

Arkansas Blue Cross and Blue Shield

Providers' News

March 2004

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Please Note:

This newsletter contains information pertaining to Arkansas Blue Cross and Blue Shield, a mutual insurance company, its wholly owned subsidiaries and affiliates. This newsletter does not pertain to Medicare. Medicare policies are outlined in the Medicare Providers' News bulletins. If you have any questions, please feel free to call (501) 378-2307 or (800) 827-4814.

Any five-digit Physician's Current Procedural Terminology (CPT) codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2002 American Medical Association. All Rights Reserved.

Arkansas Blue Cross and Blue Shield Vision Claim Instructions: Newsletter Corrections – June 2003

Blue Card Only: Frames **can not be filed on the same claim** as other vision services. Claims containing both will be rejected with instructions to re-file frames on a **separate claim**.

Instructions found in the June 2003 issue of the **Providers' News** incorrectly stated that frames could be filed on the same claim as other vision services provided the services appeared on different lines.

HCPSC Procedure Codes for Vision Services:

Frames: V2020 — Regular frame
V2025 — Deluxe frame

Other Vision Services:

V2100-V2799.



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

New Pharmacy Vendor, New ID Cards for Members:

Effective April 1, 2004, Arkansas Blue Cross and Blue Shield will be changing vendors for pharmacy claims processing from Advance PCS to Argus Health Systems, Inc. Argus will provide claims processing, call center services, and decision support assistance for the pharmacy program.

As a result of the change, customers of Arkansas Blue Cross, Health Advantage and BlueAdvantage Administrators of Arkansas will receive new ID cards during March. The only change on the ID cards will be a new Bank Identification Number (BIN) to direct the claims to the new claims processor.

What does having a new pharmacy vendor mean for our members? Members will not see any changes in their pharmacy benefits, the Preferred

Drug List, or the pharmacy network.

The pharmacy customer service numbers will also remain the same. There will however be a new pharmacy website that resembles the current website.

The pharmacy program is a benefit for our members developed and coordinated by the Arkansas Blue Cross pharmacy team. Changing to a new vendor will allow Arkansas Blue Cross and its affiliates to better serve our members and providers. Although there is a new vendor, the pharmacy program will still be administered by Arkansas Blue Cross with support from Argus. This changes does not apply to the Federal Employee Program members.



New Member IDs for All Members of Health Advantage and BlueAdvantage Administrators of Arkansas:

In a continuing effort to protect the privacy of our members, Health Advantage and BlueAdvantage Administrators of Arkansas will reissue new ID cards for all members replacing the current social security-based member number with a new unique identifier. By January 2005, all members of Health Advantage and BlueAdvantage will possess ID cards that do not utilize social security numbers as part of their member number. Member numbers will however continue to begin with a character prefix.

Beginning in May 2004, member ID cards will be replaced an employer group at a time. Due to the phased approach of this implementation, some members will have a social security number on their card until the end of the year.

Health Advantage will reissue membership ID cards in 2 phases: May and September 2004. BlueAdvantage will reissue cards in 4 phases: June, August, September, & December 2004.

Please note that it is essential for prompt claim processing to submit the current member number located on the ID card. Always ask to see a member's ID card whenever healthcare services are requested. Make sure to enter the member number on the claim exactly as it appears on the ID card and update your practice management system with the new member number.

Health Advantage and BlueAdvantage will update the newly assigned member numbers within the Integrated Voice Response (IVR) system as well as our Customer Service areas. If there is any question as to the correct member ID to use for claim filing, the Advanced Health Information Network (AHIN) workstation will always display the correct member number and eligibility information.

Health Advantage: Coming May 3rd - HealthConnect Blue, 24-hour Health Information Resource:

HealthConnect Blue is a new, value-added telephone and Web-based program offering information and support to Health Advantage members*. The program includes a telephone line staffed by Health Coaches (nurses, dietitians, and respiratory therapists) who are specially trained to provide tools and information that help members learn self-management and decision-making skills. These skills enable patients to better work with their providers and play a more active role in the management of their own health.

As part of this program, members can:

- Speak one-on-one with a Health Coach 24 hours a day, 7 days a week.

- Visit the Health Advantage Web site (www.HealthAdvantage-hmo.com) to review a health encyclopedia containing in-depth health information on more than 1,900 clinical topics.

Additional information will be mailed to Health Advantage member homes beginning May 2004.

*Includes all Health Advantage commercial HMO members statewide, BlueChoice PPO, Open Access PPO and Fort Smith Choice members. Does not include state and public school employees.

Treatment of Alzheimer's Disease:

The medications prescribed for treatment of Alzheimer's Disease (Aricept®, Cognex®, Exelon®, Namenda®, and Reminyl®) currently require prior authorization before initial coverage is approved. Since these drugs have substantial cost and toxicity potential, it is not unreasonable to expect their failed use to be abandoned. Therefore, re-approval at six-month intervals is necessary to evaluate ongoing efficacy in reducing the rate of clinical deterioration.

Effective May 1, 2004, initial prior authorization will require a baseline cognitive and functional assessment by one of the accepted instruments (examples listed below), and then repeat assessments at six month intervals to demonstrate efficacy in order to justify ongoing therapy.

The following are examples of functional evaluation

instruments or scales available for use:

- *The Clinician's Interview-Based Impression of Change Plus Caregiver Input* (CIBIC-Plus);
- *The Alzheimer's Disease Cooperative Activities of Daily Living Inventory* (ADCS-ADL);
- *The Severe Impairment Battery* (SIB);
- *The Functional Assessment Staging* (FAST);
- *The Global Deterioration Scale* (GDS);
- *The Neuropsychiatric Inventory* (NPI).

For on-going six month prior authorization approvals, based on the selected testing instrument, the patient scores should be stratified to demonstrate resulting efficacy outcomes of clinical improvement, that may be attributed to the selected therapy, or resulting deterioration. For patients covered under the Federal Employee Program, please contact the Retail Pharmacy Program.

End Stage Renal Disease Services:

Effective January 1, 2004, Medicare established a number of new HCPCS "G" codes (G0308-G0327) to bill end stage renal disease related services.

Arkansas Blue Cross and Blue Shield and affiliates will accept the new HCPCS "G" codes or the CPT codes in the range 90918 - 90925 for these services.

National Provider Identifier Final Ruling:

On January 23, 2004, U.S. Department of Health and Human Services (HHS) published the final rule defining a National Provider Identifier (NPI) as the standard unique health identifier for health care providers, and a National Provider System (NPS) for issuing the identifiers. All "covered" health care providers, both individuals and organizations, must obtain an NPI.

Covered health care providers may begin applying for NPI's on May 23, 2005, which is the effective date of the final rule. The compliance date for all covered entities, except small health plans, is May 23, 2007. As of the compliance dates, the NPI will be the only health care provider identifier that can be used for identification purposes in

standard transactions by covered entities. Legacy numbers (e.g., UPIN, Blue Cross and Blue Shield Numbers, CHAMPUS Number, Medicaid Provider Number, Medicare Provider Number, etc.) will not be permitted. Providers will no longer have to keep track of multiple numbers to identify themselves in standard transactions with one or more health plans.

The NPI is all numeric and is 10 positions in length. There is no embedded intelligence in the NPI with respect to the health care provider that it identifies.

For additional information about the NPI process as well as a copy of the final rule, log-on to the CMS web site (www.cms.hhs.gov/hipaa/hipaa2).

Faxing Medical Records:

Recently, there has been some discussion about HIPAA regulations allowing medical records to be faxed. The Office of Civil Rights for the U.S. Department of Health and Human Services has clarified that the HIPAA Privacy Rule does allow for use of telefaxes to transmit protected health information (PHI) between covered entities for purposes of treatment, payment, or healthcare operations, so long as minimal safeguards are in place to avoid risk of unauthorized access to the telefax machine and messages.

Covered entities must have in place reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy of PHI that is disclosed using a fax machine, or any other method of disclosure. Examples of measures that could be used in such a situation include the sender confirming that the fax number is correct for the receiving office and placing the fax machine in a secure location to prevent unauthorized access to the information. [See 45 CFR 164.530(c)]

Any covered entity (health provider, health plan, or healthcare clearinghouse) can share PHI for treatment, payment, or health care operations with another covered entity if both covered entities have or had a relationship with the person. [See 45 CFR 164.506(c)(4)]

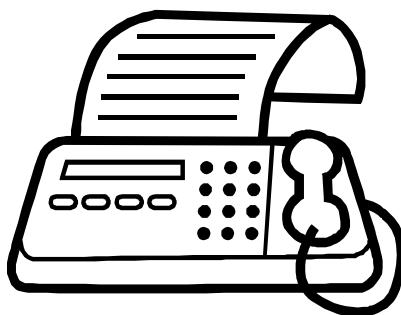
Additional HIPAA references for more details are:

- Clarification on using a Fax machine, OCR HIPAA Privacy guidance document published December 3,

2002, in the section titled, "Miscellaneous Frequently Asked Questions about the HIPAA Privacy Rule."

- Other clarifications and FAQ can be found in the OCR HIPAA Privacy guidance document published December 3, 2002.
- Definitions of covered entity, electronic media, protected health information can be found in 45 CFR 160.103(3)

As a reminder: Effective July 2003, each medical record request letter has a new bar-code and tracking number. Please return this letter, as the first sheet, with the requested medical record information or fact sheet. The bar-coded letter allows the information providers send to be tracked and processed faster. The bar-coded letter is unique for each medical record request and cannot be reused. Therefore, please DO NOT use the bar-coded letter for other patients.



Arkansas Blue Cross and Blue Shield HIPAA Contingency Plan:

As part of the HIPAA contingency plan, Arkansas Blue Cross and Blue Shield will continue to accept NSF claims from providers who are currently testing to become HIPAA compliant. When CMS announces that contingency plans should cease, Arkansas Blue Cross will align our contingency plan with that effective date for Private Business.

If you have not completely converted to the ANSI format or you are having problems with your current practice management system vendor in regard to HIPAA Compliance, there are several viable options available. Advanced Health Information Network (AHIN) is available to convert your current electronic claim format into the new standard format. This service is offered free of charge for claims filed to Arkansas Blue Cross, Health Advantage, BlueAdvantage Administrators of Arkansas, Medicaid, Arkansas Medicare Parts A and B, and claims being routed to any other Blue plan. However, there is a 10 cent per claim fee for any other commercial carrier claim handling.

Alternatively, there are several proven vendor solutions that interact with major PMS systems to generate HIPAA-formatted claims. A few are:

- Webify - www.webifysolutions.com
- Companion Technologies - www.companiontechnologies.com
- RMSystems - www.qikclaim.com and www.rmsmed.com

The most common errors seen when providers, clearinghouses, or billing agents begin sending HIPAA claims are:

- **Failing to include the rendering provider.** The rendering provider (2310B loop) is required when it is different from the Billing or "Payto" provider. Failure to include the rendering provider may cause claim denials.
- **Failing to include the "Payto" provider.** The Group Practice or Clinic number (Payto provider) should be included on the claim in the 2010AA loop when the services are provided by an individual provider within that clinic.
- **Mixing Medicare and Private claims in the same submission.**
- **Claims submissions should include only one ST loop per SE loop.**
- **Sending an incorrect qualifier.** The EDI User's Guide will clarify proper submission (located at www.arkmedicare.com) .
- **Failing to include "Inkeys".** Inkeys are required to ensure a smooth Medicare Crossover.

If you wish to select AHIN as your clearinghouse or if you are ready to test HIPAA compliant claims, please contact Arkansas Blue Cross EDI Services Division at (501) 378-2419 or toll-free at (866) 582-3247. If you have any HIPAA related questions for dealing with Arkansas Blue Cross and Blue Shield claims billings, contact your Network Development Representatives.

CPT Code Changes—CPT 87804:

Effective February 25, 2004, the allowance for CPT Code 87804 was increased on the Arkansas Blue Cross and Blue Shield Fee Schedule as follows:

CPT Code	Total Office	Professional Office	Technical Office	Total Site of Service	Professional Site of Service	Technical Site of Service
87804	\$ 25.14	\$ 2.51	\$ 22.63	\$ 25.14	\$ 2.51	\$ 22.53

CPT Code Changes — Codes 54162 and 54450:

54162 - Lysis or excision of penile post-circumcision adhesions.

54450 - Foreskin manipulation including lysis of preputial adhesions and stretching.

The vignette for CPT code 54162 in the CPT Changes 2002: An Insider's View describes a true plastic correction done with general anesthetic and includes excision of skin bridges and closure of the now separated skin bridge.

Documentation for recent claims for CPT code 54162 have been brief with very little detail of an office procedure. The documentation does not appear to be consistent with the intent of CPT code 54162.

Claims for CPT code 54162 will be developed and if documentation is not consistent with code 54162 the procedure code will be changed to CPT code 54450.

Radiation Oncology (CPT Codes 77300 and 77334):

77300— Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician.

77334—Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts).

In an effort to decrease requests for documentation for CPT codes 77300 and 77334, Arkansas Blue Cross and Blue Shield will allow a higher number of services with no records request but with a change in reimbursement.

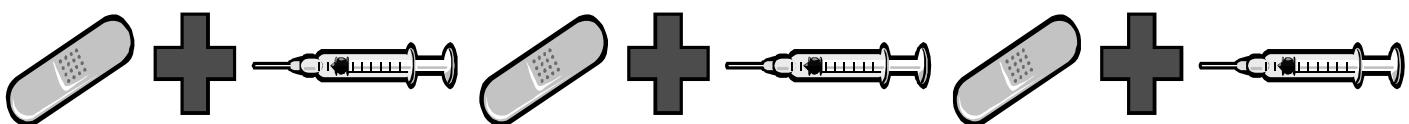
Multiples of CPT codes 77300 and 77334 should be billed with modifier 51. The full allowance will be made for the first service and additional services will be paid at 50% of the fee schedule allowance.

Arkansas State Employees & Public School Employees - Mental Health Service:

Reminder to all facilities and mental health providers: For Arkansas State Employees and Public School Employees, please remember to submit all claims for mental health services to CORPHEALTH for processing. Services rendered by a non-participating CORPHEALTH provider will be paid at the out-of-network benefit level.

Please send all claims and correspondences to:
CORPHEALTH, Inc.
1701 Centerview Drive, Suite 101
Little Rock, AR 72211

If you would like participation information, please contact CORPHEALTH at (866) 378-1645 or visit the website at www.corphealth.com.



Coverage Policy Manual Revisions:

Where possible, Arkansas Blue Cross and Blue Shield develops written criteria (called coverage criteria) concerning services or supplies that it considers investigational. Arkansas Blue Cross base these criteria on peer-reviewed literature, recognized standards of medical practice, and technology assessments.

Arkansas Blue Cross puts these coverage criteria in policies available to the medical community and its members so that members and providers will know in advance, when possible, what is or is not considered investigational. A procedure that is deemed investigational is considered such based on the member's benefit contract definition of investigational.

If a service or supply is considered investigational according to one of the published medical criteria policies, Arkansas Blue Cross will not pay for it. Provider contracts state providers can not collect any amount from members for experimental/investigational services unless the provider obtained a signed waiver from the member prior to the service.

If the investigational nature of a service or supply is not addressed by one of the published medical criteria policies, Arkansas Blue Cross will consider it to be non-investigational only if:

1. The drug or device can be lawfully marketed with approval of the U.S. Food and Drug Administration and final regulatory approval for marketing has been announced to the public at the time the drug or device is furnished;
2. The drug, device, treatment or procedure, or the patient informed consent document utilized with the drug, device, treatment or procedure, is not required to be reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal law requires such review and approval;
3. Reliable evidence shows that the drug, device or medical treatment or procedure is not the subject of on-going phase I, II or III clinical trials or is not otherwise under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with

- a standard means of treatment or diagnosis;
4. Reliable evidence does not indicate that further studies or clinical trials are necessary to determine the maximum tolerated dose, toxicity, safety, efficacy or efficacy as compared with a standard means of treatment or diagnosis.
5. Reliable evidence shows, as stated in the published authoritative literature, neither supports nor denies its use for a particular condition or disease.
6. Reliable evidence shows that the treatment should not be used as a first line therapy for a particular condition or disease.

Since December 1, 2003, Arkansas Blue Cross and Blue Shield has added new policies and/or made revisions to current policies in the "Coverage Policy Manual". New/Updated policies include:

- Blood-Derived Growth Factors for Wound Healing;
- Cryosurgical Ablation of Pancreatic Cancer;
- Cryosurgical Ablation of Breast Tumors;
- Radio frequency Ablation of Renal Tumors;
- Radio frequency Ablation of Breast Tumors, Benign and Malignant;
- Radio frequency Ablation of Pulmonary Tumors;
- Visco supplementation for Treatment of Osteoarthritis of the Hip;
- Magnetic Resonance Spectroscopy;
- Esophageal pH Monitoring;
- Selective Internal Radiation Therapy for Primary and Metastatic Tumors of the Liver;
- Varicose Veins: Endoluminal Radio frequency or Laser Ablation;
- Hyperhidrosis Treatment;
- Intraoperative Neurophysiologic Monitoring;
- PET Scan, Positron Emission Tomography for Other Solid Tumors.

Coverage Policy may be accessed at www.ArkansasBlueCross.com.

Reorganization of Network Development Representatives:

Recently providers received information through the Medicare Providers' News regarding the reorganization of the Network Development Representative (NDR) staff serving Medicare providers. Arkansas Blue Cross and Blue Shield hopes this change will be a positive one for providers.

Arkansas Blue Cross will continue to have a Network Development Representative serving in our Regional Offices located throughout the state to assist with the Arkansas Blue Cross and Blue Shield, Arkansas' FirstSource® PPO, and Health Advantage networks.

Arkansas Blue Cross has various means to assist providers when questions arise.

- Advanced Health Information Network (AHIN): Providers have free direct access to claims information, member eligibility, benefits and the Arkansas Blue Cross fee

schedules.

- Interactive Voice Response System (IVR): Provides information 24 hours a day, 7 days a week through an automated voice system.
- Customer Service: Available when more detailed or more complex questions arise.
- Websites: updated regularly with pertinent provider information such as the provider manuals, coverage policies and provider directories. www.arkansasbluecross.com

If providers are unable to resolve problems through one of the automated resources, contact the appropriate Network Development Representative listed below or visit the Arkansas Blue Cross website for the most up to date information. Please address all claims inquiries through one of the automated resources before contacting a Network Development Representative.

Central Arkansas

Little Rock Regional Office
320 W. Capital, Suite 900
P.O. Box 2181
Little Rock, AR 72203
(800) 421-1112

Pat Fournier - (501) 379-4652
pafournier@arkbluecross.com

Jan Hodges - (501) 379-4653
jkhodges@arkbluecross.com

Northeast Arkansas

Jonesboro Regional Office
707 East Matthews
Jonesboro, AR 72401
(870) 935-4871

Michelle Legrid - (870) 974-5740
melegrid@arkbluecross.com

Northwest Arkansas

Fayetteville Regional Office
516 E. Millsap Road, Suite 103
Fayetteville, AR 72703
(479) 527-2310

Terry Rhoads - (479) 527-2359
tarhoods@arkbluecross.com

South Central

Hot Springs Regional Office
100 Greenwood Ave, Suite C
Hot Springs, AR 71913
(501) 624-2151

Karen Bell - (501) 620-2667
ksbell@arkbluecross.com

Southeast Arkansas

Pine Bluff Regional Office
1800 West 73rd, Bldg #1
Pine Bluff, AR 71613
(870) 536-1223

Delene Broeckling
(870) 543-2945
ddbroeckling@arkbluecross.com

Southwest Arkansas

Texarkana Regional Office
300 Olive Street, Suite 402
Regional Bank Building
P.O. Box 2018
Texarkana, AR 75502-2018
(870) 773-2584

Judith Stoken - (870) 773-9109
jdstoken@arkbluecross.com

West Central Arkansas

Fort Smith Regional Office
3501 Greenwood Road, Suite 5
Fort Smith, AR 72903
(479) 648-1635

Lisa Mann - (479) 648-6321
lvmann@arkbluecross.com

Provider Inquiries:

It is Arkansas Blue Cross and Blue Shield's intent to offer our providers various options in which to obtain claim information for our members. In addition to our Interactive Voice Response System (IVR), AHIN, Direct Telephone contact, we offer providers the option of emailing inquiries. However, Arkansas Blue Cross can provide a better and faster service if providers limit the number of inquiries to five (5) per day.

Arkansas Blue Cross encourages providers to take advantage of the other self-service options offered. The Website, IVR, and AHIN are available 24/7 and offer access to member benefit and eligibility information (benefit and eligibility information not available by email) as well as claims status. As always, Arkansas Blue Cross Customer Care Agents are available to assist with those situations that are not addressed by the self-help tools.

Arkansas' FirstSource PPO Benefit Enhancement for Annual Diabetic Retinal Eye Exam - March 1, 2004:

The new Arkansas' FirstSource PPO medical benefit certificate provides benefits for an annual dilated retinal eye exam for persons with diabetes when performed by an Ophthalmologist or an Optometrist.

The benefit is limited to one screening exam per year. Since a dilated retinal eye exam is already included in the Ophthalmology codes (99203-99245 and 92202-92014), payment for these codes will be allowed one time in 12 months with a diabetic diagnosis (250-250.9). If the diagnoses indicates ophthalmic manifestations (250.5), an additional exam would be allowed.

If a person with a diabetes diagnosis visits the Ophthalmologist or an Optometrist for the sole purpose of an annual dilated retinal eye exam, use code S3000 (Diabetic indicator; retinal eye

exam, dilated, bilateral allows \$70 for one visit per year).

For patients covered under the Federal Employee Program, there is not a yearly limitation of the number of eye exams performed with a diabetic diagnosis.



Health Advantage Open Access POS Plan - Referrals:

If a member has "Open Access" on their Health Advantage ID card, they may see any participating provider without a referral from their Primary Care Physician. The "Open Access" product allows a member to seek services from a specialist without obtaining a referral from their Primary Care Physician as long as the specialist is an in-network provider.

With the "Open Access" plan, members do not have to select a Primary Care Physician. Even if a Primary Care Physician is listed on the member's ID card, members can see any participating Primary Care Physician.

Timely Claims Filing:

When a patient covered by Arkansas Blue Cross and Blue Shield or an affiliate does not provide their provider with proof of coverage until after the 180 day timely filing has expired, the patient is responsible for the payment of the services. Providers should not bill Arkansas Blue Cross for the services. The 180 day timely filing provision is applicable for both providers and members.

Arkansas Blue Cross encourages providers to have patients complete insurance coverage

update forms at each time of service giving the patient every opportunity to provide insurance information. All of Arkansas Blue Cross contract holders should have a Member Identification Card.

If there is a question on member coverage, refer to AHIN (Advance Health Information Network) for eligibility or call *The BlueLine*, our voice activated response service available 24-hours a day 7 days a week, at 1-800-676-2583.

Arkansas Blue Cross and Blue Shield Provider Education Workshops - Spring 2004:

March 25, 2004 – Texarkana, TX
Christi St. Michael's Hospital (all day workshop)
Registration begins at 8:30 AM
Workshop begins at 9:00 AM

March 31, 2004 – Little Rock, AR
2 workshops at Baptist Medical Center
1) AM Workshop
8:00 AM Registration
8:30 AM Workshop Begins
2) PM Workshop
1:00 PM Registration
1:30 PM Workshop Begins

April 14, 2004 – Conway, AR
UCA Brewer-Hegeman Conference Center
8:30 AM Registration
9:00 AM Workshop Begins

April 15, 2004 – Jonesboro, AR
2 workshops at St. Bernard's Auditorium
1) AM Workshop
7:30 AM Registration
8:00 AM Workshop Begins
2) PM Workshop
12:30 PM Registration
1:00 PM Workshop Begins

April 22, 2004 – Searcy, AR
Hubach Conference Center
8:30 AM Registration
9:00 AM Workshop Begins

April 27, 2004 – Hot Springs, AR
Embassy Suites
8:00 AM Registration
8:30 AM Workshop Begins

May 4, 2004 – El Dorado, AR
AHEC South Arkansas Ellis Center
9:30 AM Registration
10:00 AM Workshop Begins

May 12, 2004 – Pine Bluff, AR
Convention Center
8:00 AM Registration
8:30 AM Workshop Begins

May 13, 2004 – Fayetteville / Rogers
Embassy Suites—Rogers
12:30 PM Registration
1:00 PM Workshop Begins

May 14, 2004 – Fort Smith, AR
St. Edwards' Hospital - Hennessy Center
8:30 AM Registration
9:00 AM Workshop Begins

Site of Service:

Correct coding of the place of service in which the procedure is performed is essential for proper claims payment. Certain sites of service have no relative value units (e.g., the code for appendectomy has no RVU's for an office site of service).

Most codes that have both an office or facility site of service have a lower RVU in the facility setting (e.g., diagnostic colonoscopy). The fee schedule indicates a \$0.00 allowance for those services that have no RVU's for a specific site of service.

Physical Therapy Services:

Physical therapy assistants and physical therapy aides are not recognized as providers in the Arkansas Blue Cross and Blue Shield member benefit contract. Physical therapy codes describing one-on-one contact or constant attendance are covered services only when performed by a registered physical therapist or physician.

Reimbursement for physical therapy codes that do not require one-on-one contact or constant attendance may be made when services are provided by an assistant or aide working under the supervision of a registered physical therapist or physician.



Contact Lens Services (CPT Code 92310, 92311, & 92312):

92310 - Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.

92311 - ; corneal lens for aphakia, one eye.

92312 - ; corneal lens for aphakia, both eyes.

Members have contract benefits for a single acquisition of eyeglasses or contact lenses within the first six months after cataract surgery.

Contact lenses may be billed with 92311 (please include RT or LT modifier) or 92312. CPT 92310 is a non-covered code based on contract exclusion.

These specific guidelines do not pertain to patients covered under the Federal Employee Program (FEP). FEP does not require eyeglasses or contact lenses to be acquired within a six-month time limitation.



Injection Code Update:

Pricing for following injection codes will be changed to price based on the percentage of the Redbook average wholesale price used by Medicare in the Arkansas Blue Cross and Blue Shield Fee Schedule. These changes will be effective July 1, 2004.

Procedure	Description	Total Office
J0130	Injection abciximab, 10 mg	\$ 481.97
J0150	Injection, adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	\$ 36.54
J0152	Injection, adenosine, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)	\$ 69.89
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule	\$ 2.21
J0200	Injection, alatrofloxacin mesylate, 100 mg	\$ 17.88
J0205	Injection, alglucerase, per 10 units	\$ 38.99
J0207	Injection, amifostine, 500 mg	\$ 425.55
J0210	Injection, methyldopate HCL, up to 250 mg	\$ 11.16
J0215	Injection, alefacept, 0.5 mg	\$ 29.60
J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg	\$ 2.50
J0270	Injection, alprostadiol, 1.25 mcg (code may be used when drug administered under the direct supervision of a physician, not for use when drug is self administered)	\$ 0.33
J0275	Alprostadiol urethral suppository (code may be used when drug administered under the direct supervision of a physician, not for use when drug is self administered)	\$ 19.08
J0280	Injection, aminophyllin, up to 250 mg	\$ 0.93
J0282	Injection, amiodarone hydrochloride, 30 mg	\$ 5.79
J0285	Injection, amphotericin B, 50 mg	\$ 9.77
J0287	Injection, amphotericin B lipid complex, 10 mg	\$ 20.53
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	\$ 14.28
J0289	Injection, amphotericin B liposome, 10 mg	\$ 33.63
J0290	Injection, ampicillin sodium, 500 mg	\$ 1.55
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	\$ 6.97
J0300	Injection, amobarbital, up to 125 mg	\$ 2.50
J0330	Injection, succinylcholine chloride, up to 20 mg	\$ 0.18
J0360	Injection, hydralazine HCL, up to 20 mg	\$ 15.06
J0380	Injection, metaraminol bitartrate, per 10 mg	\$ 1.20
J0456	Injection, azithromycin, 500 mg	\$ 23.86
J0460	Injection, atropine sulfate, up to 0.3 mg	\$ 0.78
J0470	Injection, dimercaprol, per 100 mg	\$ 22.24
J0475	Injection, baclofen, 10 mg	\$ 202.16
J0476	Injection, baclofen, 50 mcg for intrathecal trial	\$ 74.97
J0500	Injection, dicyclomine HCL, up to 20 mg	\$ 16.03
J0515	Injection, benztrapine mesylate, per 1 mg	\$ 3.66
J0530	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units	\$ 11.20
J0540	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units	\$ 21.99
J0550	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units	\$ 47.08
J0560	Injection, penicillin G benzathine, up to 600,000 units	\$ 9.29
J0570	Injection, penicillin G benzathine, up to 1,200,000 units	\$ 18.59
J0580	Injection, penicillin G benzathine, up to 2,400,000 units	\$ 37.16
J0583	Injection, bivalirudin, 1 mg	\$ 1.50
J0585	Botulinum toxin type A, per unit	\$ 4.65
J0587	Botulinum toxin type B, per 100 units	\$ 8.25
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	\$ 0.97
J0600	Injection, edetate calcium disodium, up to 1000 mg	\$ 41.43

Procedure	Description	Total Office
J0610	Injection, calcium gluconate, per 10 ml	\$ 0.96
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	\$ 5.83
J0630	Injection, calcitonin salmon, up to 400 units	\$ 36.09
J0636	Injection, calcitriol, 0.1 mcg	\$ 0.01
J0637	Injection, caspofungin acetate, 5 mg	\$ 30.95
J0640	Injection, leucovorin calcium, per 50 mg	\$ 3.15
J0670	Injection, mepivacaine hydrochloride, per 10 ml	\$ 1.94
J0690	Injection, cefazolin sodium, 500 mg	\$ 2.11
J0692	Injection, cefepime hydrochloride, 500 mg	\$ 0.81
J0694	Injection, cefoxitin sodium, 1 gm	\$ 10.04
J0696	Injection, ceftriaxone sodium, per 250 mg	\$ 14.02
J0697	Injection, sterile cefuroxime sodium, per 750 mg	\$ 3.24
J0698	Injection, cefotaxime sodium, per gm	\$ 8.94
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg	\$ 4.67
J0704	Injection, betamethasone sodium phosphate, per 4 mg	\$ 1.01
J0706	Injection, caffeine citrate, 5 mg	\$ 3.22
J0713	Injection, ceftazidime, per 500 mg	\$ 6.35
J0715	Injection, ceftizoxime sodium, per 500 mg	\$ 4.66
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	\$ 6.78
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	\$ 2.51
J0735	Injection, clonidine hydrochloride, 1 mg	\$ 51.82
J0740	Injection, cidofovir, 375 mg	\$ 792.54
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	\$ 14.91
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$ 12.86
J0745	Injection, codeine phosphate, per 30 mg	\$ 0.43
J0760	Injection, colchicine, per 1 mg	\$ 6.64
J0770	Injection, colistimethate sodium, up to 150 mg	\$ 50.87
J0780	Injection, prochlorperazine, up to 10 mg	\$ 3.93
J0800	Injection, corticotropin, up to 40 units	\$ 87.31
J0835	Injection, cosyntropin, per 0.25 mg	\$ 17.14
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	\$ -
J0880	Injection, darbepoetin alfa, 5 mcg	\$ 22.26
J0895	Injection, deferoxamine mesylate, 500 mg	\$ 14.68
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	\$ 1.53
J0945	Injection, brompheniramine maleate, per 10 mg	\$ 0.89
J0970	Injection, estradiol valerate, up to 40 mg	\$ 1.51
J1000	Injection, depo-estradiol cypionate, up to 5 mg	\$ 1.79
J1020	Injection, methylprednisolone acetate, 20 mg	\$ 2.52
J1030	Injection, methylprednisolone acetate, 40 mg	\$ 3.89
J1040	Injection, methylprednisolone acetate, 80 mg	\$ 7.77
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg	\$ 23.12
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml	\$ 4.19
J1070	Injection, testosterone cypionate, up to 100 mg	\$ 4.65
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	\$ 8.86
J1094	Injection, dexamethasone acetate, 1 mg	\$ 0.67
J1100	Injection, dexamethasone sodium phosphate, 1 mg	\$ 0.11
J1110	Injection, dihydroergotamine mesylate, per 1 mg	\$ 37.84
J1120	Injection, acetazolamide sodium, up to 500 mg	\$ 19.28
J1160	Injection, digoxin, up to 0.5 mg	\$ 1.67
J1165	Injection, phenytoin sodium, per 50 mg	\$ 0.81
J1170	Injection, hydromorphone, up to 4 mg	\$ 1.45
J1180	Injection, dyphylline, up to 500 mg	\$ 8.47
J1190	Injection, drazoxane hydrochloride, per 250 mg	\$ 219.81
J1200	Injection, diphenhydramine HCL, up to 50 mg	\$ 1.50

Procedure	Description	Total Office
J1205	Injection, chlorothiazide sodium, per 500 mg	\$ 9.85
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	\$ 41.91
J1230	Injection, methadone HCL, up to 10 mg	\$ 0.71
J1240	Injection, dimenhydrinate, up to 50 mg	\$ 0.36
J1245	Injection, dipyridamole, per 10 mg	\$ 5.36
J1250	Injection, dobutamine hydrochloride, per 250 mg	\$ 4.45
J1260	Injection, dolasetron mesylate, 10 mg	\$ 14.54
J1270	Injection, doxercalciferol, 1 mcg	\$ 5.17
J1327	Injection, eptifibatide, 5 mg	\$ 12.05
J1335	Injection, ertapenem sodium, 500 mg	\$ 22.30
J1364	Injection, erythromycin lactobionate, per 500 mg	\$ 3.30
J1380	Injection, estradiol valerate, up to 10 mg	\$ 0.50
J1390	Injection, estradiol valerate, up to 20 mg	\$ 1.07
J1410	Injection, estrogen conjugated, per 25 mg	\$ 57.79
J1435	Injection, estrone, per 1 mg	\$ 0.54
J1436	Injection, etidronate disodium, per 300 mg	\$ 72.29
J1438	Injection, etanercept, 25 mg (code may be used when drug administered under the direct supervision of a physician, not for use when drug is self administered)	\$ 145.77
J1440	Injection, filgrastim (G-CSF), 300 mcg	\$ 166.43
J1441	Injection, filgrastim (G-CSF), 480 mcg	\$ 281.18
J1450	Injection fluconazole, 200 mg	\$ 90.12
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	\$ 892.50
J1455	Injection, foscarnet sodium, per 1000 mg	\$ 12.29
J1460	Injection, gamma globulin, intramuscular, 1 cc	\$ 10.71
J1470	Injection, gamma globulin, intramuscular, 2 cc	\$ 21.42
J1480	Injection, gamma globulin, intramuscular, 3 cc	\$ 32.16
J1490	Injection, gamma globulin, intramuscular, 4 cc	\$ 42.84
J1500	Injection, gamma globulin, intramuscular, 5 cc	\$ 53.55
J1510	Injection, gamma globulin, intramuscular, 6 cc	\$ 64.13
J1520	Injection, gamma globulin, intramuscular, 7 cc	\$ 74.90
J1530	Injection, gamma globulin, intramuscular, 8 cc	\$ 85.68
J1540	Injection, gamma globulin, intramuscular, 9 cc	\$ 96.48
J1550	Injection, gamma globulin, intramuscular, 10 cc	\$ 107.10
J1563	Injection, immune globulin, intravenous, 1g	\$ 54.60
J1564	Injection, immune globulin, 10 mg	\$ 0.81
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg	\$ 15.55
J1570	Injection, ganciclovir sodium, 500 mg	\$ 33.11
J1580	Injection, garamycin, gentamicin, up to 80 mg	\$ 1.79
J1590	Injection, gatifloxacin, 10 mg	\$ 0.85
J1595	Injection, glatiramer acetate, 20 mg	\$ 31.64
J1600	Injection, gold sodium thiomalate, up to 50 mg	\$ 12.71
J1610	Injection, glucagon hydrochloride, per 1 mg	\$ 42.84
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	\$ 189.76
J1626	Injection, granisetron hydrochloride, 100 mcg	\$ 16.40
J1630	Injection, haloperidol, up to 5 mg	\$ 6.42
J1631	Injection, haloperidol decanoate, per 50 mg	\$ 8.57
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	\$ 0.05
J1644	Injection, heparin sodium, per 1000 units	\$ 0.37
J1645	Injection, dalteparin sodium, per 2500 IU	\$ 14.74
J1650	Injection, enoxaparin sodium, 10 mg	\$ 5.73
J1652	Injection, fondaparinux sodium, 0.5 mg	\$ 7.77
J1655	Injection, tinzaparin sodium, 1000 IU	\$ 3.60
J1670	Injection, tetanus immune globulin, human, up to 250 units	\$ 111.56

Procedure	Description	Total Office
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	\$ 1.94
J1730	Injection, diazoxide, up to 300 mg	\$ 115.51
J1742	Injection, ibutilide fumarate, 1 mg	\$ 236.13
J1745	Injection infliximab, 10 mg	\$ 61.73
J1750	Injection, iron dextran, 50 mg	\$ 16.83
J1756	Injection, iron sucrose, 1 mg	\$ 0.61
J1785	Injection, imiglucerase, per unit	\$ 3.90
J1790	Injection, droperidol, up to 5 mg	\$ 2.63
J1800	Injection, propranolol HCL, up to 1 mg	\$ 10.92
J1815	Injection, insulin, per 5 units	\$ 0.09
	Injection interferon beta-1b, 0.25 mg (code may be used when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J1830	Injection, itraconazole, 50 mg	\$ 63.15
J1840	Injection, kanamycin sulfate, up to 500 mg	\$ 3.09
J1850	Injection, kanamycin sulfate, up to 75 mg	\$ 0.46
J1885	Injection, ketorolac tromethamine, per 15 mg	\$ 3.35
J1890	Injection, cephalothin sodium, up to 1 gram	\$ 9.64
J1940	Injection, furosemide, up to 20 mg	\$ 0.92
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	\$ 476.48
J1955	Injection, levocarnitine, per 1 gm	\$ 32.13
J1956	Injection, levofloxacin, 250 mg	\$ 19.55
J1960	Injection, levorphanol tartrate, up to 2 mg	\$ 3.54
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	\$ 8.04
J1990	Injection, chlordiazepoxide HCL, up to 100 mg	\$ 23.49
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	\$ 0.18
J2010	Injection, lincomycin HCL, up to 300 mg	\$ 2.98
J2020	Injection, linezolid, 200 mg	\$ 34.58
J2060	Injection, lorazepam, 2 mg	\$ 2.95
J2150	Injection, mannitol, 25% in 50 ml	\$ 3.07
J2175	Injection, meperidine hydrochloride, per 100 mg	\$ 0.50
J2180	Injection, meperidine and promethazine HCL, up to 50 mg	\$ 4.22
J2185	Injection, meropenem, 100 mg	\$ 4.62
J2210	Injection, methylergonovine maleate, up to 0.2 mg	\$ 3.85
J2250	Injection, midazolam hydrochloride, per 1 mg	\$ 1.20
J2260	Injection, milrinone lactate, 5 mg	\$ 48.46
J2270	Injection, morphine sulfate, up to 10 mg	\$ 0.72
J2271	Injection, morphine sulfate, 100 mg	\$ 4.28
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	\$ 1.79
J2280	Injection, moxifloxacin, 100 mg	\$ 9.77
J2300	Injection, nalbuphine hydrochloride, per 10 mg	\$ 1.42
J2310	Injection, naloxone hydrochloride, per 1 mg	\$ 2.23
J2320	Injection, nandrolone decanoate, up to 50 mg	\$ 3.60
J2321	Injection, nandrolone decanoate, up to 100 mg	\$ 6.56
J2322	Injection, nandrolone decanoate, up to 200 mg	\$ 14.78
J2324	Injection, nesiritide, 0.5 mg	\$ 135.66
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	\$ 74.64
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	\$ 4.14
J2355	Injection, orelvekin, 5 mg	\$ 251.65
J2360	Injection, orphenadrine citrate, up to 60 mg	\$ 5.09
J2370	Injection, phenylephrine HCL, up to 1 ml	\$ 1.21
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	\$ 6.01
J2405	Injection, ondansetron hydrochloride, per 1 mg	\$ 5.86
J2410	Injection, oxymorphone HCL, up to 1 mg	\$ 2.77

Procedure	Description	Total Office
J2430	Injection, pamidronate disodium, per 30 mg	\$ 249.77
J2440	Injection, papaverine HCL, up to 60 mg	\$ 3.13
J2460	Injection, oxytetracycline HCL, up to 50 mg	\$ 0.96
J2501	Injection, paricalcitol, 1 mcg	\$ 4.71
J2505	Injection, pegfilgrastim, 6 mg	\$ 2,632.88
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	\$ 9.01
J2515	Injection, pentobarbital sodium, per 50 mg	\$ 1.24
J2540	Injection, penicillin G potassium, up to 600,000 units	\$ 0.27
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	\$ 4.58
J2545	Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME	\$ 42.13
J2550	Injection, promethazine HCL, up to 50 mg	\$ 2.68
J2560	Injection, phenobarbital sodium, up to 120 mg	\$ 1.51
J2590	Injection, oxytocin, up to 10 units	\$ 1.21
J2597	Injection, desmopressin acetate, per 1 mcg	\$ 3.24
J2650	Injection, prednisolone acetate, up to 1 ml	\$ 0.23
J2670	Injection, tolazoline HCL, up to 25 mg	\$ 3.69
J2675	Injection, progesterone, per 50 mg	\$ 3.34
J2680	Injection, fluphenazine decanoate, up to 25 mg	\$ 8.42
J2690	Injection, procainamide HCL, up to 1 gm	\$ 1.33
J2700	Injection, oxacillin sodium, up to 250 mg	\$ 0.75
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	\$ 0.62
J2720	Injection, protamine sulfate, per 10 mg	\$ 0.71
J2725	Injection, protirelin, per 250 mcg	\$ 22.92
J2730	Injection, pralidoxime chloride, up to 1 gm	\$ 96.73
J2760	Injection, phentolamine mesylate, up to 5 mg	\$ 29.99
J2765	Injection, metoclopramide HCL, up to 10 mg	\$ 1.39
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	\$ 107.65
J2780	Injection, ranitidine hydrochloride, 25 mg	\$ 1.35
J2783	Injection, rasburicase, 0.5 mg	\$ 110.82
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg	\$ 48.11
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg	\$ 94.25
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	\$ 19.31
J2795	Injection, ropivacaine hydrochloride, 1 mg	\$ 0.06
J2800	Injection, methocarbamol, up to 10 ml	\$ 3.57
J2820	Injection, sargramostim (GM-CSF), 50 mcg	\$ 25.69
J2910	Injection, aurothioglucose, up to 50 mg	\$ 16.26
J2912	Injection, sodium chloride, 0.9%, per 2 ml	\$ 0.46
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	\$ 7.68
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	\$ 1.48
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$ 1.81
J2940	Injection, somatrem, 1 mg	\$ 42.80
J2941	Injection, somatropin, 1 mg	\$ 43.14
J2950	Injection, promazine HCL, up to 25 mg	\$ 0.43
J2993	Injection, reteplase, 18.1 mg	\$ 1,227.19
J2995	Injection, streptokinase, per 250,000 IU	\$ 83.67
J2997	Injection, alteplase recombinant, 1 mg	\$ 34.47
J3000	Injection, streptomycin, up to 1 gm	\$ 5.95
J3010	Injection, fentanyl citrate, 0.1 mg	\$ 0.76
J3030	Injection, sumatriptan succinate, 6 mg (code may be used when drug administered under the direct supervision of a physician, not for use when drug is self administered)	\$ 24.95
J3070	Injection, pentazocine, 30 mg	\$ 4.90
J3100	Injection, tenecteplase, 50 mg	\$ 2,528.01
J3105	Injection, terbutaline sulfate, up to 1 mg	\$ 27.62

Procedure	Description	Total Office
J3120	Injection, testosterone enanthate, up to 100 mg	\$ 8.43
J3130	Injection, testosterone enanthate, up to 200 mg	\$ 16.87
J3230	Injection, chlorpromazine HCL, up to 50 mg	\$ 4.13
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	\$ 580.13
J3245	Injection, tirofiban hydrochloride, 12.5 mg	\$ 442.86
J3250	Injection, trimethobenzamide HCL, up to 200 mg	\$ 1.46
J3260	Injection, tobramycin sulfate, up to 80 mg	\$ 4.19
J3265	Injection, torsemide, 10 mg/MI	\$ 1.46
J3280	Injection, thiethylperazine maleate, up to 10 mg	\$ 5.31
J3301	Injection, triamcinolone acetonide, per 10 mg	\$ 1.50
J3302	Injection, triamcinolone diacetate, per 5 mg	\$ 0.33
J3303	Injection, triamcinolone hexacetonide, per 5 mg	\$ 0.95
J3305	Injection, trimetrexate glucuronate, per 25 mg	\$ 133.88
J3315	Injection, triptorelin pamoate, 3.75 mg	\$ 374.49
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	\$ 26.57
J3360	Injection, diazepam, up to 5 mg	\$ 0.81
J3364	Injection, urokinase, 5000 IU vial	\$ 9.61
J3365	Injection, IV, urokinase, 250,000 I.U. vial	\$ 480.54
J3370	Injection, vancomycin HCL, 500 mg	\$ 2.70
J3395	Injection, verteporfin, 15 mg	\$ 1,369.99
J3410	Injection, hydroxyzine HCL, up to 25 mg	\$ 1.13
J3411	Injection, thiamine HCl, 100 mg	\$ 0.89
J3415	Injection, pyridoxine HCl, 100 mg	\$ 0.49
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	\$ 0.16
J3430	Injection, phytonadione (vitamin K), per 1 mg	\$ 2.08
J3465	Injection, voriconazole, 10 mg	\$ 4.74
J3475	Injection, magnesium sulfate, per 500 mg	\$ 0.22
J3480	Injection, potassium chloride, per 2 meq	\$ 0.07
J3485	Injection, zidovudine, 10 mg	\$ 0.96
J3486	Injection, ziprasidone mesylate, 10 mg	\$ 19.53
J3487	Injection, zoledronic acid, 1 mg	\$ 204.27
J7030	Infusion, normal saline solution , 1000 cc	\$ -
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)	\$ -
J7042	5% dextrose/normal saline (500 ml = 1 unit)	\$ -
J7050	Infusion, normal saline solution , 250 cc	\$ -
J7051	Sterile saline or water, up to 5 cc	\$ -
J7060	5% dextrose/water (500 ml = 1 unit)	\$ -
J7070	Infusion, D5W, 1000 cc	\$ -
J7100	Infusion, dextran 40, 500 ml	\$ -
J7110	Infusion, dextran 75, 500 ml	\$ -
J7120	Ringers lactate infusion, up to 1000 cc	\$ -
J7130	Hypertonic saline solution, 50 or 100 meq, 20 cc vial	\$ -
J7190	Factor VIII (antihemophilic factor, human) per I.U.	\$ 0.91
J7191	Factor VIII (antihemophilic factor (porcine)), per I.U.	\$ 2.14
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.	\$ 1.35
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U.	\$ 1.18
J7194	Factor IX, complex, per I.U.	\$ 0.42
J7195	Factor IX (antihemophilic factor, recombinant) per I.U.	\$ 1.00
J7197	Antithrombin III (human), per I.U.	\$ 1.58
J7198	Anti-inhibitor, per I.U.	\$ 1.50
J7308	Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)	\$ 94.83
J7310	Ganciclovir, 4.5 mg, long-acting implant	\$ 4,462.50

Procedure	Description	Total Office
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection	\$ 130.32
J7320	Hylan G-F 20, 16 mg, for intra articular injection	\$ 211.30
J7340	Dermal and epidermal tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	\$ 27.52
J7342	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	\$ 14.47
J7501	Azathioprine, parenteral, 100 mg	\$ 56.22
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	\$ 261.83
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	\$ 335.94
J7513	Dacizumab, parenteral, 25 mg	\$ 399.38
J7525	Tacrolimus, parenteral, 5 mg	\$ 111.60
J9000	Doxorubicin HCL, 10 mg	\$ 9.10
J9001	Doxorubicin hydrochloride, all lipid formulations, 10 mg	\$ 369.66
J9010	Alemtuzumab, 10 mg	\$ 549.15
J9015	Aldesleukin, per single use vial	\$ 690.01
J9017	Arsenic trioxide, 1 mg	\$ 2.95
J9020	Asparaginase, 10,000 units	\$ 58.82
J9031	BCG (intravesical) per instillation	\$ 150.44
J9040	Bleomycin sulfate, 15 units	\$ 158.14
J9045	Carboplatin, 50 mg	\$ 133.17
J9050	Carmustine, 100 mg	\$ 127.93
J9060	Cisplatin, powder or solution, per 10 mg	\$ 14.24
J9062	Cisplatin, 50 mg	\$ 71.18
J9065	Injection, cladribine, per 1 mg	\$ 50.20
J9070	Cyclophosphamide, 100 mg	\$ 5.39
J9080	Cyclophosphamide, 200 mg	\$ 10.23
J9090	Cyclophosphamide, 500 mg	\$ 21.47
J9091	Cyclophosphamide, 1.0 gram	\$ 42.97
J9092	Cyclophosphamide, 2.0 gram	\$ 85.91
J9093	Cyclophosphamide, lyophilized, 100 mg	\$ 5.47
J9094	Cyclophosphamide, lyophilized, 200 mg	\$ 10.93
J9095	Cyclophosphamide, lyophilized, 500 mg	\$ 21.47
J9096	Cyclophosphamide, lyophilized, 1.0 gram	\$ 42.97
J9097	Cyclophosphamide, lyophilized, 2.0 gram	\$ 88.15
J9098	Cytarabine liposome, 10 mg	\$ 348.97
J9100	Cytarabine, 100 mg	\$ 7.70
J9110	Cytarabine, 500 mg	\$ 8.03
J9120	Dactinomycin, 0.5 mg	\$ 13.03
J9130	Dacarbazine, 100 mg	\$ 10.54
J9140	Dacarbazine, 200 mg	\$ 20.72
J9150	Daunorubicin, 10 mg	\$ 69.74
J9151	Daunorubicin citrate, liposomal formulation, 10 mg	\$ 60.69
J9160	Denileukin diftitox, 300 mcg	\$ 1,250.39
J9165	Diethylstilbestrol diphosphate, 250 mg	\$ 13.53
J9170	Docetaxel, 20 mg	\$ 316.47
J9178	Injection, epirubicin HCl, 2 mg	\$ 25.97
J9181	Etoposide, 10 mg	\$ 1.61
J9182	Etoposide, 100 mg	\$ 16.07
J9185	Fludarabine phosphate, 50 mg	\$ 334.52
J9190	Fluorouracil, 500 mg	\$ 1.94
J9200	Floxuridine, 500 mg	\$ 130.64
J9201	Gemcitabine HCL, 200 mg	\$ 107.00

Procedure	Description	Total Office
J9202	Goserelin acetate implant, per 3.6 mg	\$ 394.79
J9206	Irinotecan, 20 mg	\$ 128.87
J9208	Ifosfamide, 1 gm	\$ 141.28
J9209	Mesna, 200 mg	\$ 33.02
J9211	Idarubicin hydrochloride, 5 mg	\$ 394.52
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	\$ 3.85
J9213	Interferon, alfa-2a, recombinant, 3 million units	\$ 32.77
J9214	Interferon, alfa-2b, recombinant, 1 million units	\$ 13.98
J9215	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU	\$ 7.38
J9216	Interferon, gamma 1-B, 3 million units	\$ 196.55
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	\$ 525.61
J9218	Leuprolide acetate, per 1 mg	\$ 24.42
J9219	Leuprolide acetate implant, 65 mg	\$ 5,072.97
J9230	Mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	\$ 11.28
J9245	Injection, melphalan hydrochloride, 50 mg	\$ 394.67
J9250	Methotrexate sodium, 5 mg	\$ 0.36
J9260	Methotrexate sodium, 50 mg	\$ 4.46
J9263	Injection, oxaliplatin, 0.5 mg	\$ 8.87
J9265	Pacitaxel, 30 mg	\$ 146.90
J9266	Pegasparagase, per single dose vial	\$ 1,340.99
J9268	Pentostatin, per 10 mg	\$ 1,726.48
J9270	Plicamycin, 2.5 mg	\$ 88.13
J9280	Mitomycin, 5 mg	\$ 59.98
J9290	Mitomycin, 20 mg	\$ 194.92
J9291	Mitomycin, 40 mg	\$ 267.75
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	\$ 337.60
J9300	Gemtuzumab ozogamicin, 5 mg	\$ 2,051.64
J9310	Rituximab, 100 mg	\$ 448.64
J9320	Streptozocin, 1 gm	\$ 132.91
J9340	Thiotepa, 15 mg	\$ 87.92
J9350	Topotecan, 4 mg	\$ 741.48
J9355	Trastuzumab, 10 mg	\$ 54.61
J9357	Valrubicin, intravesical, 200 mg	\$ 494.80
J9360	Vinblastine sulfate, 1 mg	\$ 2.95
J9370	Vincristine sulfate, 1 mg	\$ 16.79
J9375	Vincristine sulfate, 2 mg	\$ 48.72
J9380	Vincristine sulfate, 5 mg	\$ 83.97
J9390	Vinorelbine tartrate, per 10 mg	\$ 80.00
J9395	Injection, fulvestrant, 25 mg	\$ 82.28
J9600	Porfimer sodium, 75 mg	\$ 2,446.08
Q0136	Injection, epoetin alpha, (for non ESRD use), per 1000 units	\$ 12.20
Q0137	Injection, dexamethasone acetate, 8 mg/ml	\$ 4.45
Q0183	Dermal tissue, of human origin, with and without other bioengineered or processed elements, but without metabolically active elements, per square centimeter	\$ 14.47
Q0187	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	\$ 1,765.58
Q2009	Injection, fosphenytoin, 50 mg	\$ 5.71
Q2011	Injection, hemin, per 1 mg	\$ 2,175.47
Q2022	Von Willebrand factor complex, human, per IU	\$ 1.00
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use	\$ 80.04
Q4054	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	\$ 4.45
Q4055	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	\$ 12.20

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