

PHYSICIAN ADMINISTERED DRUG FEE SCHEDULE Effective 4/1/2017

Print Date: 4/4/17

Code	Status	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	04/01/2017	12/31/9999	1	296.71
90376	Fee on File	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR	0	999	04/01/2017	12/31/9999	1	296.34
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	10/01/2006	12/31/9999	10	0.00
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	10/01/2006	12/31/9999	6	0.00
90471	Fee on File	IMMUNIZATION ADMINISTRATION; 1 SINGLE/COMBINATION VACCINE/TOXOID	0	999	07/01/2016	12/31/9999	1	20.43
90472	Fee on File	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTA	0	999	07/01/2016	12/31/9999	8	10.32
90473	Fee on File	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SI	0	18	10/01/2006	12/31/9999	1	0.00
90474	Fee on File	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	0	999	10/01/2006	12/31/9999	6	0.00
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

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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, 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, 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	01/10/2014	12/31/9999	1	0.00
90647	Fee on File	HAEMOPHILUS INFLUENZAE B VACCINE (HIB), PRP-OMP CONJUGATE, (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	18	10/01/2003	12/31/9999	1	0.00
90648	Fee on File	HAEMOPHILUS INFLUENZAE B VACCINE (HIB), PRP-T CONJUGATE, (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	0	18	05/01/2006	12/31/9999	1	0.00
90649	Fee on File	HUMAN PAPILOMA 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 PAPILOMA VIRUS VACCINE, TYPES 16, 18, BIVALENT (HPV2), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	9	26	01/01/2016	12/31/9999	1	154.35
90651	Fee on File	HUMAN PAPILOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT (9VHPV), 3-DOSE SCHEDULE, FOR INTRAMUSCULAR USE	9	26	10/01/2016	12/31/9999	1	464.41
90653	Not Covered	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	0	999	01/01/2013	12/31/9999	2	0.00
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	11/01/2006	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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
90657	Fee on File	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	0	3	10/01/2003	12/31/9999	1	0.00
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	Not Covered	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE	0	999	01/01/2008	12/31/9999	1	0.00
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	Not Covered	INFLUENZA VIRUS VACCINE, TRIVALENT (RIV3), DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE	0	999	01/01/2014	12/31/9999	1	0.00
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	04/01/2017	12/31/9999	1	269.91
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
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

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90686	Fee on File	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	3	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	3	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	10/01/2003	12/31/9999	1	0.00
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
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

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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	10/01/2016	12/31/9999	1	122.96
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	10/01/2016	12/31/9999	1	61.47
90747	Fee on File	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, (4 DOSE SCHEDULE).FOR INTRAMUSCULAR USE	19	999	10/01/2016	12/31/9999	1	122.96
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
A9508	Not Covered	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	0	999	07/01/2014	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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 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 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 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 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 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 00003900	0	999	01/01/2015	12/31/9999	1	207.90
A9542	Fee on File	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5MILLICURUES 00004000	0	999	04/01/2008	12/31/9999	1	2,769.63

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A9543	Fee on File	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES 00004100	0	999	04/01/2017	12/31/9999	1	47,111.90
A9546	Manual Pricing	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE 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 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 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 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 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 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 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 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 00005300	0	999	07/01/2011	12/31/9999	1	500.00
A9556	Fee on File	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE 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 00005500	0	999	06/01/2007	12/31/9999	1	0.00
A9558	Fee on File	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES 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 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 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 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 00006000	0	999	01/01/2015	12/31/9999	1	619.20
A9563	Fee on File	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE 00006100	0	999	01/01/2017	12/31/9999	999	56.64

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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	04/01/2017	12/31/9999	32	0.19
A9576	Fee on File	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	0	999	04/01/2017	12/31/9999	273	1.73
A9577	Fee on File	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	0	999	07/01/2017	12/31/9999	273	2.09
A9578	Fee on File	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	0	999	04/01/2017	12/31/9999	273	1.99
A9579	Fee on File	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	0	999	04/01/2017	12/31/9999	273	1.92
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	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A9599	Manual Pricing	RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLID 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	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	0	999	04/01/2017	12/31/9999	999	1,275.11
A9604	Fee on File	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	0	999	04/01/2017	12/31/9999	999	12,055.91
A9606	Fee on File	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	18	999	04/01/2017	12/31/9999	215	126.36
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	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	0	999	06/01/2007	12/31/9999	1	0.00
A9700	Manual Pricing	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	PROTHROMBIN 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	Not Covered	INJECTION, ETEPLIRSEN, 10MG	4	999	04/01/2017	12/31/9999	477	0.00
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
C9487	Not Covered	USTEKINUMAB, INTRAVENOUS INJECTION, 1MG	18	999	04/01/2017	12/31/9999	90	0.00
C9488	Not Covered	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1MG	18	999	04/01/2017	12/31/9999	40	0.00
C9497	Not Covered	LOXAPINE, INHALATION POWDER, 10 MG	18	999	01/01/2014	12/31/9999	1	0.00
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	04/01/2017	12/31/9999	100	46.86
J0130	Fee on File	INJECTION ABCIXIMAB, 10 MG	0	999	04/01/2017	12/31/9999	1	1,152.19
J0131	Fee on File	INJECTION, ACETAMINOPHEN, 10 MG	2	999	01/01/2015	12/31/9999	400	0.42

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0132	Fee on File	INJECTION, ACETYLCYSTEINE, 100 MG	0	999	04/01/2017	12/31/9999	700	1.38
J0133	Fee on File	INJECTION, ACYCLOVIR, 5 MG	0	999	04/01/2017	12/31/9999	1908	0.07
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	04/01/2017	12/31/9999	24	0.55
J0171	Fee on File	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	0	999	04/01/2017	12/31/9999	15	0.40
J0178	Fee on File	INJECTION AFLIBERCEPT, 1MG	19	999	04/01/2017	12/31/9999	4	980.14
J0180	Fee on File	INJECTION, AGALSIDASE BETA, 1 MG	0	999	04/01/2017	12/31/9999	159	166.06
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	04/01/2017	12/31/9999	300	1,753.02
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	04/01/2017	12/31/9999	4	519.01
J0210	Fee on File	INJECTION, METHYLDOPATE ÉHCL, 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	04/01/2017	12/31/9999	954	4.82
J0257	Fee on File	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	21	999	04/01/2017	12/31/9999	954	4.36
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	04/01/2017	12/31/9999	15	1.70
J0280	Fee on File	INJECTION, AMINOPHYLLIN, UP TO 250	0	999	04/01/2017	12/31/9999	4	8.50
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	04/01/2017	12/31/9999	6	32.86
J0287	Fee on File	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	0	999	04/01/2017	12/31/9999	80	13.18
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	04/01/2017	12/31/9999	80	19.53
J0290	Fee on File	INJECTION, AMPICILLIN SODIUM, É500	0	999	04/01/2017	12/31/9999	28	1.16
J0295	Fee on File	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	0	999	04/01/2017	12/31/9999	8	2.58
J0300	Not Covered	INJECTION, AMOBARBITAL, UP TO 125	6	999	01/01/2015	12/31/9999	4	0.00
J0330	Fee on File	INJECTION, SUCCINYLMCHOLINE 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	04/01/2017	12/31/9999	200	0.52
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	04/01/2017	12/31/9999	12	3.12
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 00013900	0	999	01/01/2006	12/31/9999	1	0.00
J0380	Not Covered	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	18	999	07/01/2014	12/31/9999	10	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0390	Fee on File	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	0	999	01/01/2014	12/31/9999	3	17.27
J0395	Not Covered	INJECTION, ARBUTAMINE HCL, 1 MG	0	999	07/01/2014	12/31/9999	1	0.00
J0400	Fee on File	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	18	999	01/01/2016	12/31/9999	120	0.76
J0401	Fee on File	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	6	999	04/01/2017	12/31/9999	400	4.58
J0456	Fee on File	INJECTION, AZITHROMYCIN, 500 MG	0	999	04/01/2017	12/31/9999	1	3.59
J0461	Fee on File	INJECTION, ATROPINE SULFATE, 0.01 MG	0	999	04/01/2017	12/31/9999	600	0.05
J0470	Fee on File	INJECTION, DIMERCAPROL, PER 100 MG	0	999	04/01/2017	12/31/9999	48	46.60
J0475	Fee on File	INJECTION, BACLOFEN, 10 MG	0	999	04/01/2017	12/31/9999	10	168.69
J0476	Fee on File	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	0	999	04/01/2017	12/31/9999	14	76.84
J0480	Fee on File	INJECTION, BASILIXIMAB, 20 MG	0	999	04/01/2017	12/31/9999	1	3,357.34
J0485	Fee on File	INJECTION, BELATACEPT, 1 MG	18	999	01/01/2017	12/31/9999	1590	3.83
J0490	Fee on File	INJECTION, BELIMUMAB, 10 MG	0	999	04/01/2017	12/31/9999	159	42.58
J0500	Fee on File	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	0	999	04/01/2017	12/31/9999	8	69.11
J0515	Fee on File	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	0	999	04/01/2017	12/31/9999	6	25.37
J0520	Fee on File	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	18	999	01/01/2015	12/31/9999	2	4.49
J0558	Fee on File	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	0	999	04/01/2017	12/31/9999	24	8.55
J0561	Fee on File	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	0	999	04/01/2017	12/31/9999	24	10.75
J0570	Not Covered	BUPRENORPHINE IMPLANT, 74.2 MG	0	999	01/01/2017	12/31/9999	1	0.00
J0571	Not Covered	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0572	Not Covered	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0573	Not Covered	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	0	999	01/01/2015	12/31/9999	1	0.00
J0574	Not Covered	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0575	Not Covered	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE	0	999	01/01/2015	12/31/9999	1	0.00
J0583	Not Covered	INJECTION, BIVALIRUDIN, 1 MG	0	999	01/01/2004	12/31/9999	5	0.00
J0585	Fee on File	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12	999	01/01/2017	12/31/9999	400	5.94
J0586	Fee on File	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	2	999	04/01/2017	12/31/9999	200	7.97
J0587	Fee on File	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	18	999	04/01/2017	12/31/9999	50	11.75
J0588	Fee on File	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	18	999	04/01/2017	12/31/9999	400	4.93
J0592	Fee on File	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	0	999	04/01/2017	12/31/9999	6	3.41
J0594	Fee on File	INJECTION, BUSULFAN, 1 MG	0	999	04/01/2017	12/31/9999	6	36.50
J0595	Fee on File	INJECTION, BUTORPHANOL TARTRATE, 1 MG	0	999	04/01/2017	12/31/9999	16	2.32
J0596	Not Covered	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	13	999	01/01/2016	12/31/9999	1	0.00
J0597	Fee on File	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	0	999	04/01/2017	12/31/9999	300	48.70
J0598	Fee on File	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	0	999	04/01/2017	12/31/9999	100	55.53

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0600	Fee on File	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	0	999	07/01/2015	12/31/9999	2	5,594.42
J0610	Fee on File	INJECTION, CALCIUM GLUCONATE, PER 10 ML	0	999	04/01/2017	12/31/9999	1	3.41
J0620	Fee on File	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	0	999	01/01/2014	12/31/9999	4	8.96
J0630	Fee on File	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	0	999	04/01/2017	12/31/9999	4	2,267.89
J0636	Fee on File	INJECTION, CALCITRIOL, 0.1 MCG	0	999	04/01/2017	12/31/9999	5	0.60
J0637	Fee on File	INJECTION, CASPOFUNGIN ACETATE, 5 MG	0	999	04/01/2017	12/31/9999	14	10.56
J0638	Fee on File	INJECTION, CANAKINUMAB, 1 MG	4	999	01/01/2017	12/31/9999	150	92.51
J0640	Fee on File	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	0	999	04/01/2017	12/31/9999	30	3.02
J0641	Fee on File	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	0	999	04/01/2017	12/31/9999	1000	0.71
J0670	Fee on File	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	0	999	04/01/2017	12/31/9999	55	2.80
J0690	Fee on File	INJECTION, CEFAZOLIN SODIUM, 500 MG	0	999	04/01/2017	12/31/9999	6	0.83
J0692	Fee on File	INJECTION, CEFEPIME HCL, 500 MG	0	999	04/01/2017	12/31/9999	4	2.29
J0694	Fee on File	INJECTION, CEFOXITIN SODIUM, 1 GM	0	999	04/01/2017	12/31/9999	8	4.64
J0695	Not Covered	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	18	999	01/01/2016	12/31/9999	20	0.00
J0696	Fee on File	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	0	999	04/01/2017	12/31/9999	16	0.66
J0697	Fee on File	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	0	999	04/01/2017	12/31/9999	6	2.38
J0698	Fee on File	CEFOTAXIME SODIUM, PER GM	0	999	01/01/2017	12/31/9999	12	1.53
J0702	Fee on File	INJECTION, BETAMETHASONE ACETATE 3MG	0	999	04/01/2017	12/31/9999	10	6.07
J0706	Not Covered	INJECTION, CAFFEINE CITRATE, 5MG	0	999	01/01/2002	12/31/9999	32	0.00
J0710	Fee on File	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	0	999	01/01/2014	12/31/9999	12	3.07
J0712	Fee on File	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	18	999	04/01/2017	12/31/9999	120	2.47
J0713	Fee on File	INJECTION, CEFTAZIDIME, PER 500 MG	0	999	04/01/2017	12/31/9999	12	2.33
J0714	Fee on File	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	18	999	01/01/2017	12/31/9999	3	77.31
J0715	Fee on File	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	0	999	01/01/2014	12/31/9999	24	5.24
J0716	Fee on File	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	0	999	01/01/2017	12/31/9999	3	4,246.69
J0717	Fee on File	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE	18	999	04/01/2017	12/31/9999	400	7.34
J0720	Fee on File	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	0	999	04/01/2017	12/31/9999	8	39.44
J0725	Fee on File	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	3	20	04/01/2017	12/31/9999	10	21.84
J0735	Fee on File	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	0	999	04/01/2017	12/31/9999	1	13.98
J0740	Fee on File	INJECTION, CIDOFOVIR, 375 MG	0	999	04/01/2017	12/31/9999	2	522.12
J0743	Fee on File	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	0	999	04/01/2017	12/31/9999	16	4.01
J0744	Not Covered	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	0	999	01/01/2002	12/31/9999	6	0.00
J0745	Fee on File	INJECTION, CODEINE PHOSPHATE, PER 30 MG	0	999	07/01/2015	12/31/9999	12	1.26
J0770	Fee on File	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	0	999	04/01/2017	12/31/9999	6	13.00
J0775	Fee on File	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	18	999	04/01/2017	12/31/9999	58	40.69

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J0780	Fee on File	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	2	999	04/01/2017	12/31/9999	4	12.48
J0795	Fee on File	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	0	999	10/01/2016	12/31/9999	59	8.12
J0800	Fee on File	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	0	999	04/01/2017	12/31/9999	2	3,537.09
J0833	Fee on File	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	0	999	01/01/2015	12/31/9999	3	101.68
J0834	Fee on File	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	0	999	04/01/2017	12/31/9999	3	45.86
J0840	Fee on File	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	0	999	04/01/2017	12/31/9999	18	2,869.92
J0850	Fee on File	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	0	999	04/01/2017	12/31/9999	1	1,127.74
J0875	Fee on File	INJECTION, DALBAVANCIN, 5MG	18	999	04/01/2017	12/31/9999	300	14.73
J0878	Fee on File	INJECTION, DAPTOMYCIN, 1 MG	0	999	04/01/2017	12/31/9999	954	0.68
J0881	Fee on File	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	0	999	01/01/2017	12/31/9999	500	3.85
J0882	Fee on File	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	0	999	01/01/2017	12/31/9999	200	3.85
J0883	Fee on File	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	18	999	04/01/2017	12/31/9999	60	1.62
J0884	Fee on File	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	18	999	01/01/2017	12/31/9999	60	5.45
J0885	Fee on File	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	0	999	04/01/2017	12/31/9999	95	13.62
J0887	Fee on File	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	0	999	04/01/2017	12/31/9999	14154	1.31
J0888	Fee on File	INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	0	999	04/01/2017	12/31/9999	498	1.31
J0890	Not Covered	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	18	999	01/01/2014	12/31/9999	60	0.00
J0894	Fee on File	INJECTION, DECITABINE, 1 MG	0	999	04/01/2017	12/31/9999	80	17.96
J0895	Fee on File	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	0	999	04/01/2017	12/31/9999	12	8.14
J0897	Fee on File	INJECTION, DENOSUMAB, 1 MG	18	999	04/01/2017	12/31/9999	120	16.63
J0945	Fee on File	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	2	999	07/01/2014	12/31/9999	4	0.10
J1000	Fee on File	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	0	999	04/01/2017	12/31/9999	2	17.75
J1020	Fee on File	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	0	999	01/01/2017	12/31/9999	8	4.99
J1030	Fee on File	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	0	999	04/01/2017	12/31/9999	4	5.57
J1040	Fee on File	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	0	999	04/01/2017	12/31/9999	954	10.61
J1050	Fee on File	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	999	01/01/2017	12/31/9999	150	0.59
J1071	Fee on File	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	12	999	10/01/2016	12/31/9999	400	0.02
J1094	Fee on File	INJECTION, DEXAMETHASONE ACETATE, 1 MG	0	999	07/01/2014	12/31/9999	954	0.10
J1100	Fee on File	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0	999	04/01/2017	12/31/9999	954	0.11
J1110	Fee on File	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	0	999	04/01/2017	12/31/9999	3	161.55
J1120	Fee on File	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	0	999	04/01/2017	12/31/9999	2	24.68
J1130	Fee on File	INJECTION, DICLOFENAC SODIUM, 0.5	18	999	04/01/2017	12/31/9999	300	0.16
J1160	Fee on File	INJECTION, DIGOXIN, UP TO 0.5 MG	0	999	04/01/2017	12/31/9999	1	5.82
J1162	Fee on File	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	0	999	04/01/2017	12/31/9999	20	3,267.54
J1165	Fee on File	INJECTION, PHENYTOIN SODIUM, PER 50 MG	0	999	04/01/2017	12/31/9999	43	0.63

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1170	Fee on File	INJECTION, HYDROMORPHONE, UP TO 4 MG	0	999	04/01/2017	12/31/9999	8	1.91
J1180	Not Covered	INJECTION, DYPHYLLINE, UP TO 500 MG	0	999	01/01/2014	12/31/9999	1	0.00
J1190	Fee on File	INJECTION, DEXRAZOXANE HYDROCHLORIDE PER 250 MG	0	999	04/01/2017	12/31/9999	8	206.33
J1200	Fee on File	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	0	999	04/01/2017	12/31/9999	8	0.72
J1205	Fee on File	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	0	999	04/01/2017	12/31/9999	4	77.90
J1212	Fee on File	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	0	999	04/01/2017	12/31/9999	1	533.72
J1230	Fee on File	INJECTION, METHADONE HCL, UP TO 10 MG	0	999	04/01/2017	12/31/9999	10	19.02
J1240	Fee on File	INJECTION, DIMENHYDRINATE, UP TO 50 MG	0	999	04/01/2017	12/31/9999	8	7.09
J1245	Fee on File	INJECTION, DIPYRIDAMOLE, PER 10 MG	0	999	04/01/2017	12/31/9999	6	0.78
J1250	Fee on File	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	0	999	04/01/2017	12/31/9999	37	5.38
J1260	Fee on File	INJECTION, DOLASETRON MESYLATE, 10 MG	0	999	10/01/2016	12/31/9999	2	6.17
J1265	Not Covered	INJECTION, DOPAMINE HCL, 40 MG 00014600	0	999	01/01/2006	12/31/9999	115	0.00
J1267	Fee on File	INJECTION, DORIPENEM, 10 MG	0	999	04/01/2017	12/31/9999	150	0.51
J1270	Fee on File	INJECTION, DOXERCALCIFEROL, 1 MCG	0	999	04/01/2017	12/31/9999	6	0.57
J1290	Fee on File	INJECTION, ECALLANTIDE, 1 MG	12	999	04/01/2017	12/31/9999	60	421.62
J1300	Fee on File	INJECTION, ECLIZUMAB, 10 MG	0	999	04/01/2017	12/31/9999	90	226.63
J1320	Fee on File	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	12	999	01/01/2014	12/31/9999	15	2.24
J1322	Fee on File	INJECTION, ELOSULFASE ALFA, 1 MG	5	999	04/01/2017	12/31/9999	318	224.37
J1324	Fee on File	INJECTION, ENFUVIRTIDE, 1 MG	0	999	01/01/2015	12/31/9999	180	18.63
J1325	Fee on File	INJECTION, EPOPROSTENOL, 0.5 MG	0	999	04/01/2017	12/31/9999	6	15.53
J1327	Fee on File	INJECTION, EPTIFIBATIDE, 5 MG	0	999	04/01/2017	12/31/9999	87	23.61
J1330	Fee on File	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	0	999	07/01/2016	12/31/9999	2	91.15
J1335	Fee on File	INJECTION, ERTAPENEM SODIUM, 500	0	999	04/01/2017	12/31/9999	2	48.25
J1364	Fee on File	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	0	999	04/01/2017	12/31/9999	8	59.44
J1380	Fee on File	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	0	999	04/01/2017	12/31/9999	5	7.38
J1410	Fee on File	INJECTION, ESTROGEN ÉCONJUGATED, PER 25 MG	0	999	04/01/2017	12/31/9999	5	278.39
J1430	Not Covered	INJECTION, ETHANOLAMINE OLEATE, 100 MG 00103900	0	999	01/01/2006	12/31/9999	10	0.00
J1435	Fee on File	INJECTION, ESTRONE, PER 1 MG	0	999	07/01/2014	12/31/9999	1	0.12
J1436	Fee on File	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	18	999	01/01/2014	12/31/9999	11	71.41
J1438	Fee on File	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	0	999	04/01/2017	12/31/9999	2	437.58
J1439	Fee on File	INJECTION, FERRIC CARBOXYMALTOSE, 10 MG	18	999	04/01/2017	12/31/9999	750	1.06
J1442	Fee on File	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	0	999	04/01/2017	12/31/9999	1590	1.01
J1443	Not Covered	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	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	18	999	04/01/2017	12/31/9999	795	0.67
J1450	Fee on File	INJECTION FLUCONAZOLE, 200 MG	0	999	04/01/2017	12/31/9999	4	4.21
J1451	Not Covered	INJECTION, FOMEPIZOLE, 15 MG 00014700	0	999	01/01/2006	12/31/9999	159	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1452	Fee on File	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	0	999	07/01/2005	12/31/9999	1	212.00
J1453	Fee on File	INJECTION, FOSAPREPITANT, 1 MG	0	999	04/01/2017	12/31/9999	150	1.94
J1455	Fee on File	INJECTION, FOSCARNET SODIUM, PER 1000 MG	18	999	04/01/2017	12/31/9999	20	75.17
J1457	Not Covered	INJECTION, GALLIUM NITRATE, 1 MG	0	999	01/01/2014	12/31/9999	400	0.00
J1458	Fee on File	INJECTION, GALSULFASE, 1 MG	0	999	04/01/2017	12/31/9999	159	369.42
J1459	Fee on File	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	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	0	999	04/01/2017	12/31/9999	3	35.74
J1556	Fee on File	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	6	999	04/01/2017	12/31/9999	254	38.31
J1557	Fee on File	IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	18	999	04/01/2017	12/31/9999	255	41.62
J1559	Fee on File	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	0	999	04/01/2017	12/31/9999	999	9.83
J1560	Fee on File	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	0	999	04/01/2017	12/31/9999	10	357.38
J1561	Fee on File	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED) NON-LYOPHILIZED, 500 MG	0	999	04/01/2017	12/31/9999	318	33.93
J1562	Not Covered	INJECTION, IMMUNE GLOBULIN, (VIVAGLOBIN), 100 MG	0	999	01/01/2014	12/31/9999	227	0.00
J1566	Fee on File	INJ, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED 500 MG	0	999	04/01/2017	12/31/9999	318	32.64
J1568	Fee on File	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G LIQUID), 500 MG	0	999	04/01/2017	12/31/9999	318	36.09
J1569	Fee on File	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID) NON-LYOPHILIZED, 500 MG	0	999	04/01/2017	12/31/9999	318	40.43
J1570	Fee on File	INJECTION, GANCICLOVIR SODIUM, 500 MG	0	999	04/01/2017	12/31/9999	6	67.05
J1571	Fee on File	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	0	999	04/01/2017	12/31/9999	218	58.65
J1572	Fee on File	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (EG LIQUID) 500 MG	0	999	04/01/2017	12/31/9999	218	30.18
J1573	Fee on File	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	0	999	04/01/2017	12/31/9999	218	58.65
J1575	Fee on File	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	18	999	04/01/2017	12/31/9999	954	12.96
J1580	Fee on File	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	0	999	04/01/2017	12/31/9999	14	1.54
J1595	Fee on File	INJECTION, GLATIRAMER ACETATE, 20 MG	0	999	04/01/2017	12/31/9999	1	197.90
J1599	Manual Pricing	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	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	0	999	01/01/2015	12/31/9999	1	4.27
J1602	Fee on File	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	18	999	04/01/2017	12/31/9999	318	24.99
J1610	Fee on File	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	0	999	04/01/2017	12/31/9999	2	200.82
J1620	Not Covered	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	0	999	07/01/2014	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1626	Fee on File	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	0	999	04/01/2017	12/31/9999	16	0.39
J1630	Fee on File	INJECTION, HALOPERIDOL, UP TO 5 MG	18	999	04/01/2017	12/31/9999	6	1.22
J1631	Fee on File	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	18	999	04/01/2017	12/31/9999	4	17.87
J1640	Not Covered	INJECTION, HEMIN, 1 MG 00104000	0	999	01/01/2006	12/31/9999	954	0.00
J1642	Fee on File	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	0	999	10/01/2016	12/31/9999	100	0.18
J1644	Fee on File	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	0	999	04/01/2017	12/31/9999	40	0.20
J1645	Fee on File	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	0	999	04/01/2017	12/31/9999	8	15.34
J1650	Fee on File	INJECTION, ENOXAPARIN SODIUM, 10 MG	0	999	04/01/2017	12/31/9999	1	0.93
J1652	Fee on File	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0	999	04/01/2017	12/31/9999	20	2.28
J1655	Fee on File	INJECTION, TINZAPARIN SODIUM, 1000 IU	0	999	01/01/2014	12/31/9999	28	3.49
J1670	Fee on File	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	0	999	04/01/2017	12/31/9999	24	365.15
J1675	Fee on File	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	0	999	01/01/2014	12/31/9999	5000	1,140.00
J1700	Not Covered	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	0	999	07/01/2014	12/31/9999	2	0.00
J1710	Not Covered	INJECTION, HYDROCORTISONE SODIUM ÉPHOSPHATE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	40	0.00
J1720	Fee on File	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	0	999	04/01/2017	12/31/9999	20	9.03
J1725	Fee on File	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	16	60	04/01/2017	12/31/9999	250	2.74
J1730	Fee on File	INJECTION, DIAZOXIDE, UP TO 300 MG	0	999	01/01/2017	12/31/9999	8	690.03
J1740	Fee on File	INJECTION, IBANDRONATE SODIUM, 1	0	999	04/01/2017	12/31/9999	3	78.29
J1741	Fee on File	INJECTION, IBUPROFEN, 100 MG	18	999	01/01/2015	12/31/9999	32	1.87
J1742	Fee on File	INJECTION, IBUTILIDE FUMARATE, 1 MG	0	999	04/01/2017	12/31/9999	2	192.50
J1743	Fee on File	INJECTION, IDURSULFASE, 1 MG	0	999	04/01/2017	12/31/9999	80	522.01
J1744	Fee on File	INJECTION, ICATIBANT, 1 MG	0	999	04/01/2017	12/31/9999	90	325.61
J1745	Fee on File	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	0	999	04/01/2017	12/31/9999	80	140.14
J1750	Fee on File	INJECTION, IRON DEXTRAN, 50 MG	0	999	01/01/2017	12/31/9999	60	12.46
J1756	Fee on File	INJECTION, IRON SUCROSE, 1 MG	0	999	01/01/2017	12/31/9999	500	0.25
J1786	Fee on File	INJECTION, IMIGLUCERASE, 10 UNITS	0	999	04/01/2017	12/31/9999	954	41.80
J1790	Fee on File	INJECTION, DROPERIDOL, UP TO 5 MG	0	999	04/01/2015	12/31/9999	1	2.14
J1800	Fee on File	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	0	999	04/01/2017	12/31/9999	5	2.17
J1810	Not Covered	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML	0	999	07/01/2014	12/31/9999	2	0.00
J1815	Fee on File	INJECTION, INSULIN, PER 5 UNITS	0	999	04/01/2017	12/31/9999	20	0.81
J1817	Fee on File	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER	0	999	04/01/2017	12/31/9999	2	9.62
J1826	Fee on File	INJECTION, INTERFERON BETA-1A, 30 MCG	0	999	01/01/2017	12/31/9999	2	482.21
J1830	Fee on File	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHE	18	999	04/01/2017	12/31/9999	1	376.30
J1833	Not Covered	INJECTION, ISAVUCONAZONIUM, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J1835	Not Covered	INJECTION, ITRACONAZOLE, 50 MG	0	999	01/01/2002	12/31/9999	8	0.00
J1840	Fee on File	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	0	999	04/01/2015	12/31/9999	5	7.69
J1850	Fee on File	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	0	999	04/01/2015	12/31/9999	32	1.15
J1885	Fee on File	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0	999	04/01/2017	12/31/9999	12	0.69

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J1890	Not Covered	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	0	999	07/01/2014	12/31/9999	1	0.00
J1930	Fee on File	INJECTION, LANREOTIDE, 1 MG	0	999	04/01/2017	12/31/9999	120	54.01
J1931	Fee on File	INJECTION, LARONIDASE, 0.1 MG	0	999	01/01/2017	12/31/9999	790	30.61
J1940	Fee on File	INJECTION, FUROSEMIDE, UP TO 20 MG	0	999	04/01/2017	12/31/9999	25	1.06
J1942	Fee on File	INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	18	999	04/01/2017	12/31/9999	882	2.39
J1945	Not Covered	INJECTION, LEPIRUDIN, 50 MG	0	999	07/01/2014	12/31/9999	9	0.00
J1950	Fee on File	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	0	999	04/01/2017	12/31/9999	3	1,024.55
J1953	Fee on File	INJECTION, LEVETIRACETAM, 10 MG	0	999	04/01/2017	12/31/9999	300	0.16
J1955	Fee on File	INJECTION, LEVOCARNITINE, PER 1 GM	0	999	04/01/2017	12/31/9999	8	19.88
J1956	Fee on File	INJECTION, LEVOFLOXACIN, 250 MG	0	999	04/01/2017	12/31/9999	5	1.55
J1960	Fee on File	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	18	999	07/01/2014	12/31/9999	4	4.78
J1980	Fee on File	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	0	999	04/01/2017	12/31/9999	12	27.56
J1990	Fee on File	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	6	999	01/01/2014	12/31/9999	3	21.05
J2001	Fee on File	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	0	999	01/01/2014	12/31/9999	200	0.02
J2010	Fee on File	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	0	999	04/01/2017	12/31/9999	40	12.26
J2020	Fee on File	INJECTION, LIPO-HEPIN	0	999	04/01/2017	12/31/9999	6	16.64
J2060	Fee on File	INJECTION, LORAZEPAM, 2 MG	18	999	04/01/2017	12/31/9999	4	0.75
J2150	Fee on File	INJECTION, MANNITOL, 25% IN 50 ML	0	999	04/01/2017	12/31/9999	4	1.78
J2170	Fee on File	INJECTION, MECASERMIN, 1 MG	0	999	01/01/2015	12/31/9999	227	798.78
J2175	Fee on File	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	0	999	04/01/2017	12/31/9999	2	4.78
J2180	Fee on File	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	0	999	01/01/2012	12/31/9999	1	5.55
J2182	Fee on File	INJECTION, MEPOLIZUMAB, 1 MG	12	999	04/01/2017	12/31/9999	100	26.65
J2185	Fee on File	INJECTION, MEROPENEM, 100 MG	0	999	04/01/2017	12/31/9999	10	1.11
J2210	Fee on File	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG INJECTION, METHYLERGON	0	999	04/01/2017	12/31/9999	2	14.17
J2212	Fee on File	INJECTION, METHYLNALTREXONE, 0.1	0	999	01/01/2015	12/31/9999	240	144.12
J2248	Fee on File	INJECTION, MICAFUNGIN SODIUM, 1 MG	0	999	04/01/2017	12/31/9999	150	0.95
J2250	Fee on File	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	0	999	01/01/2017	12/31/9999	32	0.12
J2260	Fee on File	INJECTION, MILRINONE LACTATE, 5 MG	0	999	04/01/2017	12/31/9999	2	2.48
J2265	Fee on File	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	8	999	01/01/2017	12/31/9999	200	1.51
J2270	Fee on File	INJECTION, MORPHINE SULFATE, UP TO 10 MG	0	999	04/01/2017	12/31/9999	10	1.59
J2274	Fee on File	INJECTION, MORPHINE SULFATE, PRESERVATIVE- FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	0	999	04/01/2017	12/31/9999	3	10.76
J2278	Not Covered	INJECTION, ZICONOTIDE, 1 MICROGRAM 00015400	0	999	01/01/2006	12/31/9999	20	0.00
J2280	Fee on File	INJ MOXIFLOXACIN 100MG	0	999	04/01/2017	12/31/9999	4	8.08
J2300	Fee on File	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	0	999	04/01/2017	12/31/9999	16	2.53
J2310	Fee on File	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	0	999	04/01/2017	12/31/9999	10	27.34
J2315	Fee on File	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	18	999	01/01/2017	12/31/9999	380	3.25
J2320	Not Covered	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	1	0.00
J2323	Fee on File	INJECTION, NATALIZUMAB, 1MG	0	999	04/01/2017	12/31/9999	300	18.80
J2325	Not Covered	INJECTION, NESIRITIDE, 0.1 MG	0	999	01/01/2006	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
		00015500						
J2353	Fee on File	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	0	999	04/01/2017	12/31/9999	60	175.55
J2354	Not Covered	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	INJECTION, OPRELVEKIN, 5 MG	0	999	10/01/2016	12/31/9999	3	467.22
J2357	Fee on File	INJECTION, OMALIZUMAB, 5 MG	6	75	04/01/2017	12/31/9999	75	33.61
J2358	Fee on File	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	18	999	07/01/2014	12/31/9999	405	2.92
J2360	Fee on File	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	0	999	04/01/2017	12/31/9999	3	5.22
J2370	Fee on File	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	0	999	01/01/2015	12/31/9999	3	3.34
J2400	Fee on File	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	0	999	04/01/2017	12/31/9999	2	29.23
J2405	Fee on File	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0	999	01/01/2017	12/31/9999	50	0.09
J2407	Fee on File	INJECTION, ORITAVANCIN, 10 MG	18	999	04/01/2017	12/31/9999	120	24.56
J2410	Fee on File	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	0	999	04/01/2017	12/31/9999	14	2.90
J2425	Fee on File	INJECTION, PALIFERMIN, 50 MICROGRAMS	0	999	10/01/2016	12/31/9999	180	17.68
J2426	Fee on File	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	18	999	04/01/2017	12/31/9999	819	9.50
J2430	Fee on File	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	0	999	04/01/2017	12/31/9999	5	10.22
J2440	Fee on File	INJECTION, PAPAVERINE HCL, UP TO 60 MG	18	999	07/01/2014	12/31/9999	15	3.00
J2460	Fee on File	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	0	999	01/01/2014	12/31/9999	9	0.94
J2469	Fee on File	INJECTION, PALONOSETRON HCL, 25	0	999	04/01/2017	12/31/9999	10	22.63
J2501	Fee on File	INJECTION, PARICALCITOL, 1 MCG	0	999	04/01/2017	12/31/9999	10	1.16
J2502	Not Covered	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2503	Fee on File	INJECTION, PEGAPTANIB SODIUM, 0.3	0	999	04/01/2016	12/31/9999	2	1,054.70
J2504	Not Covered	INJECTION, PEGADEMASE BOVINE, 25 IU 00015800	0	999	01/01/2006	12/31/9999	100	0.00
J2505	Fee on File	INJECTION, PEGFILGRASTIM, 6 MG	0	999	04/01/2017	12/31/9999	1	4,191.34
J2507	Fee on File	INJECTION, PEGLOTICASE, 1 MG	8	999	04/01/2017	12/31/9999	8	1,821.53
J2510	Fee on File	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	0	999	04/01/2017	12/31/9999	6	26.77
J2513	Not Covered	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML 00015900	0	999	01/01/2006	12/31/9999	20	0.00
J2515	Fee on File	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	0	999	04/01/2017	12/31/9999	6	47.34
J2540	Fee on File	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	0	999	04/01/2017	12/31/9999	50	1.08
J2543	Fee on File	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS	0	999	04/01/2017	12/31/9999	22	2.81
J2545	Fee on File	PENTAMIDINE ISETHIONATE, INHALATION SOL, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM, PER 300	0	999	04/01/2017	12/31/9999	3	122.40
J2547	Not Covered	INJECTION, PERAMIVIR, 1 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2550	Fee on File	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	0	999	04/01/2017	12/31/9999	4	2.19
J2560	Fee on File	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	0	999	04/01/2017	12/31/9999	15	38.37
J2562	Fee on File	INJECTION, PLERIXAFOR, 1 MG	0	999	04/01/2017	12/31/9999	36	312.10
J2590	Fee on File	INJECTION, OXYTOCIN, UP TO 10 UNITS	9	999	07/01/2014	12/31/9999	30	0.96

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2597	Fee on File	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	0	999	04/01/2017	12/31/9999	2	13.15
J2650	Fee on File	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	0	999	10/01/2010	12/31/9999	1	0.52
J2670	Fee on File	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	0	999	01/01/2015	12/31/9999	1	1,600.40
J2675	Fee on File	INJECTION, PROGESTERONE, PER 50 MG	0	999	04/01/2017	12/31/9999	2	1.43
J2680	Fee on File	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	12	999	04/01/2017	12/31/9999	4	21.34
J2690	Fee on File	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	0	999	04/01/2017	12/31/9999	6	59.38
J2700	Fee on File	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	0	999	04/01/2017	12/31/9999	6	0.42
J2704	Not Covered	INJECTION, PROPOFOL, 10 MG	0	999	01/01/2015	12/31/9999	1	0.00
J2710	Fee on File	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	0	999	07/01/2014	12/31/9999	10	1.61
J2720	Fee on File	INJECTION, PROTAMINE SULFATE, PER 10 MG	0	999	04/01/2017	12/31/9999	5	1.09
J2724	Fee on File	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	0	999	04/01/2017	12/31/9999	2182	15.20
J2725	Fee on File	INJECTION, PROTIRELIN, PER 250 MCG	6	999	07/01/2014	12/31/9999	2	0.03
J2730	Fee on File	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	0	999	04/01/2017	12/31/9999	6	87.04
J2760	Fee on File	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	0	999	04/01/2017	12/31/9999	3	334.92
J2765	Fee on File	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	0	999	04/01/2017	12/31/9999	1	0.89
J2770	Not Covered	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG	0	999	01/01/2001	12/31/9999	3	0.00
J2778	Fee on File	INJECTION, RANIBIZUMAB, 0.1 MG	0	999	04/01/2017	12/31/9999	5	375.21
J2780	Fee on File	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	0	999	04/01/2017	12/31/9999	16	1.39
J2783	Fee on File	INJECTION, RASBURICASE, 0.5 MG	0	999	04/01/2017	12/31/9999	64	259.15
J2785	Fee on File	INJECTION, REGADENOSON, 0.1 MG	0	999	04/01/2017	12/31/9999	4	55.27
J2786	Fee on File	INJECTION, RESLIZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	477	8.85
J2788	Fee on File	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	0	999	04/01/2017	12/31/9999	1	25.14
J2790	Fee on File	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	0	999	04/01/2017	12/31/9999	1	78.44
J2791	Fee on File	INJECTION, RHO (D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	0	999	01/01/2017	12/31/9999	15	4.79
J2792	Fee on File	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT,	0	999	04/01/2017	12/31/9999	30	22.70
J2793	Fee on File	INJECTION, RILONACEPT, 1 MG	12	999	01/01/2015	12/31/9999	320	24.09
J2794	Fee on File	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	18	999	04/01/2017	12/31/9999	100	8.17
J2795	Fee on File	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	0	999	04/01/2017	12/31/9999	750	0.08
J2796	Not Covered	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	0	999	01/01/2010	12/31/9999	150	0.00
J2800	Fee on File	INJECTION, METHOCARBAMOL, UP TO 10 ML	0	999	04/01/2017	12/31/9999	5	38.92
J2805	Not Covered	INJECTION, SINCALIDE, 5 MICROGRAMS 00016000	0	999	01/01/2006	12/31/9999	4	0.00
J2810	Fee on File	INJECTION, THEOPHYLLINE, PER 40 MG	0	999	04/01/2017	12/31/9999	20	0.31
J2820	Fee on File	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	0	999	04/01/2017	12/31/9999	10	37.09
J2840	Fee on File	INJECTION, SEBELIPASE ALFA, 1 MG	0	64	01/01/2017	12/31/9999	1	530.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J2850	Not Covered	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM 00104100	0	999	01/01/2006	12/31/9999	64	0.00
J2860	Not Covered	INJECTION, SILTUXIMAB, 10 MG	18	999	01/01/2016	12/31/9999	1	0.00
J2910	Not Covered	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	0	999	07/01/2014	12/31/9999	1	0.00
J2916	Fee on File	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	0	999	04/01/2017	12/31/9999	10	2.31
J2920	Fee on File	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	0	999	04/01/2017	12/31/9999	6	4.06
J2930	Fee on File	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	0	999	04/01/2017	12/31/9999	2	5.57
J2940	Not Covered	INJECTION, SPANESTRIN P, UP TO 1 ML	0	999	01/01/2002	12/31/9999	1	0.00
J2941	Not Covered	INJECTION, SOMATROPIN, 1 MG	0	999	01/01/2002	12/31/9999	1	0.00
J2950	Not Covered	INJECTION, PROMAZINE HCL, UP TO 25 MG	0	999	07/01/2014	12/31/9999	40	0.00
J2993	Not Covered	INJECTION, RETEPLASE, 18.1 MG INJECTION, RETEPLASE, 18.1 MG	0	999	01/01/2001	12/31/9999	2	0.00
J2995	Not Covered	INJECTION, STREPTOKINASE, PER 250,000 IU	0	999	07/01/2014	12/31/9999	6	0.00
J2997	Fee on File	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	0	999	04/01/2017	12/31/9999	100	81.35
J3000	Fee on File	INJECTION, STREPTOMYCIN, UP TO 1 GM	0	999	04/01/2017	12/31/9999	2	13.28
J3010	Fee on File	INJECTION, FENTANYL CITRATE, 0.1 MG	0	999	04/01/2017	12/31/9999	3	0.51
J3030	Fee on File	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	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	18	999	04/01/2017	12/31/9999	954	40.40
J3070	Fee on File	INJECTION, PENTAZOCINE, 30 MG	0	999	04/01/2017	12/31/9999	12	136.71
J3090	Fee on File	INJECTION, T-E IONATE-P.A., UP TO 2 ML	18	999	01/01/2017	12/31/9999	200	1.27
J3095	Fee on File	INJECTION, TELEVANCIN, 10 MG	18	999	04/01/2017	12/31/9999	150	5.00
J3101	Fee on File	INJECTION, TENECTEPLASE, 1 MG	0	999	04/01/2017	12/31/9999	50	102.42
J3105	Fee on File	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	0	999	04/01/2017	12/31/9999	1	3.93
J3110	Fee on File	INJECTION, TESLAC, UP TO 100 MG	18	999	07/01/2014	12/31/9999	2	17.58
J3121	Fee on File	INJECTION, TESTOSTERONE ENANTHATE, 1MG	12	999	10/01/2016	12/31/9999	400	0.04
J3145	Fee on File	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	12	999	10/01/2016	12/31/9999	750	1.19
J3230	Fee on File	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	0	999	04/01/2017	12/31/9999	4	26.89
J3240	Fee on File	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG	0	999	04/01/2017	12/31/9999	1	1,566.93
J3243	Fee on File	INJECTION, TIGECYCLINE, 1 MG	0	999	04/01/2017	12/31/9999	100	3.18
J3246	Fee on File	INJECTION, TIROFIBAN HCL, 0.25MG	18	999	04/01/2017	12/31/9999	5	9.81
J3250	Fee on File	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	0	999	04/01/2017	12/31/9999	6	27.43
J3260	Fee on File	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	0	999	04/01/2017	12/31/9999	10	2.74
J3262	Fee on File	INJECTION, TOCILIZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	800	4.22
J3265	Fee on File	INJECTION, TORSEMIDE, 10 MG/ML	0	999	01/01/2014	12/31/9999	200	2.19
J3280	Not Covered	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	18	999	07/01/2014	12/31/9999	1	0.00
J3285	Fee on File	INJECTION, TREPROSTINIL, 1 MG 00016100	0	999	04/01/2015	12/31/9999	2	61.24
J3300	Fee on File	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	0	999	04/01/2017	12/31/9999	90	3.74
J3301	Fee on File	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE	0	999	04/01/2017	12/31/9999	12	1.78

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J3302	Fee on File	INJECTION TRIAMCINOLONE DIACETATE, PER 5MG	18	999	07/01/2014	12/31/9999	10	0.11
J3303	Fee on File	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	0	999	10/01/2016	12/31/9999	6	3.61
J3305	Not Covered	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	18	999	07/01/2014	12/31/9999	10	0.00
J3310	Fee on File	INJECTION, PERPHENAZINE, UP TO 5 MG	12	999	07/01/2014	12/31/9999	2	1.58
J3315	Fee on File	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	0	999	04/01/2017	12/31/9999	6	365.44
J3320	Not Covered	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	0	999	01/01/2014	12/31/9999	1	0.00
J3330	Not Covered	INJECTION, ULACORT	0	999	05/01/1992	12/31/9999	1	0.00
J3350	Fee on File	INJECTION, UREA, UP TO 40 GM	0	999	01/01/2015	12/31/9999	3	39.97
J3355	Not Covered	INJECTION, UROFOLLITROPIN, 75 IU 00104200	0	999	01/01/2006	12/31/9999	1	0.00
J3357	Fee on File	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	18	999	04/01/2017	12/31/9999	90	174.20
J3360	Fee on File	INJECTION, DIAZEPAM, UP TO 5 MG	0	999	04/01/2017	12/31/9999	6	9.34
J3364	Not Covered	INJECTION, UROKINASE, 5000 IU VIAL	18	999	07/01/2014	12/31/9999	140	0.00
J3365	Not Covered	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	18	999	07/01/2014	12/31/9999	2	0.00
J3370	Fee on File	INJECTION, VANCOMYCIN HCL, 500 MG	0	999	04/01/2017	12/31/9999	6	2.76
J3380	Fee on File	INJECTION, VEDOLIZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	300	18.13
J3385	Fee on File	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	0	999	04/01/2017	12/31/9999	90	342.70
J3396	Fee on File	INJECTION, VERTEPORFIN, 0.1 MG	0	999	04/01/2017	12/31/9999	318	10.76
J3400	Not Covered	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	2	999	07/01/2014	12/31/9999	8	0.00
J3410	Fee on File	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	0	999	04/01/2017	12/31/9999	24	2.24
J3411	Not Covered	INJECTION, THIAMINE HCL, 100 MG	0	999	01/01/2004	12/31/9999	1	0.00
J3415	Not Covered	INJECTION, PYRIDOXINE HCL, 100 MG	0	999	01/01/2004	12/31/9999	1	0.00
J3420	Fee on File	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP ÉTO 1000 MCG	0	999	04/01/2017	12/31/9999	2	3.35
J3430	Fee on File	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	0	999	04/01/2017	12/31/9999	38	3.55
J3465	Not Covered	INJECTION, VORICONAZOLE, 10 MG	0	999	01/01/2004	12/31/9999	60	0.00
J3470	Fee on File	INJECTION, HYALURONIDASE, UP TO 150 UNITS	0	999	07/01/2016	12/31/9999	2	1.42
J3471	Not Covered	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS) 00016200	0	999	01/01/2006	12/31/9999	1	0.00
J3472	Not Covered	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS 00016300	0	999	01/01/2006	12/31/9999	1	0.00
J3473	Fee on File	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	0	999	01/01/2016	12/31/9999	200	0.36
J3475	Fee on File	INJECTION, MAGNESIUM SULFATE, PER 500 MG	0	999	04/01/2017	12/31/9999	20	0.45
J3480	Fee on File	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	0	999	04/01/2017	12/31/9999	150	0.13
J3485	Not Covered	INJECTION, ZIDOVUDINE, 10 MG	0	999	01/01/2001	12/31/9999	180	0.00
J3486	Fee on File	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	18	999	04/01/2017	12/31/9999	4	19.85
J3489	Fee on File	INJECTION, ZOLEDRONIC ACID, 1 MG	18	999	04/01/2017	12/31/9999	5	13.41
J3490	Manual Pricing	UNCLASSIFIED DRUGS UNCLASSIFIED DRUGS	0	999	07/01/1991	12/31/9999	1	0.00
J3520	Not Covered	ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)	0	999	12/10/1996	12/31/9999	1	0.00
J3530	Not Covered	NASAL VACCINE INHALATION NASAL VACCINE INHALATION	0	999	09/30/1995	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J3535	Not Covered	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER DRUG ADMINISTERED THROU	0	999	02/01/1996	12/31/9999	1	0.00
J3570	Not Covered	LAETRILE, AMYGDALIN, VITAMIN B17	0	999	05/01/1992	12/31/9999	1	0.00
J3590	Manual Pricing	UNCLASSIFIED BIOLOGICS	0	999	11/01/2004	12/31/9999	1	0.00
J7030	Fee on File	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	0	999	04/01/2017	12/31/9999	4	2.08
J7040	Fee on File	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	0	999	04/01/2017	12/31/9999	2	1.04
J7042	Fee on File	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	0	999	01/01/2017	12/31/9999	2	0.86
J7050	Fee on File	INFUSION, NORMAL SALINE SOLUTION , 250 CC	0	999	04/01/2017	12/31/9999	4	0.51
J7060	Fee on File	5% DEXTROSE/WATER (500 ML = 1 UNIT)	0	999	04/01/2017	12/31/9999	4	1.95
J7070	Fee on File	INFUSION, D5W, 1000 CC	0	999	04/01/2017	12/31/9999	1	3.76
J7100	Fee on File	INFUSION, DEXTRAN 40, 500 ML	0	999	01/01/2015	12/31/9999	6	17.77
J7110	Fee on File	INFUSION, DEXTRAN 75, 500 ML	0	999	01/01/2014	12/31/9999	3	14.52
J7120	Fee on File	RINGERS LACTATE INFUSION, UP TO 1000 CC	0	999	04/01/2017	12/31/9999	1	2.30
J7121	Not Covered	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	HYPERTONIC SALINE SOLUTION, 1 ML	0	999	01/01/2015	12/31/9999	8	0.03
J7175	Fee on File	INJECTION, FACTOR X, (HUMAN), [COAGODEX] 1 I.U.	12	999	04/01/2017	12/31/9999	9540	6.52
J7178	Fee on File	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	0	999	01/01/2017	12/31/9999	11130	1.15
J7179	Fee on File	INJECTION, VON WILLEBRAND FACTOR (RECOMBIANCT),(VONVENDI), 1 IU	18	64	04/01/2017	12/31/9999	1	2.27
J7180	Fee on File	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1	0	999	01/01/2017	12/31/9999	5000	8.19
J7181	Fee on File	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	0	999	04/01/2017	12/31/9999	5565	14.74
J7182	Not Covered	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	0	999	01/01/2015	12/31/9999	9999	0.00
J7183	Fee on File	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	0	999	04/01/2017	12/31/9999	5000	1.01
J7185	Not Covered	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	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	0	999	04/01/2017	12/31/9999	5000	0.99
J7187	Fee on File	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	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	18	999	04/01/2017	12/31/9999	31800	3.96
J7189	Fee on File	FACTOR VIIA (ANTIHEOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	0	999	04/01/2017	12/31/9999	5000	1.93
J7190	Fee on File	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	0	999	04/01/2017	12/31/9999	5000	1.01
J7191	Not Covered	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	0	999	07/01/2014	12/31/9999	5000	0.00
J7192	Fee on File	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	0	999	07/01/2016	12/31/9999	5000	1.20
J7193	Not Covered	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	FACTOR IX, COMPLEX, PER I.U.	0	999	04/01/2017	12/31/9999	5000	1.34
J7195	Not Covered	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	0	9	01/01/2002	12/31/9999	5000	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7196	Fee on File	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	0	999	07/01/2014	12/31/9999	5000	103.35
J7197	Fee on File	ANTITHROMBIN III (HUMAN), PER I.U.	0	999	04/01/2017	12/31/9999	9999	3.22
J7198	Fee on File	ANTI-INHIBITOR, PER I.U.	0	999	01/01/2017	12/31/9999	3180	1.93
J7199	Manual Pricing	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	0	999	07/01/2015	12/31/9999	1	0.00
J7200	Fee on File	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	0	999	07/01/2016	12/31/9999	9999	1.25
J7201	Fee on File	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	0	999	04/01/2017	12/31/9999	9999	2.93
J7202	Fee on File	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	0	999	04/01/2017	12/31/9999	11925	4.15
J7205	Fee on File	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	0	999	04/01/2017	12/31/9999	10335	1.98
J7207	Fee on File	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	12	999	04/01/2017	12/31/9999	7950	1.71
J7209	Fee on File	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	2	999	04/01/2017	12/31/9999	6360	1.63
J7297	Fee on File	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	9	60	01/01/2016	12/31/9999	1	750.00
J7298	Fee on File	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	9	60	09/01/2016	12/31/9999	1	1,030.00
J7300	Fee on File	INTRAVTERINE COPPER CONTRACEPTIVE (PARAGARD T380A)	9	60	01/01/2015	12/31/9999	1	886.80
J7301	Fee on File	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	0	999	09/01/2016	12/31/9999	1	857.64
J7303	Fee on File	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	9	60	01/01/2015	12/31/9999	1	126.97
J7304	Not Covered	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	0	999	01/01/2005	12/31/9999	1	0.00
J7306	Not Covered	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	0	999	07/01/2014	12/31/9999	1	0.00
J7307	Fee on File	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	9	60	01/01/2017	12/31/9999	1	847.90
J7308	Not Covered	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	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	0	999	01/01/2011	12/31/9999	1	0.00
J7310	Not Covered	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	0	999	01/01/1997	12/31/9999	3	0.00
J7311	Not Covered	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	0	999	01/01/2007	12/31/9999	1	0.00
J7312	Fee on File	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	0	999	04/01/2017	12/31/9999	14	200.78
J7313	Fee on File	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	12	999	08/01/2016	12/31/9999	19	490.95
J7315	Fee on File	MITOMYCIN, OPHTHALMIC, 0.2 MG	18	999	01/01/2016	12/31/9999	1	372.66
J7316	Fee on File	INJECTION, OCRIPLASMIN, 0.125 MG (JETREA)	18	999	04/01/2015	12/31/9999	1	1,046.75
J7320	Fee on File	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	18	999	04/01/2017	12/31/9999	30	6.99

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7321	Fee on File	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, 'PER DOSE	18	999	04/01/2017	12/31/9999	2	87.16
J7322	Fee on File	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR	21	999	04/01/2017	12/31/9999	24	16.76
J7323	Fee on File	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	04/01/2017	12/31/9999	2	153.84
J7324	Fee on File	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	04/01/2017	12/31/9999	2	153.55
J7325	Fee on File	HYALURONAN OR DERIVATIVE, SYNVISOR OR SYNVISOR-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	0	999	04/01/2017	12/31/9999	48	12.54
J7326	Fee on File	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	0	999	04/01/2017	12/31/9999	3	543.61
J7327	Fee on File	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	18	999	04/01/2017	12/31/9999	2	895.15
J7328	Fee on File	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	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	0	999	01/01/2001	12/31/9999	1	0.00
J7336	Fee on File	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER (QUTENZA)	18	999	07/01/2016	12/31/9999	1	2.98
J7340	Fee on File	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	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	0	999	04/01/2017	12/31/9999	2	29.95
J7500	Not Covered	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	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	0	999	04/01/2017	12/31/9999	8	250.45
J7502	Not Covered	CYCLOSPORINE, ORAL, 100 MG	0	999	10/01/2003	12/31/9999	15	0.00
J7503	Not Covered	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG.	18	999	01/01/2016	12/31/9999	1	0.00
J7504	Fee on File	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL,	0	999	04/01/2017	12/31/9999	18	1,478.80
J7505	Fee on File	MUROMONAB-CD3, PARENTERAL, 5 MG	0	999	01/01/2017	12/31/9999	1	231.22
J7507	Not Covered	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	0	999	01/01/1995	12/31/9999	13	0.00
J7508	Fee on File	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	16	999	01/01/2015	12/31/9999	32	0.39
J7509	Not Covered	METHYLPREDNISOLONE ORAL, PER 4 MG METHYLPREDNISOLONE ORAL, PER	0	999	01/01/1996	12/31/9999	12	0.00
J7510	Not Covered	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	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL,	0	999	04/01/2017	12/31/9999	1	687.77
J7512	Not Covered	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	0	999	01/01/2016	12/31/9999	1	0.00
J7513	Not Covered	DACLIZUMAB, PARENTERAL, 25 MG	0	999	07/01/2014	12/31/9999	7	0.00
J7515	Not Covered	CYCLOSPORINE, ORAL, 25 MG	0	999	01/01/2000	12/31/9999	58	0.00
J7516	Not Covered	CYCLOSPORIN, PARENTERAL, 250 MG	0	999	01/01/2000	12/31/9999	10	0.00
J7517	Not Covered	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	0	999	01/01/2000	12/31/9999	8	0.00
J7518	Not Covered	MYCOPHENOLIC ACID, ORAL, 180 MG	0	999	01/01/2005	12/31/9999	9	0.00
J7520	Not Covered	SIROLIMUS, ORAL, 1 MG	0	999	01/01/2001	12/31/9999	6	0.00
J7525	Not Covered	TACROLIMUS, PARENTERAL, 5 MG	0	999	01/01/2001	12/31/9999	7	0.00
J7527	Fee on File	EVEROLIMUS, ORAL, 0.25 MG	0	999	04/01/2017	12/31/9999	40	7.92

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7599	Manual Pricing	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED IMMUNOSUPPRESSIVE DRUG,	0	999	01/01/2014	12/31/9999	999	0.00
J7604	Not Covered	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	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	'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	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	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	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT	0	999	01/01/2007	12/31/9999	185	0.00
J7610	Not Covered	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	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	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	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	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	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT	0	999	01/01/2007	12/31/9999	5	0.00
J7620	Not Covered	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
J7622	Not Covered	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	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	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

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7627	Not Covered	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	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	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	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	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	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	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	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	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	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	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	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	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	0	999	01/01/2006	12/31/9999	4	0.00
J7641	Not Covered	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	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	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	0	999	01/01/2000	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7644	Not Covered	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	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	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	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	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	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	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	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	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	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	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	0	999	01/01/2012	12/31/9999	1	0.00
J7667	Not Covered	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS	0	999	01/01/2007	12/31/9999	9	0.00
J7668	Not Covered	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	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	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	0	999	01/01/2007	12/31/9999	9	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J7674	Not Covered	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER	0	999	01/01/2005	12/31/9999	189	0.00
J7676	Not Covered	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	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	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	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	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	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	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	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	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	0	999	02/01/1996	12/31/9999	1	0.00
J7799	Not Covered	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	0	999	02/01/1996	12/31/9999	9999	0.00
J7999	Not Covered	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	0	999	01/01/2016	12/31/9999	1	0.00
J8498	Not Covered	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED 00016900	0	999	01/01/2006	12/31/9999	1	0.00
J8499	Not Covered	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS PRESCRIPTION DRUG, OR	0	999	01/01/1995	12/31/9999	1	0.00
J8501	Not Covered	APREPITANT, ORAL, 5 MG	0	999	01/01/2005	12/31/9999	25	0.00
J8510	Not Covered	BUSULFAN; ORAL, 2 MG	0	999	01/01/2000	12/31/9999	1680	0.00
J8515	Not Covered	CABERGOLINE, ORAL, 0.25 MG 00017000	0	999	01/01/2006	12/31/9999	1	0.00
J8520	Not Covered	CAPECITABINE, ORAL, 150 MG	0	999	01/01/2000	12/31/9999	46	0.00
J8521	Not Covered	CAPECITABINE, ORAL, 500 MG	0	999	01/01/2000	12/31/9999	14	0.00
J8530	Fee on File	CYCLOPHOSPHAMIDE; ORAL, 25 MG CYCLOPHOSPHAMIDE; ORAL, 25 MG	0	999	04/01/2017	12/31/9999	32	3.13
J8540	Not Covered	DEXAMETHASONE, ORAL, 0.25 MG 00017100	0	999	01/01/2006	12/31/9999	36	0.00
J8560	Not Covered	ETOPOSIDE; ORAL, 50 MG ETOPOSIDE; ORAL, 50 MG	0	999	01/01/1995	12/31/9999	4	0.00
J8562	Not Covered	FLUDARABINE PHOSPHATE, ORAL, 10 MG	0	999	01/01/2011	12/31/9999	10	0.00
J8565	Not Covered	GEFITINIB, ORAL, 250 MG	0	999	01/01/2005	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J8597	Not Covered	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED 00017200	0	999	01/01/2006	12/31/9999	1	0.00
J8600	Not Covered	MELPHALAN; ORAL, 2 MG MELPHALAN; ORAL, 2 MG	0	999	01/01/1995	12/31/9999	3	0.00
J8610	Not Covered	METHOTREXATE; ORAL, 2.5 MG METHOTREXATE; ORAL, 2.5 MG	0	999	01/01/1995	12/31/9999	12	0.00
J8650	Not Covered	NABILONE, ORAL, 1 MG	0	999	01/01/2007	12/31/9999	4	0.00
J8655	Not Covered	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	0	999	01/01/2016	12/31/9999	1	0.00
J8670	Fee on File	ROLAPITANT, ORAL, 1 MG	18	999	04/01/2017	12/31/9999	2	2.15
J8700	Not Covered	TEMOZOLMIDE, ORAL, 5 MG	0	999	01/01/2014	12/31/9999	212	0.00
J8705	Not Covered	TOPOTECAN, ORAL, 0.25 MG	0	999	01/01/2009	12/31/9999	28	0.00
J8999	Not Covered	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS PRESCRIPTION DRUG, ORAL,	0	999	01/01/1995	12/31/9999	1	0.00
J9000	Fee on File	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	0	999	04/01/2017	12/31/9999	21	4.94
J9015	Fee on File	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	0	999	01/01/2017	12/31/9999	5	3,067.64
J9017	Fee on File	INJECTION, ARSENIC TRIOXIDE, 1 MG	0	999	04/01/2017	12/31/9999	24	64.93
J9019	Fee on File	INJECTION, ASPARAGINASE (ERWINAXE), 1000 IU	0	999	10/01/2016	12/31/9999	63	402.74
J9020	Fee on File	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	0	999	01/01/2015	12/31/9999	7	64.56
J9025	Fee on File	INJECTION, AZACITIDINE, 1 MG	0	999	04/01/2017	12/31/9999	204	2.11
J9027	Fee on File	INJECTION, CLOFARABINE, 1 MG	1	999	04/01/2017	12/31/9999	141	152.37
J9031	Fee on File	BCG LIVE (INTRAVESICAL), PER INSTILLATION	0	999	04/01/2017	12/31/9999	1	128.38
J9032	Fee on File	INJECTION, BELINOSTAT, 10 MG	18	999	04/01/2017	12/31/9999	530	34.39
J9033	Fee on File	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	0	999	04/01/2017	12/31/9999	272	27.97
J9034	Fee on File	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	18	999	04/01/2017	12/31/9999	272	23.46
J9035	Fee on File	INJECTION, BEVACIZUMAB, 10 MG	0	999	04/01/2017	12/31/9999	287	73.60
J9039	Not Covered	INJECTION, BLINATUMOMAB, 1 MICROGRAM	0	999	01/01/2016	12/31/9999	1	0.00
J9040	Fee on File	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	0	999	04/01/2017	12/31/9999	6	45.80
J9041	Fee on File	INJECTION, BORTEZOMIB, 0.1 MG	0	999	04/01/2017	12/31/9999	35	46.25
J9042	Fee on File	INJECTION, BRENTUXIMAB VEDOTIN, 1	18	999	04/01/2017	12/31/9999	180	134.15
J9043	Fee on File	INJECTION, CABAZITAXEL, 1 MG	0	999	04/01/2017	12/31/9999	68	156.66
J9045	Fee on File	INJECTION, CARBOPLATIN, 50 MG	0	999	04/01/2017	12/31/9999	20	3.53
J9047	Fee on File	INJECTION, CARFILZOMIB, 1 MG	18	999	04/01/2017	12/31/9999	143	32.20
J9050	Fee on File	INJECTION, CARMUSTINE, 100 MG	0	999	04/01/2017	12/31/9999	6	3,846.96
J9055	Fee on File	INJECTION, CETUXIMAB, 10 MG	0	999	04/01/2017	12/31/9999	109	56.39
J9060	Fee on File	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	0	999	04/01/2017	12/31/9999	160	2.32
J9065	Fee on File	INJECTION, CLADRIBINE, PER 1 MG	0	999	04/01/2017	12/31/9999	15	20.03
J9070	Fee on File	CYCLOPHOSPHAMIDE, 100 MG	0	999	01/01/2017	12/31/9999	80	42.31
J9098	Not Covered	INJECTION, CYTARABINE LIPOSOME, 10 MG	0	999	01/01/2004	12/31/9999	9	0.00
J9100	Fee on File	INJECTION, CYTARABINE, 100 MG	0	999	04/01/2017	12/31/9999	7	0.85
J9120	Fee on File	INJECTION, DACTINOMYCIN, 0.5 MG	0	999	10/01/2016	12/31/9999	160	1,276.38
J9130	Fee on File	DACARBAZINE, 100 MG	0	999	04/01/2017	12/31/9999	8	3.98
J9145	Fee on File	INJECTION, DARATUMUMAB, 10 MG	18	999	04/01/2017	12/31/9999	113	48.11
J9150	Fee on File	INJECTION, DAUNORUBICIN, 10 MG	0	999	04/01/2017	12/31/9999	13	39.24
J9151	Fee on File	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	18	999	01/01/2017	12/31/9999	10	243.80

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9155	Fee on File	INJECTION, DEGARELIX, 1 MG	0	999	04/01/2017	12/31/9999	240	3.63
J9160	Fee on File	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	18	999	07/01/2014	12/31/9999	10	1,863.80
J9165	Not Covered	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	0	999	07/01/2014	12/31/9999	8	0.00
J9171	Fee on File	INJECTION, DOCETAXEL, 1 MG	0	999	04/01/2017	12/31/9999	272	1.89
J9175	Not Covered	INJECTION, ELLIOTTS' B SOLUTION, 1 ML 00017500	0	999	01/01/2006	12/31/9999	10	0.00
J9176	Fee on File	INJECTION, ELOTUZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	10	6.21
J9178	Fee on File	INJECTION, EPIRUBICIN HCL, 2 MG	0	999	04/01/2017	12/31/9999	136	1.39
J9179	Fee on File	INJECTION, ERIBULIN MESYLATE, 0.1 MG	28	85	04/01/2017	12/31/9999	38	108.31
J9181	Fee on File	INJECTION, ETOPOSIDE, 10 MG	0	999	04/01/2017	12/31/9999	28	0.58
J9185	Fee on File	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	0	999	04/01/2017	12/31/9999	2	67.93
J9190	Fee on File	INJECTION, FLUOROURACIL, 500 MG	0	999	04/01/2017	12/31/9999	20	1.84
J9200	Fee on File	INJECTION, FLOXURIDINE, 500 MG	0	999	04/01/2017	12/31/9999	1	60.59
J9201	Fee on File	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	0	999	04/01/2017	12/31/9999	17	6.29
J9202	Fee on File	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	0	999	04/01/2017	12/31/9999	3	349.92
J9205	Fee on File	INJECTION, IRINOTECAN LIPOSOME, 1	0	999	04/01/2017	12/31/9999	46	39.48
J9206	Fee on File	INJECTION, IRINOTECAN, 20 MG	0	999	04/01/2017	12/31/9999	41	3.69
J9207	Fee on File	INJECTION, IXABEPILONE, 1 MG	0	999	04/01/2017	12/31/9999	108	75.36
J9208	Fee on File	INJECTION, IFOSFAMIDE, 1 GRAM	0	999	04/01/2017	12/31/9999	10	28.07
J9209	Fee on File	INJECTION, MESNA, 200 MG	0	999	04/01/2017	12/31/9999	30	2.06
J9211	Fee on File	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	0	999	04/01/2017	12/31/9999	8	41.54
J9212	Not Covered	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	0	999	07/01/2014	12/31/9999	15	0.00
J9213	Not Covered	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	0	999	07/01/2014	12/31/9999	5	0.00
J9214	Fee on File	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	0	999	04/01/2017	12/31/9999	82	28.52
J9215	Fee on File	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	18	999	01/01/2014	12/31/9999	24	8.60
J9216	Fee on File	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	0	999	04/01/2017	12/31/9999	1	6,308.13
J9217	Fee on File	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	0	999	04/01/2017	12/31/9999	6	216.01
J9218	Fee on File	LEUPROLIDE ACETATE, PER 1 MG	0	999	04/01/2017	12/31/9999	1	25.96
J9219	Not Covered	LEUPROLIDE ACETATE IMPLANT, 65 MG	2	999	01/01/2017	12/31/9999	1	0.00
J9225	Fee on File	HISTRELIN IMPLANT (VANTAS), 50 MG	0	999	04/01/2017	12/31/9999	1	3,128.81
J9226	Fee on File	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	2	12	04/01/2017	12/31/9999	1	27,736.93
J9228	Fee on File	INJECTION, IPILIMUMAB, 1 MG	0	999	04/01/2017	12/31/9999	477	144.66
J9230	Fee on File	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	0	999	10/01/2016	12/31/9999	7	265.89
J9245	Fee on File	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	0	999	04/01/2017	12/31/9999	1	1,804.13
J9250	Fee on File	METHOTREXATE SODIUM, 5 MG	0	999	04/01/2017	12/31/9999	27	0.26
J9260	Fee on File	METHOTREXATE SODIUM, 50 MG	0	999	04/01/2017	12/31/9999	4	2.63
J9261	Fee on File	INJECTION, NELARABINE, 50 MG	0	999	04/01/2017	12/31/9999	82	152.03
J9262	Fee on File	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	18	999	01/01/2017	12/31/9999	7	2.72
J9263	Fee on File	INJECTION, OXALIPLATIN, 0.5 MG	0	999	04/01/2017	12/31/9999	684	0.27
J9264	Fee on File	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	0	999	04/01/2017	12/31/9999	708	10.45

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
J9266	Fee on File	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	0	999	04/01/2017	12/31/9999	2	13,912.20
J9267	Fee on File	INJECTION, PACLITAXEL, 1 MG	18	999	04/01/2017	12/31/9999	1193	0.15
J9268	Fee on File	INJECTION, PENTOSTATIN, 10 MG	0	999	04/01/2017	12/31/9999	2	1,883.12
J9270	Not Covered	INJECTION, PLICAMYCIN, 2.5 MG	0	999	07/01/2014	12/31/9999	2	0.00
J9271	Fee on File	INJECTION, PEMBROLIZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	318	47.30
J9280	Fee on File	INJECTION, MITOMYCIN, 5 MG	0	999	04/01/2017	12/31/9999	16	115.68
J9293	Fee on File	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	0	999	04/01/2017	12/31/9999	10	32.85
J9295	Fee on File	INJECTION, NECITUMUMAB, 1 MG	18	999	04/01/2017	12/31/9999	800	5.25
J9299	Fee on File	INJECTION, NIVOLUMAB, 1 MG	0	999	04/01/2017	12/31/9999	476	26.43
J9300	Not Covered	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	0	999	01/01/2014	12/31/9999	4	0.00
J9301	Fee on File	INJECTION, OBINUTUZUMAB, 10 MG	18	999	04/01/2017	12/31/9999	100	57.36
J9302	Fee on File	INJECTION, OFATUMUMAB, 10 MG	0	999	04/01/2017	12/31/9999	200	53.39
J9303	Fee on File	INJECTION, PANITUMUMAB, 10 MG	0	999	04/01/2017	12/31/9999	109	107.71
J9305	Fee on File	INJECTION, PEMETREXED, 10 MG	0	999	04/01/2017	12/31/9999	136	64.04
J9306	Fee on File	INJECTION, PERTUZUMAB, 1 MG	18	999	04/01/2017	12/31/9999	840	10.88
J9307	Fee on File	INJECTION, PRALATREXATE, 1 MG	0	999	04/01/2017	12/31/9999	82	238.68
J9308	Fee on File	INJECTION, RAMUCIRUMAB, 5 MG	18	999	04/01/2017	12/31/9999	318	56.27
J9310	Fee on File	INJECTION, RITUXIMAB, 100 MG	0	999	04/01/2017	12/31/9999	11	818.31
J9315	Fee on File	INJECTION, ROMIDEPSIN, 1 MG	0	999	04/01/2017	12/31/9999	38	317.58
J9320	Fee on File	INJECTION, STREPTOZOCIN, 1 GRAM	0	999	04/01/2017	12/31/9999	2	320.21
J9325	Fee on File	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	21	999	04/01/2017	12/31/9999	10	46.04
J9328	Fee on File	INJECTION, TEMOZOLOMIDE, 1 MG	0	999	04/01/2017	12/31/9999	554	8.95
J9330	Fee on File	INJECTION, TEMSIROLIMUS, 1 MG	0	999	04/01/2017	12/31/9999	25	67.30
J9340	Fee on File	INJECTION, THIOTEPA, 15 MG	18	999	04/01/2017	12/31/9999	9	872.14
J9351	Fee on File	INJECTION, TOPOTECAN, 0.1 MG	0	999	04/01/2017	12/31/9999	40	1.26
J9352	Fee on File	INJECTION, TRABECTEDIN, 0.1 MG	18	65	04/01/2017	12/31/9999	15	283.44
J9354	Fee on File	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	18	999	04/01/2017	12/31/9999	572	29.52
J9355	Fee on File	INJECTION, TRASTUZUMAB, 10 MG	18	999	04/01/2017	12/31/9999	96	94.49
J9357	Not Covered	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	0	999	01/01/2000	12/31/9999	4	0.00
J9360	Fee on File	INJECTION, VINBLASTINE SULFATE, 1 MG	0	999	04/01/2017	12/31/9999	30	3.58
J9370	Fee on File	VINCRISTINE SULFATE, 1 MG	0	999	01/01/2017	12/31/9999	5	4.47
J9371	Fee on File	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	18	999	04/01/2017	12/31/9999	12	2,600.36
J9390	Fee on File	INJECTION, VINORELBINE TARTRATE, 10 MG	0	999	04/01/2017	12/31/9999	9	7.71
J9395	Fee on File	INJECTION, FULVESTRANT, 25 MG	18	999	04/01/2017	12/31/9999	20	96.24
J9400	Fee on File	INJECTION, ZIV-AFLIBERCEPT, 1 MG	18	999	04/01/2017	12/31/9999	636	8.12
J9600	Not Covered	INJECTION, PORFIMER SODIUM, 75 MG	18	999	07/01/2014	12/31/9999	5	0.00
J9999	Manual Pricing	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	0	999	11/01/2004	12/31/9999	1	0.00
Q0138	Fee on File	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	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	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	0	999	01/01/2003	12/31/9999	2	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q0161	Fee on File	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	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	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	8	0.00
Q0164	Not Covered	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	8	0.00
Q0166	Not Covered	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	2	0.00
Q0167	Not Covered	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	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	24	0.00
Q0173	Not Covered	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	0	999	01/01/1999	12/31/9999	5	0.00
Q0174	Not Covered	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EM	0	999	01/01/1999	12/31/9999	3	0.00
Q0175	Not Covered	PERPHENZAININE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE	0	999	01/01/1999	12/31/9999	6	0.00
Q0177	Not Covered	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	0	999	01/01/1999	12/31/9999	24	0.00
Q0180	Not Covered	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI	0	999	01/01/1999	12/31/9999	1	0.00
Q0181	Not Covered	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	0	999	01/01/1999	12/31/9999	1	0.00
Q2009	Not Covered	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	0	999	01/01/2001	12/31/9999	19	0.00
Q2017	Not Covered	INJECTION, TENIPOSIDE, 50 MG	0	999	01/01/2001	12/31/9999	19	0.00
Q2026	Not Covered	INJECTION, RADIESSE, 0.1 ML	0	999	01/01/2010	12/31/9999	27	0.00
Q2028	Not Covered	INJECTION, SCULPTRA, 0.5 MG	0	999	01/01/2014	12/31/9999	1	0.00
Q2034	Not Covered	INFLUENZA VIRUS VACCINE SPLIT VIRUS FOR IM USE (AGRIFLU)	0	999	07/01/2012	12/31/9999	1	0.00
Q2035	Fee on File	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
Q2036	Fee on File	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	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

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q2038	Fee on File	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	INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED	3	999	07/01/2016	12/31/9999	1	0.00
Q2043	Not Covered	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	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL IMPORTED LIPODOX 10 MG	19	999	01/01/2015	12/31/9999	15	508.43
Q2050	Fee on File	INJECTION, DOXORUBICIN HYDROCHLORIDE LIPOSOMAL NOT OTHERWISE SPECIFIED 10MG	0	999	04/01/2017	12/31/9999	15	408.15
Q2052	Not Covered	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	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	0	999	01/01/2001	12/31/9999	1	0.00
Q3027	Fee on File	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	18	999	04/01/2017	12/31/9999	30	46.21
Q3028	Fee on File	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	18	999	01/01/2015	12/31/9999	44	181.74
Q4081	Fee on File	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	0	999	07/01/2016	12/31/9999	477	1.25
Q4082	Not Covered	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG	0	999	01/01/2007	12/31/9999	1	0.00
Q9951	Manual Pricing	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	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	0	999	04/01/2010	12/31/9999	1	62.05
Q9954	Fee on File	ORAL MAGNETIC RESONANCE CONTRAST AGENT, ML	0	999	01/01/2013	12/31/9999	20	11.66
Q9955	Manual Pricing	INJECTION, PERFELXANE LIPID MICROSPHERES, PER ML	0	999	06/01/2007	12/31/9999	1	0.00
Q9956	Fee on File	INJECTION, OCTAFLUOROPROPANCE MICROSPHERES, PER ML	0	999	04/01/2017	12/31/9999	1	34.30
Q9957	Fee on File	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	0	999	04/01/2017	12/31/9999	2	51.45
Q9958	Fee on File	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	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	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	HIGH OSMOLAR CONTRAST MATERIAL 250-299 MG/ML IODINE CONCENTRATION PER ML	0	999	07/01/2016	12/31/9999	299	0.20
Q9962	Fee on File	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	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	HIGH OSMOLAR CONTRAST MATERIAL 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	0	999	01/01/2008	12/31/9999	500	0.29

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
Q9965	Fee on File	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	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	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	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	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	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0014	Not Covered	TACRINE HYDROCHLORIDE, 10 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0017	Not Covered	INJECTION, AMINOCAPROIC ACID, 5 GRAMS	0	999	01/01/2000	12/31/9999	1	0.00
S0020	Not Covered	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	0	999	01/01/2000	12/31/9999	1	0.00
S0021	Not Covered	INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	0	999	01/01/2000	12/31/9999	1	0.00
S0023	Not Covered	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0028	Fee on File	INJECTION, FAMOTIDINE, 20 MG	0	999	01/01/2015	12/31/9999	1	0.53
S0030	Not Covered	INJECTION, METRONIDAZOLE, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0032	Not Covered	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	0	999	01/01/2000	12/31/9999	1	0.00
S0034	Not Covered	INJECTION, OFLOXACIN, 400 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0039	Not Covered	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	0	999	01/01/2000	12/31/9999	1	0.00
S0040	Not Covered	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	0	999	01/01/2000	12/31/9999	1	0.00
S0073	Not Covered	INJECTION, AZTREONAM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0074	Not Covered	INJECTION, CEFOTETAN DISODIUM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0077	Not Covered	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0078	Not Covered	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0080	Not Covered	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0081	Not Covered	INJECTION, PIPERACILLIN SODIUM, 500 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0088	Not Covered	IMATINIB INJECTION, 100 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0090	Not Covered	SILDENAFIL CITRATE, 25 MG	0	999	01/01/2000	12/31/9999	1	0.00
S0091	Not Covered	GRANISETRON HYDROCHLORIDE, 1 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0092	Not Covered	INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250MG (LOADING DOSE FOR INFUSION PU)	0	999	01/01/2002	12/31/9999	1	0.00
S0093	Not Covered	INJECTION, MORPHINE SULFATE, 500MG (LOADING DOSE FOR INFUSION PUMP)	0	999	01/01/2002	12/31/9999	1	0.00
S0104	Not Covered	ZIDOVUDINE, ORAL, 100 MG	0	999	01/01/2003	12/31/9999	1	0.00
S0106	Not Covered	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	MERCAPTOPYRINE, ORAL, 50 MG	0	999	01/01/2003	12/31/9999	1	0.00
S0109	Not Covered	METHADONE, ORAL, 5 MG	0	999	10/01/2004	12/31/9999	1	0.00
S0117	Not Covered	TRETINOIN, TOPICAL, 5 GRAMS	0	999	07/01/2004	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
S0119	Not Covered	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	INJECTION, MENOTROPINS, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0126	Not Covered	INJECTION, FOLLITROPIN ALFA, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0128	Not Covered	INJECTION, FOLLITROPIN BETA, 75 IU	0	999	01/01/2003	12/31/9999	1	0.00
S0132	Not Covered	INJECTION, GANIRELIX ACETATE, 250	0	999	01/01/2003	12/31/9999	1	0.00
S0136	Not Covered	CLOZAPINE, 25 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0137	Not Covered	DIDANOSINE (DDI), 25 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0138	Not Covered	FINASTERIDE, 5 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0139	Not Covered	MINOXIDIL, 10 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0140	Not Covered	SAQUINAVIR, 200 MG	0	999	01/01/2004	12/31/9999	1	0.00
S0142	Not Covered	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	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	0	999	07/01/2005	12/31/9999	1	0.00
S0148	Not Covered	INJECTION, PEGYLATED INTERFERON ALFA-2B 10 MCG	0	999	10/01/2010	12/31/9999	1	0.00
S0155	Not Covered	STERILE DILUTANT FOR EPOPROSTENOL, 50ML	0	999	01/01/2002	12/31/9999	1	0.00
S0156	Not Covered	EXEMESTANE, 25 MG	0	999	01/01/2001	12/31/9999	1	0.00
S0157	Not Covered	BECAPLERMIN GEL 0.01%, 0.5 GM	0	999	01/01/2001	12/31/9999	1	0.00
S0160	Not Covered	DEXTROAMPHETAMINE	0	999	04/01/2004	12/31/9999	1	0.00
S0164	Not Covered	INJECTION PANTOPRAZOLE	0	999	04/01/2004	12/31/9999	1	0.00
S0166	Fee on File	INJECTION, OLANZAPINE, 2.5 MG	13	999	07/01/2014	12/31/9999	12	10.31
S0169	Not Covered	CALCITROL 0.25 MICROGRAM	0	999	10/01/2010	12/31/9999	1	0.00
S0170	Not Covered	ANASTROZOLE, ORAL, 1MG	0	999	01/01/2002	12/31/9999	1	0.00
S0171	Not Covered	INJECTION, BUMETANIDE, 0.5MG	0	999	01/01/2002	12/31/9999	1	0.00
S0172	Not Covered	CHLORAMBUCIL, ORAL, 2MG	0	999	01/01/2002	12/31/9999	1	0.00
S0174	Not Covered	DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDI	0	999	01/01/2002	12/31/9999	1	0.00
S0175	Not Covered	FLUTAMIDE, ORAL, 125MG	0	999	01/01/2002	12/31/9999	1	0.00
S0176	Not Covered	HYDROXYUREA, ORAL, 500MG	0	999	01/01/2002	12/31/9999	1	0.00
S0177	Not Covered	LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	0	999	01/01/2002	12/31/9999	1	0.00
S0178	Not Covered	LOMUSTINE, ORAL, 10MG	0	999	01/01/2002	12/31/9999	1	0.00
S0179	Not Covered	MEGESTROL ACETATE, ORAL, 20MG	0	999	01/01/2002	12/31/9999	1	0.00
S0182	Not Covered	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	0	999	01/01/2002	12/31/9999	1	0.00
S0183	Fee on File	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	TAMOXIFEN CITRATE, ORAL, 10MG	0	999	01/01/2002	12/31/9999	1	0.00
S0189	Fee on File	TESTOSTERONE PELLETT, 75MG	0	999	07/01/2016	12/31/9999	6	106.26
S0190	Not Covered	MIFEPRISTONE, ORAL, 200 MG	0	999	01/01/2002	12/31/9999	1	0.00
S0191	Not Covered	MISOPROSTOL, ORAL, 200 MCG	0	999	01/01/2002	12/31/9999	1	0.00
S0194	Not Covered	VITAMIN SUPPL 100 CAPS	0	999	04/01/2004	12/31/9999	1	0.00
S0197	Not Covered	PRENATAL VITAMINIS, 30-DAY SUPPLY	0	999	04/01/2005	12/31/9999	1	0.00
S0199	Not Covered	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	0	999	01/01/2002	12/31/9999	1	0.00
S4989	Not Covered	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMP	9	60	07/01/2013	12/31/9999	1	0.00

Code	Status	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
S4990	Not Covered	NICOTINE PATCHES, LEGEND	0	999	01/01/2002	12/31/9999	1	0.00
S4991	Not Covered	NICOTINE PATCHES, NON-LEGEND	0	999	01/01/2002	12/31/9999	1	0.00
S4993	Not Covered	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	0	999	01/01/2003	12/31/9999	1	0.00
S4995	Not Covered	SMOKING CESSATION GUM	0	999	01/01/2003	12/31/9999	1	0.00
S5000	Not Covered	PRESCRIPTION DRUG, GENERIC	0	999	01/01/2001	12/31/9999	1	0.00
S5001	Not Covered	PRESCRIPTION DRUG, BRAND NAME	0	999	01/01/2001	12/31/9999	1	0.00
S5010	Not Covered	5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML	0	999	01/01/2001	12/31/9999	1	0.00
S5012	Not Covered	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML	0	999	01/01/2001	12/31/9999	1	0.00
S5013	Not Covered	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	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	INSULIN, RAPID ONSET, 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5551	Not Covered	INSULIN, MOST RAPID ONSET (LISPRO OR ASPART), 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5552	Not Covered	INSULIN, INTERMEDIATE ACTING (NPH OR LENTE), 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5553	Not Covered	INSULIN, LONG ACTING, 5 UNITS	0	999	01/01/2004	12/31/9999	1	0.00
S5560	Not Covered	INSULIN DELIVERY DEVICE, REUSABLE PEN, 1.5 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00
S5561	Not Covered	INSULIN DELIVERY DEVICE, REUSABLE PEN, 3 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00
S5565	Not Covered	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	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	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	INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN), 3 ML SIZE	0	999	01/01/2004	12/31/9999	1	0.00