

HCPCS REQUIRING CORRESPONDING NDC CODES

A list of the HCPCS which will require a corresponding NDC can be found on the FHSC Website at <http://alaska.fhsc.com/> . If you are unable to access the FHSC Website, please contact FHSC's Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska) to request a hard copy.

The list of procedure codes affected by the J Code NDC Requirements is now available on the FHSC Website listed above! Please use this list when determining which codes require a NDC code in order to be considered for reimbursement.

The Deficit Reduction Act requires State Medicaid programs to collect rebates for physician and outpatient facility administered drugs. To facilitate this mandate, beginning April 1, 2008, drugs administered in a clinical setting which are billed with a HCPCS code or a revenue code 025x or 063x must include the corresponding NDC number, unit of measurement, and numeric quantity.

Beginning April 1, 2008, payment for physician administered drugs will be based on the NDC and NDC quantity – not on the HCPCS codes and units. Providers may bill for administration of the drug using the appropriate CPT code.

For rebateable drugs, Medicaid will pay for the drug only if the manufacturer is participating in the Federal Drug Rebate Program. The CMS website provides a complete list of rebateable drugs.

Claims submitted for drugs from manufacturers that are not part of the drug rebate program on the claim date of services will be denied.

HCPCS Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

Proc Code	Description
J0120	INJ TETRACYCLINE UP TO 250 MG
J0128	INJ ABARELIX 10 MG
J0129	INJ ABATACEPT 10 MG
J0130	INJ ABCIXIMAB 10 MG
J0132	INJ ACETYLCYSTEINE 100 MG
J0133	INJ ACYCLOVIR 5 MG
J0135	INJ ADALIMUMAB 20 MG
J0150	INJ ADENOSINE FOR THERAPEUTIC USE 6 MG
J0170	INJ ADRENALIN EPINEPHRINE UP TO 1 ML AMPULE
J0180	INJ AGALSIDASE BETA 1 MG
J0200	INJ ALATROFLOXACIN MESYLATE 100 MG
J0205	INJ ALGLUCERASE PER 10 UNITS
J0207	INJ AMIFOSTINE 500 MG
J0210	INJ METHYLDOPATE HCL UP TO 250 MG
J0215	INJ ALEFACEPT 0.5 MG
J0220	INJ AGLUCOSIDASE ALFA 10 MG
J0256	INJ ALPHA 1 - PROTEINASE INHIBITOR - HUMAN 10 MG
J0278	INJ AMIKACIN SULFATE 100 MG
J0280	INJ, AMINOPHYLLIN, UP TO 250 MG
J0282	INJ AMIODARONE HCL 30 MG
J0285	INJ AMPHOTERICIN B 50 MG
J0287	INJ AMPHOTERICIN B LIPID COMPLEX 10 MG
J0288	INJ AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX 10 MG
J0289	INJ AMPHOTERICIN B LIPOSOME 10 MG
J0290	INJ AMPICILLIN SODIUM 500 MG
J0295	INJ AMPICILLIN SODIUM/SULBACTAM SODIUM PER 1.5 GM
J0300	INJ AMOBARBITAL UP TO 125 MG
J0330	INJ SUCCINYLMCHOLINE CHLORIDE UP TO 20 MG
J0348	INJ ANADULAFUNGIN 1 MG
J0350	INJ ANISTREPLASE PER 30 UNITS
J0360	INJ HYDRALAZINE HCL UP TO 20 MG
J0364	INJ APOMORPHINE HCL 1 MG
J0365	INJ APROTONIN 10 000 KIU
J0380	INJ METARAMINOL BITARTRATE PER 10 MG
J0390	INJ CHLOROQUINE HCL UP TO 250 MG
J0395	INJ ARBUTAMINE HCL 1 MG
J0400	INJ ARIPIPRAZOLE IM 0.25 MG
J0456	INJ AZITHROMYCIN 500 MG
J0460	INJ ATROPINE SULFATE UP TO 0.3 MG
J0470	INJ DIMERCAPROL PER 100 MG
J0475	INJ BACLOFEN 10 MG
J0476	INJ BACLOFEN 50 MCG FOR INTRATHECAL TRIAL
J0480	INJ BASILIXIMAB 20 MG
J0500	INJ DICYCLOMINE HCL UP TO 20 MG
J0515	INJ BENZTROPINE MESYLATE PER 1 MG
J0520	INJ BETHANECHOL CHLORIDE MYOTONACHOL OR URECHOLINE UP TO 5 MG
J0530	INJ PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE UP TO 600
J0540	INJ PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE UP TO 1 20
J0550	INJ PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE UP TO 2 40
J0560	INJ PENICILLIN G BENZATHINE UP TO 600 000 UNITS
J0570	INJ PENICILLIN G BENZATHINE UP TO 1 200 000 UNITS

HCPCS Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J0580 INJ PENICILLIN G BENZATHINE UP TO 2 400 000 UNITS
J0583 INJ BIVALIRUDIN 1 MG
J0585 BOTULINUM TOXIN TYPE A PER UNIT
J0587 BOTULINUM TOXIN TYPE B PER 100 UNITS
J0592 INJ BUPRENORPHINE HCL 0.1 MG
J0594 INJ BUSULFAN 1 MG
J0595 INJ BUTORPHANOL TARTRATE 1 MG
J0600 INJ EDETATE CALCIUM DISODIUM UP TO 1000 MG
J0610 INJ CALCIUM GLUCONATE PER 10 ML
J0620 INJ CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE PER 10 ML
J0630 INJ CALCITONIN SALMON UP TO 400 UNITS
J0636 INJ CALCITRIOL 0.1 MCG
J0637 INJ CASPOFUNGIN ACETATE 5 MG
J0640 INJ LEUCOVORIN CALCIUM PER 50 MG
J0670 INJ MEPIVACAINE HCL PER 10 ML
J0690 INJ CEFAZOLIN SODIUM 500 MG
J0692 INJ CEFEPIME HCL 500 MG
J0694 INJ CEFOXITIN SODIUM 1 GM
J0696 INJ CEFTRIAXONE SODIUM PER 250 MG
J0697 INJ STERILE CEFUROXIME SODIUM PER 750 MG
J0698 INJ CEFOTAXIME SODIUM PER GM
J0702 INJ BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE
J0704 INJ BETAMETHASONE SODIUM PHOSPHATE PER 4 MG
J0706 INJ CAFFEINE CITRATE 5MG
J0710 INJ CEPHAPIRIN SODIUM UP TO 1 GM
J0713 INJ CEFTAZIDIME PER 500 MG
J0715 INJ CEFTIZOXIME SODIUM PER 500 MG
J0720 INJ CHLORAMPHENICOL SODIUM SUCCINATE UP TO 1 GM
J0725 INJ CHORIONIC GONADOTROPIN PER 1 000 USP UNITS
J0735 INJ CLONIDINE HCL 1 MG
J0740 INJ CIDOFOVIR 375 MG
J0743 INJ CILASTATIN SODIUM; IMIPENEM PER 250 MG
J0744 INJ CIPROFLOXACIN FOR IV INFUSION 200 MG
J0745 INJ CODEINE PHOSPHATE PER 30 MG
J0760 INJ COLCHICINE PER 1MG
J0770 INJ COLISTIMETHATE SODIUM UP TO 150 MG
J0780 INJ PROCHLORPERAZINE UP TO 10 MG
J0795 INJ CORTICORELIN OVINE TRIFLUTATE 1 MICROGRAM
J0800 INJ CORTICOTROPIN UP TO 40 UNITS
J0835 INJ COSYNTROPIN PER 0.25 MG
J0850 INJ CYTOMEGALOVIRUS IMMUNE GLOBULIN IV (HUMAN) PER VIAL
J0878 INJ DAPTOMYCIN 1 MG
J0881 INJ DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)
J0882 INJ DARBEPOETIN ALFA 1 MICROGRAM (FOR ESRD ON DIALYSIS)
J0885 INJ EPOETIN ALFA (FOR NON-ESRD USE) 1000 UNITS
J0886 INJ EPOETIN ALFA 1000 UNITS (FOR ESRD ON DIALYSIS)
J0894 INJ DECITABINE 1 MG
J0895 INJ DEFEROXAMINE MESYLATE 500 MG
J0900 INJ TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE UP TO 1 CC
J0945 INJ BROMPHENIRAMINE MALEATE PER 10 MG
J0970 INJ ESTRADIOL VALERATE UP TO 40 MG
J1000 INJ DEPO-ESTRADIOL CYPIONATE UP TO 5 MG

**HCPCS Codes Which Require Corresponding NDC
when Billed On/After 4/1/2008**

J1020	INJ METHYLPREDNISOLONE ACETATE 20 MG
J1030	INJ METHYLPREDNISOLONE ACETATE 40 MG
J1040	INJ METHYLPREDNISOLONE ACETATE 80 MG
J1051	INJ MEDROXYPROGESTERONE ACETATE 50 MG
J1055	INJ MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE 150 MG
J1056	INJ MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE 5MG / 25MG
J1060	INJ TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE UP TO 1 ML
J1070	INJ TESTOSTERONE CYPIONATE UP TO 100 MG
J1080	INJ TESTOSTERONE CYPIONATE 1 CC 200 MG
J1094	INJ DEXAMETHASONE ACETATE 1 MG
J1100	INJ DEXAMETHASONE SODIUM PHOSPHATE 1MG
J1110	INJ DIHYDROERGOTAMINE MESYLATE PER 1 MG
J1120	INJ ACETAZOLAMIDE SODIUM UP TO 500 MG
J1160	INJ DIGOXIN UP TO 0.5 MG
J1162	INJ DIGOXIN IMMUNE FAB (OVINE) PER VIAL
J1165	INJ PHENYTOIN SODIUM PER 50 MG
J1170	INJ HYDROMORPHONE UP TO 4 MG
J1180	INJ DYPHYLLINE UP TO 500 MG
J1190	INJ DEXRAZOXANE HCL PER 250 MG
J1200	INJ DIPHENHYDRAMINE HCL UP TO 50 MG
J1205	INJ CHLOROTHIAZIDE SODIUM PER 500 MG
J1230	INJ METHADONE HCL UP TO 10 MG
J1240	INJ DIMENHYDRINATE UP TO 50 MG
J1245	INJ DIPYRIDAMOLE PER 10 MG
J1260	INJ DOLASETRON MESYLATE 10 MG
J1265	INJ DOPAMINE HCL 40 MG
J1270	INJ DOXERCALCIFEROL 1 MCG
J1300	INJ ECULIZUMAB 10 MG
J1320	INJ AMITRIPTYLINE HCL UP TO 20 MG
J1324	INJ ENFUVIRTIDE 1 MG
J1325	INJ EPOPROSTENOL 0.5 MG
J1327	INJ EPTIFIBATIDE 5 MG
J1330	INJ ERGONOVINE MALEATE UP TO 0.2 MG
J1335	INJ ERTAPENEM SODIUM 500 MG
J1364	INJ ERYTHROMYCIN LACTOBIONATE PER 500 MG
J1380	INJ ESTRADIOL VALERATE UP TO 10 MG
J1390	INJ ESTRADIOL VALERATE UP TO 20 MG
J1410	INJ ESTROGEN CONJUGATED PER 25 MG
J1430	INJ ETHANOLAMINE OLEATE 100 MG
J1435	INJ ESTRONE PER 1 MG
J1436	INJ ETIDRONATE DISODIUM PER 300 MG
J1438	INJ ETANERCEPT 25 MG
J1440	INJ FILGRASTIM (G-CSF) 300 MCG
J1441	INJ FILGRASTIM (G-CSF) 480 MCG
J1450	INJ FLUCONAZOLE 200 MG
J1451	INJ FOMEPIZOLE 15 MG
J1452	INJ FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG
J1455	INJ FOSCARNET SODIUM PER 1000 MG
J1457	INJ GALLIUM NITRATE 1 MG
J1458	INJ GALSULFASE 1 MG
J1460	INJ GAMMA GLOBULIN IM 1 CC
J1470	INJ GAMMA GLOBULIN IM 2 CC

HCPCS Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J1480	INJ GAMMA GLOBULIN IM 3 CC
J1490	INJ GAMMA GLOBULIN IM 4 CC
J1500	INJ GAMMA GLOBULIN IM 5 CC
J1510	INJ GAMMA GLOBULIN IM 6 CC
J1520	INJ GAMMA GLOBULIN IM 7 CC
J1530	INJ GAMMA GLOBULIN IM 8 CC
J1540	INJ GAMMA GLOBULIN IM 9 CC
J1550	INJ GAMMA GLOBULIN IM 10 CC
J1560	INJ GAMMA GLOBULIN IM OVER 10 CC
J1561	INJ, IMMUNE GLOBULIN,(GAMUNEX) IV
J1562	INJ IMMUNE GLOBULIN (VIVAGLOBIN) 100 MG
J1565	INJ RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN IV 50
J1566	INJ IMMUNE GLOBULIN IV LYOPHILIZED (E.G. POWDER) NOT
J1568	INJ IMMUNE GLOBULIN (OCTAGAM) IV NON-LYOPHILIZED (E.G
J1569	INJ IMMUNE GLOBULIN (GAMMAGARD LIQUID) IV NON-LYOPHIL
J1570	INJ GANCICLOVIR SODIUM 500 MG
J1571	INJ HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B) IM 0.5 M
J1572	INJ IMMUNE GLOBULIN (FLEBOGAMMA) IV NON-LYOPHILIZED
J1573	INJ HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B) IV 0.5 ML
J1580	INJ GARAMYCIN GENTAMICIN UP TO 80 MG
J1595	INJ GLATIRAMER ACETATE 20 MG
J1600	INJ GOLD SODIUM THIOMALATE UP TO 50 MG
J1610	INJ GLUCAGON HCL PER 1 MG
J1620	INJ GONADORELIN HCL PER 100 MCG
J1625	INJ GRANISETRON HCL PER 1 MG
J1626	INJ GRANISETRON HCL 100 MCG
J1630	INJ HALOPERIDOL UP TO 5 MG
J1631	INJ HALOPERIDOL DECANOATE PER 50 MG
J1640	INJ HEMIN 1 MG
J1642	INJ HEPARIN SODIUM (HEPARIN LOCK FLUSH) PER 10 UNITS
J1644	INJ HEPARIN SODIUM PER 1000 UNITS
J1645	INJ DALTEPARIN SODIUM PER 2500 IU
J1650	INJ ENOXAPARIN SODIUM 10 MG
J1652	INJ FONDAPARINUX SODIUM 0.5 MG
J1655	INJ TINZAPARIN SODIUM 1000 IU
J1670	INJ TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS
J1675	INJ HISTRELIN ACETATE 10 MICROGRAMS
J1700	INJ HYDROCORTISONE ACETATE UP TO 25 MG
J1710	INJ HYDROCORTISONE SODIUM PHOSPHATE UP TO 50 MG
J1720	INJ HYDROCORTISONE SODIUM SUCCINATE UP TO 100 MG
J1730	INJ DIAZOXIDE UP TO 300 MG
J1740	INJ IBANDRONATE SODIUM 1 MG
J1742	INJ IBUTILIDE FUMARATE 1 MG
J1743	INJ IDURSULFASE 1 MG
J1745	INJ INFLIXIMAB 10 MG
J1751	INJ, IRON DEXTRAN 165, 50 MG
J1752	INJ, IRON DEXTRAN 267, 50 MG
J1756	INJ, IRON SUCROSE, 1 MG
J1785	INJ IMIGLUCERASE PER UNIT
J1790	INJ DROPERIDOL UP TO 5 MG
J1800	INJ PROPRANOLOL HCL UP TO 1 MG
J1810	INJ DROPERIDOL AND FENTANYL CITRATE UP TO 2 ML AMPULE

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J1815 INJ INSULIN PER 5 UNITS
J1825 INJ INTERFERON BETA-1A 33 MCG
J1835 INJ ITRACONAZOLE 50 MG
J1840 INJ KANAMYCIN SULFATE UP TO 500 MG
J1850 INJ KANAMYCIN SULFATE UP TO 75 MG
J1885 INJ KETOROLAC TROMETHAMINE PER 15 MG
J1890 INJ CEPHALOTHIN SODIUM UP TO 1 GRAM
J1931 INJ LARONIDASE 0.1 MG
J1940 INJ FUROSEMIDE UP TO 20 MG
J1945 INJ LEPIRUDIN 50 MG
J1950 INJ LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) PER 3.75 MG
J1955 INJ LEVOCARNITINE PER 1 GM
J1956 INJ LEVOFLOXACIN 250 MG
J1960 INJ LEVORPHANOL TARTRATE UP TO 2 MG
J1980 INJ HYOSCYAMINE SULFATE UP TO 0.25 MG
J1990 INJ CHLORDIAZEPOXIDE HCL UP TO 100 MG
J2001 INJ LIDOCAINE HCL FOR IV INFUSION 10 MG
J2010 INJ LINCOMYCIN HCL UP TO 300 MG
J2020 INJ LINEZOLID 200MG
J2060 INJ LORAZEPAM 2 MG
J2150 INJ MANNITOL 25% IN 50 ML
J2170 INJ MECASERMIN 1 MG
J2175 INJ MEPERIDINE HCL PER 100 MG
J2180 INJ MEPERIDINE AND PROMETHAZINE HCL UP TO 50 MG
J2185 INJ MEROPENEM 100 MG
J2210 INJ METHYLERGONOVINE MALEATE UP TO 0.2 MG
J2248 INJ MICAFUNGIN SODIUM 1 MG
J2250 INJ MIDAZOLAM HCL PER 1 MG
J2260 INJ MILRINONE LACTATE 5 MG
J2270 INJ MORPHINE SULFATE UP TO 10 MG
J2271 INJ MORPHINE SULFATE 100MG
J2275 INJ MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION) PER 10
J2278 INJ ZICONOTIDE 1 MICROGRAM
J2280 INJ MOXIFLOXACIN 100 MG
J2300 INJ NALBUPHINE HCL PER 10 MG
J2310 INJ NALOXONE HCL PER 1 MG
J2315 INJ NALTREXONE DEPOT FORM 1 MG
J2320 INJ NANDROLONE DECANOATE UP TO 50 MG
J2321 INJ NANDROLONE DECANOATE UP TO 100 MG
J2322 INJ NANDROLONE DECANOATE UP TO 200 MG
J2323 INJ NATALIZUMAB 1 MG
J2325 INJ NESIRITIDE 0.1 MG
J2353 INJ OCTREOTIDE DEPOT FORM FOR IM INJ 1 MG
J2354 INJ OCTREOTIDE NON-DEPOT FORM FOR SUBQ OR IV
J2355 INJ OPRELVEKIN 5 MG
J2357 INJ OMALIZUMAB 5 MG
J2360 INJ ORPHENADRINE CITRATE UP TO 60 MG
J2370 INJ PHENYLEPHRINE HCL UP TO 1 ML
J2400 INJ CHLOROPROCAINE HCL PER 30 ML
J2405 INJ ONDANSETRON HCL PER 1 MG
J2410 INJ OXYMORPHONE HCL UP TO 1 MG
J2425 INJ PALIFERMIN 50 MICROGRAMS

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J2430 INJ PAMIDRONATE DISODIUM PER 30 MG
J2469 INJ PALONOSETRON HCL 25 MCG
J2501 INJ PARICALCITOL 1 MCG
J2503 INJ PEGAPTANIB SODIUM 0.3 MG
J2504 INJ PEGADEMASE BOVINE 25 IU
J2505 INJ PEGFILGRASTIM 6 MG
J2510 INJ PENICILLIN G PROCAINE AQUEOUS UP TO 600 000 UNITS
J2513 INJ PENTASTARCH 10% SOLUTION 100 ML
J2515 INJ PENTOBARBITAL SODIUM PER 50 MG
J2540 INJ PENICILLIN G POTASSIUM UP TO 600 000 UNITS
J2543 INJ PIPERACILLIN SODIUM/TAZOBACTAM SODIUM 1 GRAM/0.125 GRAMS (1.
J2545 PENTAMIDINE ISETHIONATE INH SOLUTION
J2550 INJ PROMETHAZINE HCL UP TO 50 MG
J2560 INJ PHENOBARBITAL SODIUM UP TO 120 MG
J2590 INJ OXYTOCIN UP TO 10 UNITS
J2597 INJ DESMOPRESSIN ACETATE PER 1 MCG
J2650 INJ PREDNISOLONE ACETATE UP TO 1 ML
J2670 INJ TOLAZOLINE HCL UP TO 25 MG
J2675 INJ PROGESTERONE PER 50 MG
J2680 INJ FLUPHENAZINE DECANOATE UP TO 25 MG
J2690 INJ PROCAINAMIDE HCL UP TO 1 GM
J2700 INJ OXACILLIN SODIUM UP TO 250 MG
J2710 INJ NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG
J2720 INJ PROTAMINE SULFATE PER 10 MG
J2724 INJ PROTEIN C CONCENTRATE IV HUMAN 10 IU
J2725 INJ PROTIRELIN PER 250 MCG
J2730 INJ PRALIDOXIME CHLORIDE UP TO 1 GM
J2760 INJ PHENTOLAMINE MESYLATE UP TO 5 MG
J2765 INJ METOCLOPRAMIDE HCL UP TO 10 MG
J2770 INJ QUINUPRISTIN/DALFOPRISTIN 500 MG (150/350)
J2778 INJ RANIBIZUMAB 0.1 MG
J2780 INJ RANITIDINE HCL 25 MG
J2783 INJ RASBURICASE 0.5 MG
J2788 INJ RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MCG
J2790 INJ RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300 MCG
J2791 INJ RHO(D) IMMUNE GLOBULIN (HUMAN) (RHOPHYLAC) IM OR
J2792 INJ RHO D IMMUNE GLOBULIN IV HUMAN SOLVENT DETERGENT
J2794 INJ RISPERIDONE LONG ACTING 0.5 MG
J2795 INJ ROPIVACAINE HCL 1 MG
J2800 INJ METHOCARBAMOL UP TO 10 ML
J2810 INJ THEOPHYLLINE PER 40 MG
J2820 INJ SARGRAMOSTIM (GM-CSF) 50 MCG
J2850 INJ SECRETIN SYNTHETIC HUMAN 1 MICROGRAM
J2910 INJ AUROTHIOGLUCOSE UP TO 50 MG
J2916 INJ SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJ 12.5 MG
J2920 INJ METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 40 MG
J2930 INJ METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 125 MG
J2950 INJ PROMAZINE HCL UP TO 25 MG
J2993 INJ RETEPLASE 18.1 MG
J2995 INJ STREPTOKINASE PER 250 000 IU
J2997 INJ ALTEPLASE RECOMBINANT 1 MG
J3000 INJ STREPTOMYCIN UP TO 1 GM

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J3010 INJ FENTANYL CITRATE 0.1 MG
J3030 INJ SUMATRIPTAN SUCCINATE 6 MG
J3070 INJ PENTAZOCINE 30 MG
J3100 INJ TENECTEPLASE 50MG
J3105 INJ TERBUTALINE SULFATE UP TO 1 MG
J3110 INJ TERIPARATIDE 10 MCG
J3120 INJ TESTOSTERONE ENANTHATE UP TO 100 MG
J3130 INJ TESTOSTERONE ENANTHATE UP TO 200 MG
J3140 INJ TESTOSTERONE SUSPENSION UP TO 50 MG
J3150 INJ TESTOSTERONE PROPIONATE UP TO 100 MG
J3230 INJ CHLORPROMAZINE HCL UP TO 50 MG
J3240 INJ THYROTROPIN ALPHA 0.9 MG PROVIDED IN 1.1 MG VIAL
J3243 INJ TIGECYCLINE 1 MG
J3246 INJ TIROFIBAN HCL 0.25MG
J3250 INJ TRIMETHOBENZAMIDE HCL UP TO 200 MG
J3260 INJ TOBRAMYCIN SULFATE UP TO 80 MG
J3265 INJ TORSEMIDE 10 MG/ML
J3285 INJ TREPROSTINIL 1 MG
J3301 INJ TRIAMCINOLONE ACETONIDE PER 10MG
J3302 INJ TRIAMCINOLONE DIACETATE PER 5MG
J3303 INJ TRIAMCINOLONE HEXACETONIDE PER 5MG
J3305 INJ TRIMETREXATE GLUCURONATE PER 25 MG
J3310 INJ PERPHENAZINE UP TO 5 MG
J3315 INJ TRIPTORELIN PAMOATE 3.75 MG
J3320 INJ SPECTINOMYCIN DIHCL UP TO 2 GM
J3350 INJ UREA UP TO 40 GM
J3360 INJ DIAZEPAM UP TO 5 MG
J3364 INJ UROKINASE 5000 IU VIAL
J3365 INJ IV UROKINASE 250 000 I.U. VIAL
J3370 INJ VANCOMYCIN HCL 500 MG
J3396 INJ VERTEPORFIN 0.1 MG
J3400 INJ TRIFLUPROMAZINE HCL UP TO 20 MG
J3410 INJ HYDROXYZINE HCL UP TO 25 MG
J3411 INJ THIAMINE HCL 100 MG
J3415 INJ PYRIDOXINE HCL 100 MG
J3420 INJ VITAMIN B-12 CYANOCOBALAMIN UP TO 1000 MCG
J3430 INJ PHYTONADIONE (VITAMIN K) PER 1 MG
J3465 INJ VORICONAZOLE 10 MG
J3470 INJ HYALURONIDASE UP TO 150 UNITS
J3471 INJ HYALURONIDASE OVINE PRESERVATIVE FREE PER 1 USP UNIT (UP T
J3472 INJ HYALURONIDASE OVINE PRESERVATIVE FREE PER 1000 USP UNITS
J3473 INJ HYALURONIDASE RECOMBINANT 1 USP UNIT
J3475 INJ MAGNESIUM SULFATE PER 500 MG
J3480 INJ POTASSIUM CHLORIDE PER 2 MEQ
J3485 INJ ZIDOVUDINE 10 MG
J3486 INJ ZIPRASIDONE MESYLATE 10 MG
J3487 INJ ZOLEDRONIC ACID (ZOMETA) 1 MG
J3488 INJ ZOLEDRONIC ACID (RECLAST) 1 MG
J3520 EDETATE DISODIUM PER 150 MG
J3590 UNCLASSIFIED BIOLOGICS
J7030 INFUSION NORMAL SALINE SOLUTION 1000 CC
J7040 INFUSION NORMAL SALINE SOLUTION STERILE (500 ML=1 UNIT)

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J7042 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
J7050 INFUSION NORMAL SALINE SOLUTION 250 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
J7187 INJ VON WILLEBRAND FACTOR COMPLEX (HUMATE-P) PER IU VWF:RCO
J7189 FACTOR VIIA (ANTIHEMOPHILIC FACTOR RECOMBINANT) PER 1 MICROGRAM
J7190 FACTOR VIII (ANTIHEMOPHILIC FACTOR HUMAN) PER I.U.
J7192 FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) PER I.U.
J7193 FACTOR IX (ANTIHEMOPHILIC FACTOR PURIFIED NON-RECOMBINANT) PER I.U.
J7194 FACTOR IX COMPLEX PER I.U.
J7197 ANTITHROMBIN III (HUMAN) PER I.U.
J7198 ANTI-INHIBITOR PER I.U.
J7302 LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 52 MG
J7303 CONTRACEPTIVE SUPPLY HORMONE CONTAINING VAGINAL RING EACH
J7304 CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EACH
J7306 LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM INCLUDING IMPLANTS AND SU
J7307 ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM INCLUDING IMPLANT AND SUPPL
J7308 AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION 20% SINGLE UNIT DOS
J7310 GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT
J7311 FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT
J7500 AZATHIOPRINE ORAL 50 MG
J7501 AZATHIOPRINE PARENTERAL 100 MG
J7502 CYCLOSPORINE, ORAL, 100 MG
J7504 LYMPHOCYTE IMMUNE GLOBULIN ANTITHYMOCYTE GLOBULIN EQUINE PARENTERAL
J7505 MUROMONAB-CD3 PARENTERAL 5 MG
J7506 PREDNISONE ORAL PER 5MG
J7507 TACROLIMUS ORAL PER 1 MG
J7509 METHYLPREDNISOLONE ORAL PER 4 MG
J7510 PREDNISOLONE ORAL PER 5 MG
J7511 LYMPHOCYTE IMMUNE GLOBULIN ANTITHYMOCYTE GLOBULIN RABBIT PARENTERAL
J7513 DACLIZUMAB PARENTERAL 25 MG
J7515 CYCLOSPORINE ORAL 25 MG
J7516 CYCLOSPORIN PARENTERAL 250 MG
J7517 MYCOPHENOLATE MOFETIL ORAL 250 MG
J7518 MYCOPHENOLIC ACID ORAL 180 MG
J7520 SIROLIMUS ORAL 1 MG
J7525 TACROLIMUS PARENTERAL 5 MG
J7602 ALBUTEROL ALL FORMULATIONS INCLUDING SEPARATED ISOMERS INH SOLU
J7603 ALBUTEROL ALL FORMULATIONS INCLUDING SEPARATED ISOMERS INH SOLU
J7605 ARFORMOTEROL INH SOLUTION
J7608 ACETYLCYSTEINE INH SOLUTION
J7620 ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG,
J7626 BUDESONIDE INH SOLUTION
J7631 CROMOLYN SODIUM INH SOLUTION
J7633 BUDESONIDE INH SOLUTION
J7639 DORNASE ALPHA INH SOLUTION
J7644 IPRATROPIUM BROMIDE INH SOLUTION
J7648 ISOETHARINE HCL INH SOLUTION

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J7649 ISOETHARINE HCL INH SOLUTION
J7658 ISOPROTERENOL HCL INH SOLUTION
J7659 ISOPROTERENOL HCL INH SOLUTION
J7668 METAPROTERENOL SULFATE INH SOLUTION
J7669 METAPROTERENOL SULFATE INH SOLUTION
J7674 METHACHOLINE CHLORIDE ADMINISTERED AS INH SOLUTION THRU A NEBU
J7682 TOBRAMYCIN INH SOLUTION
J8501 APREPITANT ORAL 5 MG
J8510 BUSULFAN; ORAL 2 MG
J8515 CABERGOLINE ORAL 0.25 MG
J8520 CAPECITABINE ORAL 150 MG
J8521 CAPECITABINE ORAL 500 MG
J8530 CYCLOPHOSPHAMIDE; ORAL 25 MG
J8540 DEXAMETHASONE ORAL 0.25 MG
J8560 ETOPOSIDE; ORAL 50 MG
J8565 GEFITINIB ORAL 250 MG
J8600 MELPHALAN; ORAL 2 MG
J8610 METHOTREXATE; ORAL 2.5 MG
J8650 NABILONE ORAL 1 MG
J8700 TEMOZOLOMIDE ORAL 5 MG
J9000 DOXORUBICIN HCL 10 MG
J9001 DOXORUBICIN HCL ALL LIPID FORMULATIONS 10 MG
J9010 ALEMTUZUMAB 10 MG
J9015 ALDESLEUKIN PER SINGLE USE VIAL
J9017 ARSENIC TRIOXIDE 1MG
J9020 ASPARAGINASE 10 000 UNITS
J9025 INJ AZACITIDINE 1 MG
J9027 INJ CLOFARABINE 1 MG
J9031 BCG (INTRAVESICAL) PER INSTILLATION
J9035 INJ BEVACIZUMAB 10 MG
J9040 BLEOMYCIN SULFATE 15 UNITS
J9041 INJ BORTEZOMIB 0.1 MG
J9045 CARBOPLATIN 50 MG
J9050 CARMUSTINE 100 MG
J9055 INJ CETUXIMAB 10 MG
J9060 CISPLATIN POWDER OR SOLUTION PER 10 MG
J9062 CISPLATIN 50 MG
J9065 INJ CLADRIBINE PER 1 MG
J9070 CYCLOPHOSPHAMIDE 100 MG
J9080 CYCLOPHOSPHAMIDE 200 MG
J9090 CYCLOPHOSPHAMIDE 500 MG
J9091 CYCLOPHOSPHAMIDE 1.0 GRAM
J9092 CYCLOPHOSPHAMIDE 2.0 GRAM
J9093 CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG
J9094 CYCLOPHOSPHAMIDE LYOPHILIZED 200 MG
J9095 CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG
J9096 CYCLOPHOSPHAMIDE LYOPHILIZED 1.0 GRAM
J9097 CYCLOPHOSPHAMIDE LYOPHILIZED 2.0 GRAM
J9098 CYTARABINE LIPOSOME 10 MG
J9100 CYTARABINE 100 MG
J9110 CYTARABINE 500 MG
J9120 DACTINOMYCIN 0.5 MG

HCPSC Codes Which Require Corresponding NDC when Billed On/After 4/1/2008

J9130	DACARBAZINE 100 MG
J9140	DACARBAZINE 200 MG
J9150	DAUNORUBICIN 10 MG
J9151	DAUNORUBICIN CITRATE LIPOSOMAL FORMULATION 10 MG
J9160	DENILEUKIN DIFTITOX 300 MCG
J9165	DIETHYLSTILBESTROL DIPHOSPHATE 250 MG
J9170	DOCETAXEL 20 MG
J9175	INJ ELLIOTTS' B SOLUTION 1 ML
J9178	INJ EPIRUBICIN HCL 2 MG
J9181	ETOPOSIDE 10 MG
J9182	ETOPOSIDE 100 MG
J9185	FLUDARABINE PHOSPHATE 50 MG
J9190	FLUOROURACIL 500 MG
J9200	FLOXURIDINE 500 MG
J9201	GEMCITABINE HCL 200 MG
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG
J9206	IRINOTECAN 20 MG
J9208	IFOSFAMIDE 1 GM
J9209	MESNA 200 MG
J9211	IDARUBICIN HCL 5 MG
J9212	INJ INTERFERON ALFACON-1 RECOMBINANT 1 MCG
J9213	INTERFERON ALFA-2A RECOMBINANT 3 MILLION UNITS
J9214	INTERFERON ALFA-2B RECOMBINANT 1 MILLION UNITS
J9215	INTERFERON ALFA-N3 (HUMAN LEUKOCYTE DERIVED) 250 000 IU
J9216	INTERFERON GAMMA 1-B 3 MILLION UNITS
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG
J9218	LEUPROLIDE ACETATE PER 1 MG
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG
J9225	HISTRELIN IMPLANT (VANTAS) 50 MG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA) 50 MG
J9230	MECHLORETHAMINE HCL (NITROGEN MUSTARD) 10 MG
J9245	INJ MELPHALAN HCL 50 MG
J9250	METHOTREXATE SODIUM 5 MG
J9260	METHOTREXATE SODIUM 50 MG
J9261	INJ NELARABINE 50 MG
J9263	INJ OXALIPLATIN 0.5 MG
J9264	INJ PACLITAXEL PROTEIN-BOUND PARTICLES 1 MG
J9265	PACLITAXEL 30 MG
J9266	PEGASPARGASE PER SINGLE DOSE VIAL
J9268	PENTOSTATIN PER 10 MG
J9270	PLICAMYCIN 2.5 MG
J9280	MITOMYCIN 5 MG
J9290	MITOMYCIN 20 MG
J9291	MITOMYCIN 40 MG
J9293	INJ MITOXANTRONE HCL PER 5 MG
J9300	GEMTUZUMAB OZOGAMICIN 5MG
J9303	INJ PANITUMUMAB 10 MG
J9305	INJ PEMETREXED 10 MG
J9310	RITUXIMAB 100 MG
J9320	STREPTOZOCIN 1 GM
J9340	THIOTEPA 15 MG
J9350	TOPOTECAN 4 MG

**HCPCS Codes Which Require Corresponding NDC
when Billed On/After 4/1/2008**

J9355	TRASTUZUMAB 10 MG
J9357	VALRUBICIN INTRAVESICAL 200 MG
J9360	VINBLASTINE SULFATE 1 MG
J9370	VINCRISTINE SULFATE 1 MG
J9375	VINCRISTINE SULFATE 2 MG
J9380	VINCRISTINE SULFATE 5 MG
J9390	VINORELBINE TARTRATE PER 10 MG
J9395	INJ FULVESTRANT 25 MG
J9600	PORFIMER SODIUM 75 MG
Q0144	AZITHROMYCIN
Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL
Q0165	PROCHLORPERAZINE MALEATE 10 MG ORAL
Q0166	GRANISETRON HCL 1 MG ORAL
Q0167	DRONABINOL 2.5 MG ORAL
Q0168	DRONABINOL 5 MG ORAL
Q0169	PROMETHAZINE HCL 12.5 MG ORAL
Q0170	PROMETHAZINE HCL 25 MG ORAL
Q0171	CHLORPROMAZINE HCL 10 MG ORAL
Q0172	CHLORPROMAZINE HCL 25 MG ORAL
Q0175	PERPHENAZINE 4 MG ORAL
Q0176	PERPHENAZINE 8 MG ORAL
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL
Q0178	HYDROXYZINE PAMOATE 50 MG ORAL
Q0179	ONDANSETRON HCL 8 MG ORAL
Q0180	DOLASETRON MESYLATE 100 MG ORAL
Q2004	IRRIGATION SOLUTION FOR BLADDER CALCULI
Q2009	INJ, FOSPHENYTOIN, 50 MG
Q2017	INJ, TENIPOSIDE, 50 MG
Q3025	INTERFERON BETA 1-A 11 MCG INJ FOR IM USE
Q3026	INJ, INTERFERON BETA-1A, 11 MCG
Q4081	INJ, EPOETIN ALFA, 100 UNITS
Q0515	INJ, SERMORELIN ACETATE, 1 MICROGRAM
S0017	INJ AMINOCAPROIC ACID 5 GRAMS
S0020	INJ BUPIVICAINE HCL 30 ML
S0021	INJ CEFOPERAZONE SODIUM 1 GRAM
S0023	INJ CIMETIDINE HCL 300 MG
S0028	INJ FAMOTIDINE 20 MG
S0030	INJ METRONIDAZOLE 500 MG
S0032	INJ NAFCILLIN SODIUM 2 GRAMS
S0034	INJ OFLOXACIN 400 MG
S0039	INJ SULFAMETHOXAZOLE AND TRIMETHOPRIM 10 ML
S0040	INJ TICARCILLIN DISODIUM & CLAVULANATE POTASSIUM 3.1 GRAMS
S0073	INJ AZTREONAM 500 MG
S0074	INJ CEFOTETAN DISODIUM 500 MG
S0077	INJ CLINDAMYCIN PHOSPHATE 300 MG
S0078	INJ FOSPHENYTOIN SODIUM 750 MG
S0080	INJ PENTAMIDINE ISETHIONATE 300 MG
S0081	INJ PIPERACILLIN SODIUM 500 MG
S0092	INJ HYDROMORPHONE HCL 250 MG
S0093	INJ MORPHINE SULFATE 500 MG
S0104	ZIDOVUDINE ORAL 100 MG

**HCPCS Codes Which Require Corresponding NDC
when Billed On/After 4/1/2008**

S0108	MERCAPTOPYRINE ORAL 50 MG
S0137	DIDANOSINE (DDI) 25 MG
S0142	COLISTIMETHATE SODIUM, INH SOLUTION
S0143	AZTREONAM, INH SOLUTION
S0145	INJ PEGYLATED INTERFERON ALFA-2A 180 MCG PER ML
S0146	INJ PEGYLATED INTERFERON ALFA-2B 10 MCG PER 0.5 ML
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50ML
S0156	EXEMESTANE, 25 MG
S0157	BECAPLERMIN GEL 0.01% 0.5 GM
S0162	INJ EFALIZUMAB 125 MG
S0164	INJ PANTOPRAZOLE SODIUM 40 MG
S0171	INJ BUMETANIDE 0.5MG
S0172	CHLORAMBUCIL ORAL 2MG
S0176	HYDROXYUREA ORAL 500MG
S0178	LOMUSTINE ORAL 10MG
S0179	MEGESTROL ACETATE, ORAL, 20MG
S0182	PROCARBAZINE HCL ORAL 50MG
S0189	TESTOSTERONE PELLET 75MG
S0190	MIFEPRISTONE ORAL 200 MG
S0191	MISOPROSTOL ORAL 200 MCG
S5010	5% DEXTROSE AND 0.45% NORMAL SALINE 1000 ML
S5011	5% DEXTROSE IN LACTATED RINGER'S 1000 ML
S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML
S5013	5% DEXTROSE/0.45% NORMAL SALINE WITH KCL AND MAG
S5014	5% DEXTROSE/0.45% NORMAL SALINE WITH KCL AND MAG
S5550	INSULIN RAPID ONSET 5 UNITS
S5551	INSULIN MOST RAPID ONSET (LISPRO OR ASPART); 5 UNITS
S5552	INSULIN INTERMEDIATE ACTING (NPH OR LENTE); 5 UNITS
S5553	INSULIN LONG ACTING; 5 UNITS
S5565	INSULIN CARTRIDGE INSULIN DELIVERY DEVICE OTHER THAN PUMP; 150 UNITS
S5566	INSULIN CARTRIDGE INSULIN DELIVERY DEVICE OTHER THAN PUMP; 300 UNITS
S5570	INSULIN DELIVERY DEVICE DISPOSABLE PEN (INCLUDING INSULIN); 1.5 ML SIZE
S5571	INSULIN DELIVERY DEVICE DISPOSABLE PEN (INCLUDING INSULIN); 3 ML SIZE