 50 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 4         | 2.96      |
| J9261 | Fee on File    | Z  | INJECTION, NELARABINE, 50 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 82        | 152.01    |
| J9262 | Fee on File    | Z  | INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG                           | 18      | 999     | 07/01/2017 | 12/31/9999 | 7         | 2.85      |
| J9263 | Fee on File    | Z  | INJECTION, OXALIPLATIN, 0.5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 684       | 0.18      |
| J9264 | Fee on File    | Z  | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG                     | 0       | 999     | 07/01/2017 | 12/31/9999 | 708       | 10.75     |
| J9266 | Fee on File    | Z  | INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL                           | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 13,915.10 |
| J9267 | Fee on File    | Z  | INJECTION, PACLITAXEL, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 1193      | 0.14      |
| J9268 | Fee on File    | Z  | INJECTION, PENTOSTATIN, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 2,057.09  |
| J9270 | Not Covered    | Z  | INJECTION, PLICAMYCIN, 2.5 MG   | 0       | 999     | 07/01/2014 | 12/31/9999 | 2         | 0.00      |
| J9271 | Fee on File    | Z  | INJECTION, PEMBROLIZUMAB, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 318       | 47.18     |
| J9280 | Fee on File    | Z  | INJECTION, MITOMYCIN, 5 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 16        | 121.45    |
| J9293 | Fee on File    | Z  | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG                         | 0       | 999     | 07/01/2017 | 12/31/9999 | 10        | 37.87     |
| J9295 | Fee on File    | Z  | INJECTION, NECITUMUMAB, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 800       | 5.33      |
| J9299 | Fee on File    | Z  | INJECTION, NIVOLUMAB, 1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 476       | 26.42     |
| J9300 | Not Covered    | Z  | INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG                                  | 0       | 999     | 01/01/2014 | 12/31/9999 | 4         | 0.00      |
| J9301 | Fee on File    | Z  | INJECTION, OBINUTUZUMAB, 10 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 100       | 58.78     |
| J9302 | Fee on File    | Z  | INJECTION, OFATUMUMAB, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 200       | 54.84     |
| J9303 | Fee on File    | Z  | INJECTION, PANITUMUMAB, 10 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 109       | 109.40    |
| J9305 | Fee on File    | Z  | INJECTION, PEMETREXED, 10 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 136       | 64.74     |
| J9306 | Fee on File    | Z  | INJECTION, PERTUZUMAB, 1 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 840       | 11.11     |
| J9307 | Fee on File    | Z  | INJECTION, PRALATREXATE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 82        | 247.60    |
| J9308 | Fee on File    | Z  | INJECTION, RAMUCIRUMAB, 5 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 318       | 56.56     |
| J9310 | Fee on File    | Z  | INJECTION, RITUXIMAB, 100 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 11        | 842.40    |
| J9315 | Fee on File    | Z  | INJECTION, ROMIDEPSIN, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 38        | 319.45    |
| J9320 | Fee on File    | Z  | INJECTION, STREPTOZOCIN, 1 GRAM   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 319.04    |
| J9325 | Fee on File    | Z  | INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS | 21      | 999     | 07/01/2017 | 12/31/9999 | 10        | 47.06     |
| J9328 | Fee on File    | Z  | INJECTION, TEMOZOLOMIDE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 554       | 8.80      |
| J9330 | Fee on File    | Z  | INJECTION, TEMSIROLIMUS, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 25        | 69.98     |
| J9340 | Fee on File    | Z  | INJECTION, THIOTEPA, 15 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 9         | 851.00    |
| J9351 | Fee on File    | Z  | INJECTION, TOPOTECAN, 0.1 MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 40        | 1.08      |
| J9352 | Fee on File    | Z  | INJECTION, TRABECTEDIN, 0.1 MG  | 18      | 65      | 07/01/2017 | 12/31/9999 | 15        | 286.43    |
| J9354 | Fee on File    | Z  | INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG                              | 18      | 999     | 07/01/2017 | 12/31/9999 | 572       | 29.79     |
| J9355 | Fee on File    | Z  | INJECTION, TRASTUZUMAB, 10 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 96        | 96.63     |
| J9357 | Not Covered    | Z  | INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG                             | 0       | 999     | 01/01/2000 | 12/31/9999 | 4         | 0.00      |
| J9360 | Fee on File    | Z  | INJECTION, VINBLASTINE SULFATE, 1 MG                                    | 0       | 999     | 07/01/2017 | 12/31/9999 | 30        | 3.48      |
| J9370 | Fee on File    | Z  | VINCRISTINE SULFATE, 1 MG   | 0       | 999     | 07/01/2017 | 12/31/9999 | 5         | 4.92      |
| J9371 | Fee on File    | Z  | INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG                           | 18      | 999     | 04/01/2017 | 12/31/9999 | 12        | 2,600.36  |
| J9390 | Fee on File    | Z  | INJECTION, VINORELBINE TARTRATE, 10 MG                                  | 0       | 999     | 07/01/2017 | 12/31/9999 | 9         | 9.43      |
| J9395 | Fee on File    | Z  | INJECTION, FULVESTRANT, 25 MG   | 18      | 999     | 07/01/2017 | 12/31/9999 | 20        | 96.18     |
| J9400 | Fee on File    | Z  | INJECTION, ZIV-AFLIBERCEPT, 1 MG  | 18      | 999     | 07/01/2017 | 12/31/9999 | 636       | 8.05      |
| J9600 | Not Covered    | Z  | INJECTION, PORFIMER SODIUM, 75 MG                                       | 18      | 999     | 07/01/2014 | 12/31/9999 | 5         | 0.00      |
| J9999 | Manual Pricing | Z  | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS                          | 0       | 999     | 11/01/2004 | 12/31/9999 | 1         | 0.00      |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee   |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|-------|
| Q0138 | Fee on File | Z  | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)  | 18      | 999     | 01/01/2017 | 12/31/9999 | 510       | 0.89  |
| Q0139 | Fee on File | Z  | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)  | 0       | 999     | 01/01/2017 | 12/31/9999 | 510       | 0.89  |
| Q0144 | Not Covered | Z  | AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM   | 0       | 999     | 01/01/2003 | 12/31/9999 | 2         | 0.00  |
| Q0161 | Fee on File | Z  | CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV   | 0       | 999     | 01/01/2015 | 12/31/9999 | 5         | 0.95  |
| Q0162 | Not Covered | Z  | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN | 0       | 999     | 01/01/2012 | 12/31/9999 | 24        | 0.00  |
| Q0163 | Not Covered | Z  | DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION   | 0       | 999     | 01/01/1999 | 12/31/9999 | 8         | 0.00  |
| Q0164 | Not Covered | Z  | PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM   | 0       | 999     | 01/01/1999 | 12/31/9999 | 8         | 0.00  |
| Q0166 | Not Covered | Z  | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM  | 0       | 999     | 01/01/1999 | 12/31/9999 | 2         | 0.00  |
| Q0167 | Not Covered | Z  | DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 17        | 0.00  |
| Q0169 | Not Covered | Z  | PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION  | 0       | 999     | 01/01/1999 | 12/31/9999 | 24        | 0.00  |
| Q0173 | Not Covered | Z  | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION  | 0       | 999     | 01/01/1999 | 12/31/9999 | 5         | 0.00  |
| Q0174 | Not Covered | Z  | THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM  | 0       | 999     | 01/01/1999 | 12/31/9999 | 3         | 0.00  |
| Q0175 | Not Covered | Z  | PERPHENZAINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE  | 0       | 999     | 01/01/1999 | 12/31/9999 | 6         | 0.00  |
| Q0177 | Not Covered | Z  | HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,  | 0       | 999     | 01/01/1999 | 12/31/9999 | 24        | 0.00  |
| Q0180 | Not Covered | Z  | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI   | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00  |
| Q0181 | Not Covered | Z  | UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR  | 0       | 999     | 01/01/1999 | 12/31/9999 | 1         | 0.00  |
| Q2009 | Not Covered | Z  | INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT   | 0       | 999     | 01/01/2001 | 12/31/9999 | 19        | 0.00  |
| Q2017 | Not Covered | Z  | INJECTION, TENIPOSIDE, 50 MG  | 0       | 999     | 01/01/2001 | 12/31/9999 | 19        | 0.00  |
| Q2026 | Not Covered | Z  | INJECTION, RADIESSE, 0.1 ML   | 0       | 999     | 01/01/2010 | 12/31/9999 | 27        | 0.00  |
| Q2028 | Not Covered | Z  | INJECTION, SCULPTRA, 0.5 MG   | 0       | 999     | 01/01/2014 | 12/31/9999 | 1         | 0.00  |
| Q2034 | Not Covered | Z  | INFLUENZA VIRUS VACCINE SPLIT VIRUS FOR IM USE (AGRIFLU)  | 0       | 999     | 07/01/2012 | 12/31/9999 | 1         | 0.00  |
| Q2035 | Fee on File | Z  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE  | 3       | 999     | 10/01/2016 | 12/31/9999 | 1         | 16.28 |



| Code  | Status         | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee    |
|-------|----------------|----|--|---------|---------|------------|------------|-----------|--------|
| Q2036 | Fee on File    | Z  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE   | 3       | 999     | 04/01/2015 | 12/31/9999 | 1         | 8.58   |
| Q2037 | Fee on File    | Z  | NFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE  | 3       | 999     | 10/01/2016 | 12/31/9999 | 1         | 16.28  |
| Q2038 | Fee on File    | Z  | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE   | 3       | 999     | 01/01/2015 | 12/31/9999 | 1         | 12.04  |
| Q2039 | Not Covered    | Z  | INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED   | 3       | 999     | 07/01/2016 | 12/31/9999 | 1         | 0.00   |
| Q2043 | Not Covered    | Z  | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION | 0       | 999     | 07/01/2011 | 12/31/9999 | 1         | 0.00   |
| Q2049 | Fee on File    | Z  | DOXORUBICIN HYDROCHLORIDE LIPOSOMAL IMPORTED LIPODOX 10 MG   | 19      | 999     | 01/01/2015 | 12/31/9999 | 15        | 508.43 |
| Q2050 | Fee on File    | Z  | INJECTION, DOXORUBICIN HYDROCHLORIDE LIPOSOMAL NOT OTHERWISE SPECIFIED 10MG  | 0       | 999     | 07/01/2017 | 12/31/9999 | 15        | 383.83 |
| Q2052 | Not Covered    | Z  | SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBULIN (IVIG) DEMONSTRATION  | 0       | 999     | 04/01/2014 | 12/31/9999 | 1         | 0.00   |
| Q3001 | Not Covered    | Z  | RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH  | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00   |
| Q3027 | Fee on File    | Z  | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE   | 18      | 999     | 07/01/2017 | 12/31/9999 | 30        | 50.26  |
| Q3028 | Fee on File    | Z  | INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE  | 18      | 999     | 01/01/2015 | 12/31/9999 | 44        | 181.74 |
| Q4081 | Fee on File    | Z  | INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)  | 0       | 999     | 07/01/2016 | 12/31/9999 | 477       | 1.25   |
| Q4082 | Not Covered    | Z  | DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG  | 0       | 999     | 01/01/2007 | 12/31/9999 | 1         | 0.00   |
| Q9951 | Manual Pricing | Z  | LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML   | 0       | 999     | 01/01/2014 | 12/31/9999 | 999       | 0.00   |
| Q9953 | Fee on File    | Z  | INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML  | 0       | 999     | 04/01/2010 | 12/31/9999 | 1         | 62.05  |
| Q9954 | Fee on File    | Z  | ORAL MAGNETIC RESONANCE CONTRAST AGENT, ML   | 0       | 999     | 01/01/2013 | 12/31/9999 | 20        | 11.66  |
| Q9955 | Manual Pricing | Z  | INJECTION, PERFELXANE LIPID MICROSPHERES, PER ML   | 0       | 999     | 06/01/2007 | 12/31/9999 | 1         | 0.00   |
| Q9956 | Fee on File    | Z  | INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML   | 0       | 999     | 07/01/2017 | 12/31/9999 | 1         | 34.14  |
| Q9957 | Fee on File    | Z  | INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML   | 0       | 999     | 07/01/2017 | 12/31/9999 | 2         | 51.22  |
| Q9958 | Fee on File    | Z  | HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION PER ML   | 0       | 999     | 07/01/2016 | 12/31/9999 | 300       | 0.09   |
| Q9959 | Manual Pricing | Z  | HIGH OSMOLAR CONTRAST MATERIAL 150-199 MG/ML IODINE CONCENTRATION PER ML   | 0       | 999     | 01/01/2014 | 12/31/9999 | 199       | 0.00   |
| Q9960 | Fee on File    | Z  | HIGH OSMOLAR CONTRAST MATERIAL 200-249 MG/ML IODINE CONCENTRATION PER ML   | 0       | 999     | 07/01/2016 | 12/31/9999 | 249       | 0.18   |
| Q9961 | Fee on File    | Z  | HIGH OSMOLAR CONTRAST MATERIAL 250-299 MG/ML IODINE CONCENTRATION PER ML   | 0       | 999     | 07/01/2016 | 12/31/9999 | 299       | 0.20   |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee   |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|-------|
| Q9962 | Fee on File | Z  | HIGH OSMOLAR CONTRAST MATERIAL 300-349 MG/ML IODINE CONCENTRATION PER ML                                     | 0       | 999     | 07/01/2007 | 12/31/9999 | 349       | 0.18  |
| Q9963 | Fee on File | Z  | HIGH OSMOLAR CONTRAST MATERIAL 350-399 MG/ML IODINE CONCENTRATION PER ML                                     | 0       | 999     | 01/01/2016 | 12/31/9999 | 399       | 0.19  |
| Q9964 | Fee on File | Z  | HIGH OSMOLAR CONTRAST MATERIAL 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML                              | 0       | 999     | 01/01/2008 | 12/31/9999 | 500       | 0.29  |
| Q9965 | Fee on File | Z  | LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML                                    | 0       | 999     | 07/01/2016 | 12/31/9999 | 199       | 0.81  |
| Q9966 | Fee on File | Z  | LOW OSMOLAR CONTRAST MATERIAL, 200-299MG/ML IODINE CONCENTRATION, PER ML                                     | 0       | 999     | 07/01/2016 | 12/31/9999 | 299       | 0.18  |
| Q9967 | Fee on File | Z  | LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML                                    | 0       | 999     | 07/01/2016 | 12/31/9999 | 399       | 0.13  |
| Q9968 | Fee on File | Z  | INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG | 0       | 999     | 01/01/2017 | 12/31/9999 | 10        | 2.39  |
| Q9969 | Fee on File | Z  | TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE                    | 0       | 999     | 01/01/2013 | 12/31/9999 | 1         | 10.00 |
| S0012 | Not Covered | Z  | BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0014 | Not Covered | Z  | TACRINE HYDROCHLORIDE, 10 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0017 | Not Covered | Z  | INJECTION, AMINOCAPROIC ACID, 5 GRAMS  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0020 | Not Covered | Z  | INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0021 | Not Covered | Z  | INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0023 | Not Covered | Z  | INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0028 | Fee on File | Z  | INJECTION, FAMOTIDINE, 20 MG   | 0       | 999     | 01/01/2015 | 12/31/9999 | 1         | 0.53  |
| S0030 | Not Covered | Z  | INJECTION, METRONIDAZOLE, 500 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0032 | Not Covered | Z  | INJECTION, NAFCILLIN SODIUM, 2 GRAMS   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0034 | Not Covered | Z  | INJECTION, OFLOXACIN, 400 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0039 | Not Covered | Z  | INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0040 | Not Covered | Z  | INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0073 | Not Covered | Z  | INJECTION, AZTREONAM, 500 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0074 | Not Covered | Z  | INJECTION, CEFOTETAN DISODIUM, 500 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0077 | Not Covered | Z  | INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0078 | Not Covered | Z  | INJECTION, FOSPHENYTOIN SODIUM, 750 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0080 | Not Covered | Z  | INJECTION, PENTAMIDINE ISETHIONATE, 300 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0081 | Not Covered | Z  | INJECTION, PIPERACILLIN SODIUM, 500 MG   | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0088 | Not Covered | Z  | IMATINIB INJECTION, 100 MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00  |
| S0090 | Not Covered | Z  | SILDENAFIL CITRATE, 25 MG  | 0       | 999     | 01/01/2000 | 12/31/9999 | 1         | 0.00  |
| S0091 | Not Covered | Z  | GRANISETRON HYDROCHLORIDE, 1 MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00  |
| S0092 | Not Covered | Z  | INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250MG (LOADING DOSE FOR INFUSION PU)                                 | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00  |
| S0093 | Not Covered | Z  | INJECTION, MORPHINE SULFATE, 500MG (LOADING DOSE FOR INFUSION PUMP)  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00  |
| S0104 | Not Covered | Z  | ZIDOVUDINE, ORAL, 100 MG   | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00  |

| Code  | Status      | PA | Description   | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee    |
|-------|-------------|----|---|---------|---------|------------|------------|-----------|--------|
| S0106 | Not Covered | Z  | BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS                              | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0108 | Not Covered | Z  | MERCAPTOPYRINE, ORAL, 50 MG   | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0109 | Not Covered | Z  | METHADONE, ORAL, 5 MG   | 0       | 999     | 10/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0117 | Not Covered | Z  | TRETINOIN, TOPICAL, 5 GRAMS   | 0       | 999     | 07/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0119 | Not Covered | Z  | ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)      | 0       | 999     | 01/01/2012 | 12/31/9999 | 1         | 0.00   |
| S0122 | Not Covered | Z  | INJECTION, MENOTROPINS, 75 IU   | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0126 | Not Covered | Z  | INJECTION, FOLLITROPIN ALFA, 75 IU  | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0128 | Not Covered | Z  | INJECTION, FOLLITROPIN BETA, 75 IU  | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0132 | Not Covered | Z  | INJECTION, GANIRELIX ACETATE, 250   | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00   |
| S0136 | Not Covered | Z  | CLOZAPINE, 25 MG  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0137 | Not Covered | Z  | DIDANOSINE (DDI), 25 MG   | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0138 | Not Covered | Z  | FINASTERIDE, 5 MG   | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0139 | Not Covered | Z  | MINOXIDIL, 10 MG  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0140 | Not Covered | Z  | SAQUINAVIR, 200 MG  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0142 | Not Covered | Z  | COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG        | 0       | 999     | 04/01/2005 | 12/31/9999 | 1         | 0.00   |
| S0145 | Not Covered | Z  | INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML   | 0       | 999     | 07/01/2005 | 12/31/9999 | 1         | 0.00   |
| S0148 | Not Covered | Z  | INJECTION, PEGYLATED INTERFERON ALFA-2B 10 MCG  | 0       | 999     | 10/01/2010 | 12/31/9999 | 1         | 0.00   |
| S0155 | Not Covered | Z  | STERILE DILUTANT FOR EPOPROSTENOL, 50ML   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0156 | Not Covered | Z  | EXEMESTANE, 25 MG   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00   |
| S0157 | Not Covered | Z  | BECAPLERMIN GEL 0.01%, 0.5 GM   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00   |
| S0160 | Not Covered | Z  | DEXTROAMPHETAMINE   | 0       | 999     | 04/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0164 | Not Covered | Z  | INJECTION PANTOPRAZOLE  | 0       | 999     | 04/01/2004 | 12/31/9999 | 1         | 0.00   |
| S0166 | Fee on File | Z  | INJECTION, OLANZAPINE, 2.5 MG   | 13      | 999     | 07/01/2014 | 12/31/9999 | 12        | 10.31  |
| S0169 | Not Covered | Z  | CALCITROL 0.25 MICROGRAM  | 0       | 999     | 10/01/2010 | 12/31/9999 | 1         | 0.00   |
| S0170 | Not Covered | Z  | ANASTROZOLE, ORAL, 1MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0171 | Not Covered | Z  | INJECTION, BUMETANIDE, 0.5MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0172 | Not Covered | Z  | CHLORAMBUCIL, ORAL, 2MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0174 | Not Covered | Z  | DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDI                              | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0175 | Not Covered | Z  | FLUTAMIDE, ORAL, 125MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0176 | Not Covered | Z  | HYDROXYUREA, ORAL, 500MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0177 | Not Covered | Z  | LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0178 | Not Covered | Z  | LOMUSTINE, ORAL, 10MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0179 | Not Covered | Z  | MEGESTROL ACETATE, ORAL, 20MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0182 | Not Covered | Z  | PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0183 | Fee on File | Z  | PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164) | 0       | 999     | 07/01/2015 | 12/31/9999 | 8         | 0.05   |
| S0187 | Not Covered | Z  | TAMOXIFEN CITRATE, ORAL, 10MG   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0189 | Fee on File | Z  | TESTOSTERONE PELLET, 75MG   | 0       | 999     | 07/01/2016 | 12/31/9999 | 6         | 106.26 |
| S0190 | Not Covered | Z  | MIFEPRISTONE, ORAL, 200 MG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0191 | Not Covered | Z  | MISOPROSTOL, ORAL, 200 MCG  | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00   |
| S0194 | Not Covered | Z  | VITAMIN SUPPL 100 CAPS  | 0       | 999     | 04/01/2004 | 12/31/9999 | 1         | 0.00   |

| Code  | Status      | PA | Description  | Min Age | Max Age | Begin Date | End Date   | Max Units | Fee  |
|-------|-------------|----|--|---------|---------|------------|------------|-----------|------|
| S0197 | Not Covered | Z  | PRENATAL VITAMINIS, 30-DAY SUPPLY  | 0       | 999     | 04/01/2005 | 12/31/9999 | 1         | 0.00 |
| S0199 | Not Covered | Z  | MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL                   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00 |
| S4989 | Not Covered | Z  | CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMP                   | 9       | 60      | 07/01/2013 | 12/31/9999 | 1         | 0.00 |
| S4990 | Not Covered | Z  | NICOTINE PATCHES, LEGEND   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00 |
| S4991 | Not Covered | Z  | NICOTINE PATCHES, NON-LEGEND   | 0       | 999     | 01/01/2002 | 12/31/9999 | 1         | 0.00 |
| S4993 | Not Covered | Z  | CONTRACEPTIVE PILLS FOR BIRTH CONTROL  | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00 |
| S4995 | Not Covered | Z  | SMOKING CESSATION GUM  | 0       | 999     | 01/01/2003 | 12/31/9999 | 1         | 0.00 |
| S5000 | Not Covered | Z  | PRESCRIPTION DRUG, GENERIC   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5001 | Not Covered | Z  | PRESCRIPTION DRUG, BRAND NAME  | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5010 | Not Covered | Z  | 5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5012 | Not Covered | Z  | 5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5013 | Not Covered | Z  | 5% DEXTROSE AND 0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE, 1000 ML | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5014 | Not Covered | Z  | 5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SU                   | 0       | 999     | 01/01/2001 | 12/31/9999 | 1         | 0.00 |
| S5550 | Not Covered | Z  | INSULIN, RAPID ONSET, 5 UNITS  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5551 | Not Covered | Z  | INSULIN, MOST RAPID ONSET (LISPRO OR ASPART), 5 UNITS                                      | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5552 | Not Covered | Z  | INSULIN, INTERMEDIATE ACTING (NPH OR LENTE), 5 UNITS                                       | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5553 | Not Covered | Z  | INSULIN, LONG ACTING, 5 UNITS  | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5560 | Not Covered | Z  | INSULIN DELIVERY DEVICE, REUSABLE PEN, 1.5 ML SIZE   | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5561 | Not Covered | Z  | INSULIN DELIVERY DEVICE, REUSABLE PEN, 3 ML SIZE   | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5565 | Not Covered | Z  | INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP, 150 UNITS            | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5566 | Not Covered | Z  | INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP, 300 UNITS            | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5570 | Not Covered | Z  | INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN), 1.5 ML SIZE                   | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |
| S5571 | Not Covered | Z  | INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN), 3 ML SIZE                     | 0       | 999     | 01/01/2004 | 12/31/9999 | 1         | 0.00 |