

**First Priority Health  
Billable PCP Services  
Effective 04/01/2017**

For billable services, the Primary Care Physician must submit an 837P electronic transaction or an NUCC-1500 billing form with all required information. Fees and codes are subject to change. Benefit limits, exclusions, medical policy and procedures changes and PACE edits apply.

**Please note, allowances for these codes can be found on Highmark’s NaviNet under Allowance.**

1. Specific injectables:

- a. Immunizations: **(NOTE: An immunization is not a covered benefit when it is a requirement for travel or employment. It may be covered for all other medical reasons.)**

<b>Procedure Code</b>	<b>Description</b>
90281	Immune Globulin (IG), intramuscular
90283	Immune Globulin (IGIV), intravenous
90291	Cytomegalovirus immune globulin (CMV-IGIV)
90296	Diphtheria antitoxin, equine
90371	Hepatitis B immune globulin (HBIG)
90375	Rabies immune globulin (RIG)
90376	Rabies immune globulin, heat-treated (RIG-HT)
90378 <sup>1</sup>	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use - 50 mg, each
90384	Rho(D) immune globulin (RhIG), full dose
90385	Rho(D) immune globulin (RhIG), mini-dose
90386	Rho(D) immune globulin (RhIGIV), human
90389	Tetanus immune globulin (TIG)
90396	Varicella-zoster immune globulin
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer
90620	Menb recombinant prot w/out membr vesic vacc IM
90621	Menb recombinant lipoprotein IM
90632 <sup>2</sup>	Hepatitis A vaccine, adult IM
90633 <sup>2</sup>	Hepatitis A vaccine, pediatric/adolescent (2 doses)
90634 <sup>2</sup>	Hepatitis A vaccine, pediatric/adolescent (3 doses)
90636 <sup>2</sup>	Hepatitis A/Hepatitis B vaccine, adult IM
90647 <sup>2</sup>	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate
90648 <sup>2</sup>	Hemophilus influenza b vaccine (Hib), PRP-T conjugate
90649	Gardasil (Male and Female, ages 9 to 26)
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Female only, ages 9 to 26)
90651	HPV Human Papilloma Virus Vacc 9 Val 3 dose IM (Female and Male, ages 9 to 26)
90655	IIV3 Vacc Presrv Free Child 6-35 Months Im Use
90656	Influenza virus vaccine, split virus, preservative free, 3 years and above
90657	Influenza virus vaccine, split virus, 6-35 months dosage
90658	Influenza virus vaccine, split virus, 3 years and above
90660	LAIV3 Vaccine Live For Intranasal Use
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (Fluzone)
90670	Pneumococcal 13-valent conjugate vaccine
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90675	Rabies vaccine, intramuscular use
90676	Rabies vaccine, intradermal use
90680	RotaTeq (Rotavirus Vaccine, live, oral, Pentavalent)
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use – (use for Rotarix)

Procedure Code	Description
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, to children 6-35 months of age, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, individuals 3 years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), for intramuscular use - (use for Kinrix) - for ages 4 to 6 years
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP -Hib - IPV), for intramuscular use - (use for Pentacel)
90700	DTAP
90702	DT Immunization
90707	MMR Vaccine
90710	MMR and Varicella vaccine
90713	Poliovirus Vaccine (IPV)
90714	Tetanus and diphtheria toxoids (Td) adsorbed, p.f., seven years or older, i.m.
90715	Adacel
90716	Varicella (chicken pox) vaccine
90717	Yellow fever vaccine
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated, for intramuscular use
90732	Pneumococcal
90733	Meningococcal Vaccine
90734	Meningococcal Vaccine
90736	Zostavax (Minimum age 60 and over)
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient (3 dose)
90743 <sup>2</sup>	Hepatitis B vaccine, adolescent (11-15 yrs), 2 doses
90744 <sup>2</sup>	Hepatitis B Vaccine, pediatric/adolescent
90746 <sup>2</sup>	Hepatitis B Vaccine, 20 years and above
90747 <sup>2</sup>	Hepatitis B vaccine, dialysis or immunosuppressed patient, 40 mcg
90748 <sup>2</sup>	Hepatitis B/HIB (Comvax - 0.5 ml)
90749	Unlisted Vaccine/Toxoid

1 - This immunization requires prior authorization from the First Priority Health's Pharmacy Department.

2 - These vaccines may be covered if medically necessary according to the CDC guidelines.

#### b. Immunization Administration

Procedure Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; fir or only component of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age; each additional vaccine or toxoid component administered
90471	Immunization administration, one vaccine
90472	Immunization administration, each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal or oral route
90474	Each additional vaccine (single or combination)
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and old for intramuscular use (AFLURIA)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for

Procedure Code	Description
	intramuscular use (FLUVIRIN)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)
Q4081	Injection, Epoetin Alpha, 100 units (for ESRD on dialysis)

Please bill the following services separately with the correct code:

c. Pulmonary

Procedure Code	Description
94010	Spirometry, including graphic records, total and timed vital capacity, expiratory flow rate measurement, w/wo maximal voluntary ventilation
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- & post-bronchodilator administration
94620	Pulmonary Stress Testing Simple
94640	Nonpressurized inhalation treatment for acute airway obstruction
94664	Aerosol or Vapor Inhalation

d. Allergen Immunotherapy

Procedure Code	Description
95115	Professional services, not including provision of allergenic extracts, single injection
95117	Two or more injections
95120	Professional services, in prescribing physician's office, including provision of a allergenic extract; single injection
95125	Two or more injections
95130	Single stinging insect venom
95131	Two stinging insect venoms

Procedure Code	Description
95144	Professional services for the supervision and provision of antigens for allergen immunotherapy, single or multiple antigens, single dose vials (specify number of vials)
95145	Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	Two single stinging insect venoms
95165	Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Whole body extract of biting insect or other arthropod (specify number of doses)

e. AIDS drugs (e.g., AZT, Pentamidine): Bills for AIDS drugs may be submitted by Primary Care Physicians when dispensed by the Primary Care Physician.

f. Chemotherapy drugs for cancer:

Procedure Code	Description
96413	Up to one hour
96415	One to eight hours
96416	More than eight hours

g. Gold injections:

Procedure Code	Description
J1600	Gold Injections - Injection, gold sodium thiomalate (up to 50 mg)

2. Inpatient Newborn Circumcisions:

Procedure Code	Description
54150	Clamp
54160	Surgical Excision

3. Newborn Care:

Procedure Code	Description
99460	Exam of normal newborn infant
99461	Normal newborn care in other than hospital or birthing room setting
99462	Newborn infant subsequent hospital care
99463	Exam of newborn infant, assessed & discharged on same date
99238	Discharge day (newborn only)
99465	Newborn resuscitation

4. Attendance at C-Section

Procedure Code	Description
99464	Attendance at C-Section

5. Annual Gyn Exam and Surgery-Female Genital System:

Procedure Code	Description
S0610	Annual GYN Exam - New Patient (Report w/ diagnosis code V72.31)
S0612	Annual GYN Exam - Established Patient (Report w/ diagnosis code V72.31)
57454	Colposcopy Cervix Bx Cervix & Endocrv Curretage
57455	Colposcopy Cervix Uppr/Adjcnt Vagina W/Cervix Bx
58100	Endometrial Bx W/Wo Endocervix Bx W/O Dilat Spx
74712	Fetal Mri W/Placntl Matrnl Plvc Img Sing/1st Ges

**6. The Primary Care Physician may also bill First Priority Health when a member enrolled in another primary care office is referred to him/her as a specialist.**

7. Surgery-Digestive System:

Procedure Code	Description
43239	Egd Transoral Biopsy Single/Multiple
45300	Rigid
45330	Flexible fiberoptic
45378	Colonoscopy Flx Dx W/Collj Spec When Pfrmd
45380	Colonoscopy W/Biopsy Single/Multiple
45384	Colsc Flx W/Removal Lesion By Hot Bx Forceps

8. Minor Dermatological Surgical Procedures

First Priority Health will reimburse according to our fee schedule for Minor Dermatological Surgical Procedures performed in the PCP's office on the same date of service. When billing please use the appropriate CPT4 procedure code (10040-11101, 11300-13160 and 17000-17999) for these services. **Any codes in these ranges, which are considered cosmetic, are not eligible for payment.**

Procedure Code	Office Reimbursement
10060	Incision & Drainage Abscess Simple/Single
10120	Incision & Removal Foreign Body Subq Tiss Simple
11100	Bx Skin Subcutaneous&Mucous Membrane 1 Lesion
11200	Removal Skn Tags Mlt Fibrq Tags Any Area Upw/15
11201	Removal Sk Tgs Mlt Fibrq Tags Any Area Ea 10
11300	Shaving Skin Lesion 1 Trunk/Arm/Leg Diam 0.5cm/<
11301	Shvg Skin Lesion 1 Trunk/Arm/Leg Diam 0.6-1.0 Cm
11302	Shvg Skn Lesion 1 Trunk/Arm/Leg Diam 1.1-2.0 Cm
11310	Shaving Skin Lesion 1 F/E/E/N/L/M Diam 0.5 Cm/<
11311	Shvg Skin Lesion 1 F/E/E/N/L/M Diam 0.6-1.0 Cm
11400	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 0.5 Cm/<
11401	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 0.6-1.0 Cm
11402	Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 1.1-2.0 Cm
11420	Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 0.5 Cm/<

**Fees and codes are subject to change in accordance with contractual provisions. Certain payment restrictions, which include but are not limited to, the following shall apply: benefit limits, exclusions, medical policy and procedures changes and First Priority Health billing edits apply. Appropriate use of modifiers is required. Practitioner's medical record documentation must substantiate the codes selected and billed.**

**The Top 20 First Priority Health Fee Schedule rates noted above represent the maximum payment to practitioner and shall be reduced, as applicable, for any member deductibles, coinsurance, copayments or payments from other third party payers.**

9. Holter Monitor and Echocardiography:

Procedure Code	Description
*93224	Electrocardiographic monitoring for 24 hours by continuous original ECG wave form recording and storage with visual superimposition scanning.
93304	F-Up/Limited Tthrc Echo Congenital Car Anomaly
93306	Echo Tthrc R-T 2d W/Wom-Mode Compl Spec&Colr D
93307	Echo Transthorac R-T 2d W/Wo M-Mode Rec Comp
93350	Echo Tthrc R-T 2d W/Wo M-Mode Complete Rest&St

10. Cardiology:

Procedure Code	Description
93010	Ecg Routine Ecg W/Least 12 Lds I&R Only
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report.
93016	Cv Strs Tst Xers&/Or Rx Cont Ecg W/O I&R
93018	Cv Strs Tst Xers&/Or Rx Cont Ecg I&R Only

11. Manipulative Therapy:

Note: Manipulative Therapy is an exclusion under basic First Priority Health coverage, but is available as a rider. Certain Point of Service products offer the Manipulation Therapy as a benefit. Please contact Member Services at 1-800-822-8752 to see if the member has this benefit.

Procedure Code	Description
98925	Osteopathic Manipulative Therapy 1-2 regions
98926	Osteopathic Manipulative Therapy 3-4 regions
98927	Osteopathic Manipulative Therapy 5-6 regions

12. SNF and Personal Care Home Visits:

Procedure Code	Description
99304	Initial nursing facility care-new/established patient; low severity
99305	Initial nursing facility care-new/established patient; moderate severity
99306	Initial nursing facility care-new/established patient; high severity
99307	Subsequent nursing facility care; stable
99308	Subsequent nursing facility care; minor complication
99309	Subsequent nursing facility care; significant complication
99310	Subsequent nursing facility care; unstable with significant complication
99315	Nursing facility discharge-30 minute or less
99316	Nursing facility discharge-more than 30 minutes
99318	Annual nursing facility assessment
99324	Domiciliary visit - new patient; low severity
99325	Domiciliary visit - new patient; moderate severity 30 min
99326	Domiciliary visit - new patient; moderate severity 45 min
99327	Domiciliary visit - new patient; high severity
99328	Domiciliary visit - new patient; significant new problem
99334	Domiciliary visit - established patient; minor
99335	Domiciliary visit - established patient; low to minor
99336	Domiciliary visit - established patient; moderate to high
99337	Domiciliary visit - est patient; significant new problem

13. Home Visits:

Procedure Code	Description
99347	Home Visit - Established Patient
99348	Home Visit - Established Patient
99349	Home Visit - Established Patient
99350	Home Visit - Established Patient

14. Dexascans:

Procedure Code	Description
77078	Computerized axial tomography bone density study, one or more sites
77080	Dual energy x-ray absorptiometry (DEXA) bone density study, one or more sites; axial skeleton (e.g. hips, pelvis, spine)
77081	Dual energy x-ray absorptiometry (DEXA) bone density study, one or more sites; appendicular skeleton (peripheral) e.g. radius, wrist, heel
77086	Vertebral Fracture Assessment Via Dxa
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
78350	Bone density (bone mineral content) study, one or more sites, single photon absorptiometry
78351	Bone density (bone mineral content) study, one or more sites, dual photon absorptiometry
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites, appendicular skeleton (peripheral) e.g. radius, wrist, heel

15. Miscellaneous:

Procedure Code	Description
20600	Arthrocentesis Small Joint
20605	Arthrocentesis Intermediate Joint
20610	Arthrocentesis Major Joint
92552	Pure tone audiometry
92567	Tympanometry
97802	Medical Nutrition Assmt&lvntj Indiv Each 15 Mi
97803	Medical Nutrition Re-Assmt&lvntj Indiv Ea 15 M

16. Hospital Observation/Inpatient/Emergency & Critical Care Services:

Procedure Code	Description
99217	Observation Care Discharge Day Management
99218	Initial Obsrv Care-Per Day E&M Low Severity
99219	Initial Obsrv Care-Per Day E&M Moderate Severity
99220	Initial Obsrv Care-Per Day E&M High Severity
99221	Initial Hosp Care-Per Day E&M Low Severity 30 Min
99222	Initial Hosp Care-Per Day E&M Moderate Severity 50 Min
99223	Initial Hosp Care-Per Day E&M High Severity 70 Min
99224	Subsqt Observation Care Per Day for E&M Low Severity
99225	Subsqt Observation Care Per Day for E&M Moderate Severity
99226	Subsqt Observation Care Per Day for E&M High Severity
99231	Subsqt Hosp Care-Per Day E&M Stable/Recover 15 Min
99232	Subsqt Hosp Care-Per Day E&M Minor Cmpl 25 Min
99233	Subsqt Hosp Care-Per Day E&M Signific Cmpl 35 Min
99234	Obsrv/Inpt Hosp Care E&M Low Severity
99235	Obsrv/Inpt Hosp Care E&M Moderate Severity
99236	Obsrv/Inpt Hosp Care E&M High Severity
99238	Hospital Discharge Day Management; 30 Minutes/Less
99239	Hospital Discharge Day Management; > 30 Minutes
99251	Initial Inpt Consult New/Estab Self Limit/Minor 20 Min
99252	Initial Inpt Consult New/Estab Low Severity 40 Min
99253	Initial Inpt Consult New/Estab Moderate Severity 55 Min
99254	Initial Inpt Consult New/Estab Mod-Hi Severity 80 Min
99255	Initial Inpt Consult New/Estab Mod-Hi Severity 110 Min
99281	Emerg Dept Visit E&M Self Limited/Minor
99282	Emerg Dept Visit E&M Low-Moderate Severity
99283	Emerg Dept Visit E&M Moderate Severity
99284	Emerg Dept Visit E&M High Severity Urgent Eval
99285	Emerg Dept Visit E&M-High Severity Immed Significant Threat
99291	Critical Care E&M-Crit ill/Injured; 1st 30-74 Min
99292	Critical Care E&M-Crit ill/Injured; Each Additional 30 Min
99468	Initial Inpt Neonatal Critical Care Per Day E/M 28 Days of Age or <
99469	Subsqt Inpt Neonatal Critical Care Per Day E/M 28 Days of Age or <
99471	Initial Inpt Ped Critical Care Per Day E/M 29 Days To 24 Mos Age
99472	Subsqt Inpt Ped Critical Care Per Day E/M 29 Days To 24 Mos Age
99475	Initial Inpt Ped Critical Care Per Day E/M 2 through 5 years of Age
99476	Subsqt Inpt Ped Critical Care Per Day E/M 2 through 5 years of Age
99478	Subsqt IC-Per Day E&M Recovering Very LBW Infant <1500 GMS
99479	Subsqt IC-Per Day E&M Recovering LBW Infant 1500-2500 GMS
99480	Subsqt IC-Per Day E&M Recovering Infant 2501-5000 GMS

17. Special Services:

Procedure Code	Description
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic services.

18. Developmental Screening:

Procedure Code	Description
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.

19. Pathology and Lab:

Procedure Code	Description
80061	Lipid Panel
81002	Urnl's Dip Stick/Tablet Rgnt Non-Auto W/O Micrscop
82947	Glucose Quantitative Blood Xcpt Reagent Strip
83036	Hemoglobin Glycosylated A1c
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA.
86580	TB Intradermal Test
87070	Cul Bact Xcpt Urine Blood/Stool Aerobic Isol
87081	Cul Prsmptv Pthgnc Organism Scrn W/Colony Estimj
87430	IAAD IA Streptococcus Group A
87804	IAADIADOO Influenza
87880	IAADIADOO Streptococcus Group A



**First Priority Health  
2014 Drugs & Biologicals Fee Schedule**

<b>Procedure Code</b>	<b>Description</b>	<b>Dosage</b>
J0171	Injection Adrenalin, Epinephrine	0.1 mg
J0210	Methyldopate HCL	up to 250 mg
J0280	Aminophyllin	up to 250 mg
J0290	Ampicillin	up to 50 mg
J0295	Ampicillin Sodium/ Sulbactam Sodium	1.5 gm
J0300	Amobarbital	up to 125 mg
J0330	Succinyl Choline Chloride	up to 20 mg
J0360	Hydralazine HCL	up to 20 mg
J0380	Metaraminol Bitartrate	up to 10 mg
J0390	Chloroquine HCL	up to 250 mg
J0461	Atropine Sulfate	0.01 mg
J0470	Dimecaprol	up to 100 mg
J0475	Injection, Baclofen	10 mg
J0558	Injection, OnabotulinumtoxinA	1 unit
J0561	Injection, Penicilin G benzathine	100,000 units
J0585	Botulinum Toxin Type A	1 unit
J0630	Calcitonin-salmon	up to 400 units
J0640	Leucovorin Calcium	per 50 mg
J0694	Injection, Cefoxitin Sodium	1 g
J0696	Ceftriaxone Sodium	per 250 mg
J0697	Injection, Sterile Cefuroxime Sodium	per 750 mg
J0702	Betamethasone Acetate + Betamethasone Sodium Phosphate Injection	per 3 mg
J0743	Injection, Cilastain Sodium; Imipenem	per 250 mg
J0780	Prochlorperazine	up to 10 mg
J0800	Injection, Corticotropin	up to 40 units
J0882	Injection, darbepoetin alfa, (for ESRD on dialysis)	1 mcg
J0885	Injection, epoetin alfa, (for non-ESRD use)	per 1,000 units
J0895	Injection, Deferoxamine Mesylate	500 mg per 5 cc
J0897	Injection, Denosumab, Prolia	1 mg
J1020	Methylprednisolone Acetate	20 mg
J1030	Methylprednisolone Acetate	40 mg
J1040	Methylprednisolone Acetate	80 mg
J1050	Injection Medroxyprogesterone Acetate 1 Mg	1 mg
J1071	Injection Testosterone Cypionate 1 Mg	1mg
J1100	Dexamethasone Sodium Phosphate	up to 4 mg/ml
J1200	Diphenhydramine HCL	up to 50 mg
J1212	DMSO, Dimethyl Sulfoxide, 50%	50 ml
J1240	Dimenhydrinate	up to 50 mg
J1245	Dipyridamole	per 10 mg
J1260	Injection, Dolasetron Mesylate	1 mg
J1380	Injection, Estradiol Valerate	Up to 10 mg
J1442	Injection, Filgrastim G-CSF1 microgram	1 mg
J1455	Injection, Foscarnet Sodium	per 1,000 mg
J1460	Gamma Globulin, Intramuscular	1 cc
J1561	Injection Immune Globulin Nonlyophilized 500 Mg	500 mg
J1562	Injection Immune Globulin VivaglbIn 100 Mg	100 mg
J1580	Injection, Garamycin, Gentamicin	up to 80 mg

Procedure Code	Description	Dosage
J1626	Granisetron HCL	100 mcg
J1631	Injection, Haloperidol Decanoate	per 50 mg
J1642	Injection, Heparin Sodium (Heparin Lock Flush)	per 10 units
J1644	Heparin Sodium	1,000 units
J1670	Injection, Tetanus Immune Globulin	up to 250 units
J1700	Injection, Hydrocortisone Acetate	up to 25 mg
J1741	Injection Ibuprofen 100 Mg	100 mg
J1885	Ketorolac Tromethamine	per 15 mg
J1940	Furosemide	up to 20 mg
J1950	Leuprolide Acetate (for depot suspension)	per 3.75 mg
J2001	Lidocaine (intravenous infusion)	10 mg
J2060	Injection, Lorazepam	2 mg
J2150	Mannitol	25% in 50 ml
J2175	Meperidine Hydrochloride	100 mg
J2270	Morphine Sulfate	up to 10 mg
J2300	Injection Nalbuphine HCL	per 10 mg
J2320	Nandrolone Decanoate	up to 50 mg
J2405	Ondansetron Hydrochloride	per 1 mg
J2430	Injection, Pamidronate Disodium	per 30 mg
J2440	Injection, Papaverine HCL	up to 60 mg
J2510	Penicillin G Procaine, Aqueous	up to 600,000 units
J2540	Injection, Penicillin G Potassium	up to 600,000 units
J2550	Injection, Promethazine HCL	up to 50 mg
J2590	Injection, Oxytocin	up to 10 units
J2760	Phentolamine Mesylate	up to 5 mg
J2790	RHO D Immune Globulin, Human	One dose package
J2792	RHO D Immune Globulin, Human	100 I.U.
J2910	Aurothioglucose	up to 50 mg
J2920	Methylprednisolone Sodium Succinate	up to 40 mg
J2930	Methylprednisolone Sodium Succinate	up to 125 mg
J3105	Injection, Terbutaline Sulfate	up to 1 mg
J3250	Injection Trimethobenzamide HCL	up to 200 mg
J3280	Thiethylperazine Maleate	up to 10 mg
J3301	Triamcinolone Acetonide	per 10 mg
J3302	Triamcinolone Diacetate	per 5 mg
J3303	Triamcinolone Hexacetonide	per 5 mg
J3360	Diazepam	up to 5 mg
J3365	Injection, IV, Urokinase	250,000 IU vial
J3370	Vancomycin HCL	up to 500 mg
J3410	Hydroxyzine HCL	up to 25 mg
J3420	Vitamin B-12 Cyanocobalamin	up to 1,000 mcg
J3430	Injection, Phytonadione (Vitamin K)	per 1 mg
J3475	Injection, Magnesium Sulfate	per 500 mg
J3480	Injection, Potassium Chloride	per 2 mEq
J3490	Unclassified Drugs Cimetidine-include written description (drug name, dose, quantity and national drug code number)	300 mg
J7030	Infusion, Normal Saline Solution	1,000 cc
J7040	Infusion, Normal Saline Solution, Sterile	500 ml = 1 unit

<b>Procedure Code</b>	<b>Description</b>	<b>Dosage</b>
J7042	Infusion, 5% Dextrose/Normal Saline	500 ml = 1 unit
J7050	Infusion, Normal Saline Solution	250 cc
J7060	Infusion, 5% Dextrose/Water	500 ml = 1 unit
J7070	Infusion, D5W	1,000 cc
J7120	Ringer's Lactate Infusion	up to 1,000 cc
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection	1mg
J9000	Doxorubicin HCL	10 mg
J9015	Adesleukin	per single use vial
J9031	BCG (Intravesical)	per installation
J9040	Bleomycin Sulfate	15 units
J9045	Carboplatin	50 mg
J9050	Carmustine	100 mg
J9060	Cisplatin, Powder or Solution	per 10 mg
J9070	Cyclophosphamide	100 mg
J9100	Cytarabine	100 mg
J9130	Dacarbazine	100 mg
J9165	Diethylstilbestrol Diphosphate	250 mg
J9181	Etoposide	10 mg
J9185	Fludarabine Phosphate	50 mg
J9190	Fluorouacil	500 mg
J9202	Goserelin Acetate Implant	per 3.6 mg
J9206	Irinotecan	20 mg
J9209	Mesna	200 mg
J9217	Leuprolide Acetate (for depot suspension)	7.5 mg
J9230	Mechlorethamine Hydrochloride	10 mg
J9245	Melphalan Hydrochloride	50 mg
J9250	Melphalan Hydrochloride	5 mg
J9260	Methotrexate Sodium	50 mg
J9280	Mitomycin	5 mg
J9293	Mitoxantrone Hydrochloride	per 5 mg
J9320	Streptozocin	1 gm
J9340	Thiotepa	15 mg
J9360	Vinblastine Sulfate	1 mg
J9370	Vincristine Sulfate	1 mg
J9390	Vinorelbine Tartrate	per 10 mg
S0020	Injection Bupivacaine Hydrochloride	30 ml