

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

Revised: Jan. 12, 2017

Dec. 8, 2016

ADDITIONAL HCPCS CODES DO NOT REQUIRE SUBMISSION OF NDC

Code J1725 was inadvertently included in the Dec. 8, 2016, bulletin. Code J1725 does require the submission of NDC information.

Highmark requires you to submit National Drug Code (NDC) information on drug claims billed under the medical benefit for Highmark members. NDC information is the 11-digit NDC+NDC quantity.

Based on feedback from our valued providers, we've determined that a number of HCPCS codes should be removed from the required list. CMS changes for 2016 were also a consideration. Following is the list of HCPCS codes being removed, effective Oct. 21, 2016.

HCPCS Codes to Be Removed From Required List — Retroactive to Oct. 21, 2016

PROCEDURE CODE	DESCRIPTION
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J0278	INJECTION, AMIKACIN SULFATE, 100 MG
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG
J0500	INJECTION, DICYCLOMINE, UP TO 20 MG
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG



PROCEDURE CODE	DESCRIPTION
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
J1265	INJECTION, DOPAMINE HCL, 40 MG
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
J1644	INJECTION, HEPARIN SODIUM, PER 1,000 UNITS
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG
J2060	INJECTION, LORAZEPAM, 2 MG
J2150	INJECTION, MANNITOL, 25% IN 50 ML
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
J2260	INJECTION, MILRINONE LACTATE, 5 MG
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
J2360	INJECTION, ORPHENADRINE, UP TO 60 MG
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
J3105	INJECTION, TERBUTALINE SULFATE (BRETHINE), UP TO 1 MG
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
J3360	INJECTION, DIAZEPAM, UP TO 5 MG
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
J3411	INJECTION, THIAMINE HCL, 100 MG
J3415	INJECTION, PYRIDOXINE HCL, 100 MG

PROCEDURE CODE	DESCRIPTION
J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1,000 MCG
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
J7030	INFUSION, NORMAL SALINE SOLUTION, 1,000 CC
J7040	INFUSION, NORMAL SALINE SOLUTION, 500 CC
J7042	5% DEXTROSE/NORMAL SALINE (500 ML=1 UNIT)
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC
J7060	5% DEXTROSE/WATER (500 ML=1 UNIT)
J7120	RINGERS LACTATE INFUSION, UP TO 1,000 CC
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
J7620	ALBUTEROL, UP TO 2.5 MG, AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
J8540	DEXAMETHASONE, ORAL, 0.25 MG
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
J9045	INJECTION, CARBOPLATIN, 50 MG
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG
J9181	INJECTION, ETOPOSIDE, 10 MG
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
J9190	FLUOROURACIL, 500 MG
J9250	METHOTREXATE SODIUM, 5 MG
J9260	METHOTREXATE SODIUM, 50 MG
J9267	INJECTION, PACLITAXEL, 1 MG
J9280	INJECTION, MITOMYCIN, 5 MG
J9360	VINBLASTINE SULFATE, 1 MG
J9370	VINCRISTINE SULFATE, 1 MG
Q0162	ONDANSETRON 1 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HOUR DOSAGE REGIMEN
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48-HOUR DOSAGE REGIMEN

PROCEDURE CODE	DESCRIPTION
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48-HOUR DOSAGE REGIMEN
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA-APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48-HOUR DOSAGE REGIMEN
Q4101	APLIGRAF, PER SQUARE CENTIMETER
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER
Q4110	PRIMATRIX, PER SQUARE CENTIMETER
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1 CC
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC
Q4131	EPIFIX, PER SQUARE CENTIMETER
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML
S0028	INJECTION, FAMOTIDINE, 20 MG
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG
S0191	MISOPROSTOL, ORAL, 200 MCG

WEB LOCATION OF PROCEDURE CODES REQUIRING NDC INFORMATION

You can find the complete *List of Procedure Codes Requiring NDC Information* under the **Administrative Reference Materials** option on the **Provider Resource Center**.