

**First Priority Health  
Billable PCP Services  
Effective 04/01/2016**

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.

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.)**

Procedure Code	Description	Reimbursement
86580	TB Intradermal Test	\$5.94
90281	Immune Globulin (IG), intramuscular	\$74.44
90283	Immune Globulin (IGIV), intravenous	\$49.83
90291	Cytomegalovirus immune globulin (CMV-IGIV)	\$1,526.58
90296	Diphtheria antitoxin, equine	\$324.13
90371	Hepatitis B immune globulin (HBIG)	\$159.28
90375	Rabies immune globulin (RIG)	\$232.43
90376	Rabies immune globulin, heat-treated (RIG-HT)	\$224.26
90378 <sup>1</sup>	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use - 50 mg, each	\$1,654.10
90384	Rho(D) immune globulin (RhIG), full dose	\$89.71
90385	Rho(D) immune globulin (RhIG), mini-dose	\$36.39
90386	Rho(D) immune globulin (RhIGIV), human	\$11.54
90389	Tetanus immune globulin (TIG)	\$493.46
90396	Varicella-zoster immune globulin	\$819.00
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis	\$181.15
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer	\$181.15
90620	Menb recombinant prot w/out membr vesic vacc IM	\$192.75
90621	Menb recombinant lipoprotein IM	\$138.75
90632 <sup>2</sup>	Hepatitis A vaccine, adult IM	\$80.63
90633 <sup>2</sup>	Hepatitis A vaccine, pediatric/adolescent (2 doses)	\$41.06
90634 <sup>2</sup>	Hepatitis A vaccine, pediatric/adolescent (3 doses)	\$37.00
90636 <sup>2</sup>	Hepatitis A/Hepatitis B vaccine, adult IM	\$119.68
90647 <sup>2</sup>	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate	\$29.64
90648 <sup>2</sup>	Hemophilus influenza b vaccine (Hib), PRP-T conjugate	\$35.82
90649	Gardasil (Male and Female, ages 9 to 26)	\$190.13
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Female only, ages 9 to 26)	\$154.35
90651	HPV Human Papilloma Virus Vacc 9 Val 3 dose IM (Female and Male, ages 9 to 26)	\$213.10
90656	Influenza virus vaccine, split virus, preservative free, 3 years and above	\$21.68
90657	Influenza virus vaccine, split virus, 6-35 months dosage	\$13.42
90658	Influenza virus vaccine, split virus, 3 years and above	\$13.42
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	\$24.81
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (Fluzone)	\$40.38
90670	Pneumococcal 13-valent conjugate vaccine	\$198.99
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	\$22.20
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	\$39.89
90675	Rabies vaccine, intramuscular use	\$285.12
90676	Rabies vaccine, intradermal use	\$105.04
90680	RotaTeq (Rotavirus Vaccine, live, oral, Pentavalent)	\$100.23
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use –	\$130.22

	(use for Rotarix)	
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, to children 6-35 months of age, for intramuscular use	\$31.52
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, individuals 3 years of age and older, for intramuscular use	\$27.27
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	\$19.97
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older for intramuscular use	\$19.97
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	\$60.96
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP -Hib - IPV), for intramuscular use - (use for Pentacel)	\$108.40
90700	DTAP	\$27.11
90702	DT Immunization	\$27.99
90707	MMR Vaccine	\$77.90
90710	MMR and Varicella vaccine	\$224.08
90713	Poliovirus Vaccine (IPV)	\$37.86
90714	Tetanus and diphtheria toxoids (Td) adsorbed, p.f., seven years or older, i.m.	\$24.90
90715	Adacel	\$47.72
90716	Varicella (chicken pox) vaccine	\$134.22
90717	Yellow fever vaccine	\$175.54
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated, for intramuscular use	\$89.99
90732	Pneumococcal	\$93.73
90733	Meningococcal Vaccine	\$147.65
90734	Meningococcal Vaccine	\$135.37
90736	Zostavax (Minimum age 60 and over)	\$223.22
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient (3 dose)	\$207.36
90743 <sup>2</sup>	Hepatitis B vaccine, adolescent (11-15 yrs), 2 doses	\$73.68
90744 <sup>2</sup>	Hepatitis B Vaccine, pediatric/adolescent	\$29.40
90746 <sup>2</sup>	Hepatitis B Vaccine, 20 years and above	\$69.24
90747 <sup>2</sup>	Hepatitis B vaccine, dialysis or immunosuppressed patient, 40 mcg	\$128.14
90748 <sup>2</sup>	Hepatitis B/HIB (Comvax - 0.5 ml)	\$52.49

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	Reimbursement
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	\$3.00
90461	Immunization administration through 18 years of age; each additional vaccine or toxoid component administered	\$6.50
90471	Immunization administration, one vaccine	\$3.00
90472	Immunization administration, each additional vaccine (single or combination vaccine/toxoid)	\$3.00
90473	Immunization administration by intranasal or oral route	\$3.00
90474	Each additional vaccine (single or combination)	\$3.00
G0008	Administration of influenza virus vaccine	\$3.00
G0009	Administration of pneumococcal vaccine	\$3.00
G0010	Administration of hepatitis B vaccine	\$3.00
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and old for intramuscular use (AFLURIA)	\$13.42
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	\$13.42

Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	\$13.42
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	\$13.42
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	\$13.42
Q4081	Injection, Epoetin Alpha, 100 units (for ESRD on dialysis)	\$1.32

**Please bill the following services separately with the correct code:**

c. Pulmonary

Procedure Code	Description	Reimbursement
94010	Spirometry, including graphic records, total and timed vital capacity, expiratory flow rate measurement, w/wo maximal voluntary ventilation	\$40.42
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- & post-bronchodilator administration	\$68.16
94640	Nonpressurized inhalation treatment for acute airway obstruction	\$23.89
94664	Aerosol or Vapor Inhalation	\$20.35

d. Allergen Immunotherapy

Procedure Code	Description	Reimbursement
95115	Professional services, not including provision of allergenic extracts, single injection	\$16.04
95117	Two or more injections	\$20.36
95120	Professional services, in prescribing physician's office, including provision of a allergenic extract; single injection	\$22.38
95125	Two or more injections	\$27.99
95130	Single stinging insect venom	\$32.89
95131	Two stinging insect venoms	\$38.19

Procedure Code	Description	Office Reimbursement	Facility Reimbursement
95144	Professional services for the supervision and provision of antigens for allergen immunotherapy, single or multiple antigens, single dose vials (specify number of vials)	\$12.45	\$4.38
95145	Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	\$20.68	\$5.40
95146	Two single stinging insect venoms	\$28.71	\$6.55
95165	Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$11.78	\$4.19
95170	Whole body extract of biting insect or other arthropod (specify number of doses)	\$13.77	\$4.87

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	Reimbursement
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96413	Up to one hour	\$166.00
96415	One to eight hours	\$62.00
96416	More than eight hours	\$166.56

g. Gold injections:

Procedure Code	Description	Reimbursement
J1600	Gold Injections - Injection, gold sodium thiomalate (up to 50 mg)	\$14.88

2. Inpatient Newborn Circumcisions:

Procedure Code	Description	Reimbursement
54150	Clamp	\$209.33
54160	Surgical Excision	\$273.67

3. Newborn Care:

Procedure Code	Description	Reimbursement
99460	Exam of normal newborn infant	\$88.00
99461	Normal newborn care in other than hospital or birthing room setting	\$97.00
99462	Newborn infant subsequent hospital care	\$45.00
99463	Exam of newborn infant, assessed & discharged on same date	\$109.00
99238	Discharge day (newborn only)	\$82.00
99465	Newborn resuscitation	\$233.00

4. Attendance at C-Section

Procedure Code	Description	Reimbursement
99464	Attendance at C-Section	\$147.00

5. Annual Gyn Exam:

Procedure Code	Description	Reimbursement
S0610	Annual GYN Exam - New Patient (Report w/ diagnosis code V72.31)	\$128.00
S0612	Annual GYN Exam - Established Patient (Report w/ diagnosis code V72.31)	\$104.00

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. Diagnostic Sigmoidoscopy:

Procedure Code	Description	Office Reimbursement	Facility Reimbursement
45300	Rigid	\$100.98	\$48.86
45330	Flexible fiberoptic	\$133.27	\$74.04

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	Facility Reimbursement	Procedure Code	Office Reimbursement	Facility Reimbursement
10060	\$101.89	\$88.24	11440	\$122.56	\$95.72
10120	\$141.88	\$94.69	11441	\$145.53	\$121.24

11100	\$96.17	\$56.71	11730	\$94.79	\$69.74
11300	\$63.73	\$34.89	11750	\$203.73	\$171.45
11301	\$84.35	\$59.46	12001	\$169.97	\$121.68
11302	\$106.44	\$72.58	12002	\$180.73	\$135.87
11310	\$83.39	\$51.06	12011	\$179.54	\$125.40
11311	\$103.80	\$74.29	17000	\$73.23	\$50.63
11400	\$123.03	\$82.22	17003	\$13.99	\$9.54
11401	\$146.02	\$103.21	17110	\$101.44	\$63.94
11402	\$166.57	\$126.15	17250	\$77.34	\$40.90
11420	\$114.76	\$79.73			

**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:

Procedure Code	Description	Reimbursement
*93224	Electrocardiographic monitoring for 24 hours by continuous original ECG wave form recording and storage with visual superimposition scanning.	\$187.43

10. Cardiac stress test:

Procedure Code	Description	Reimbursement
*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.	\$138.23

\* Primary Care Physicians who perform these procedures in their office need to be certified by the First Priority Health Quality Management Committee.

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	Office Reimbursement	Facility Reimbursement
98925	Osteopathic Manipulative Therapy 1-2 regions	\$35.42	\$28.53
98926	Osteopathic Manipulative Therapy 3-4 regions	\$47.50	\$40.88
98927	Osteopathic Manipulative Therapy 5-6 regions	\$61.19	\$52.49

12. SNF and Personal Care Home Visits:

Procedure Code	Description	Reimbursement
99304	Initial nursing facility care-new/established patient; low severity	\$90.00
99305	Initial nursing facility care-new/established patient; moderate severity	\$123.00
99306	Initial nursing facility care-new/established patient; high severity	\$156.00
99307	Subsequent nursing facility care; stable	\$45.00
99308	Subsequent nursing facility care; minor complication	\$66.00
99309	Subsequent nursing facility care; significant complication	\$87.00
99310	Subsequent nursing facility care; unstable with significant complication	\$125.00

99315	Nursing facility discharge-30 minute or less		\$76.00
99316	Nursing facility discharge-more than 30 minutes		\$99.00
99318	Annual nursing facility assessment		\$90.00
		<b>Office Reimbursement</b>	<b>Facility Reimbursement</b>
99324	Domiciliary visit - new patient; low severity	\$67.00	\$61.00
99325	Domiciliary visit - new patient; moderate severity 30 min	\$93.00	\$88.00
99326	Domiciliary visit - new patient; moderate severity 45 min	\$146.00	\$140.00
99327	Domiciliary visit - new patient; high severity	\$186.00	\$180.00
99328	Domiciliary visit - new patient; significant new problem	\$218.00	\$211.00
99334	Domiciliary visit - established patient; minor	\$65.00	\$60.00
99335	Domiciliary visit - established patient; low to minor	\$99.00	\$93.00
99336	Domiciliary visit - established patient; moderate to high	\$136.00	\$130.00
99337	Domiciliary visit - est patient; significant new problem	\$194.00	\$188.00

13. Home Visits:

Procedure Code	Description	Reimbursement
99347	Home Visit - Established Patient	\$60.00
99348	Home Visit - Established Patient	\$91.00
99349	Home Visit - Established Patient	\$129.00
99350	Home Visit - Established Patient	\$190.00

14. Dexascans:

Procedure Code	Description	Reimbursement
77078	Computerized axial tomography bone density study, one or more sites	\$130.41
77080	Dual energy x-ray absorptiometry (DEXA) bone density study, one or more sites; axial skeleton (e.g. hips, pelvis, spine)	\$100.97
77081	Dual energy x-ray absorptiometry (DEXA) bone density study, one or more sites; appendicular skeleton (peripheral) e.g. radius, wrist, heel	\$36.79
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$54.12
78350	Bone density (bone mineral content) study, one or more sites, single photon absorptiometry	\$39.92
78351	Bone density (bone mineral content) study, one or more sites, dual photon absorptiometry	\$62.40
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites, appendicular skeleton (peripheral) e.g. radius, wrist, heel	\$45.30

15. Miscellaneous:

Procedure Code	Description	Reimbursement	Office Reimbursement	Facility Reimbursement
20600	Arthrocentesis Small Joint		\$73.87	\$48.72
20605	Arthrocentesis Intermediate Joint		\$80.27	\$51.58
20610	Arthrocentesis Major Joint		\$101.00	\$60.28
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA.	\$14.78		
92552	Pure tone audiometry	\$20.31		

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

Procedure Code	Description	Reimbursement
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99217	Observation Care Discharge Day Management	\$82.00
99218	Initial Obsrv Care-Per Day E&M Low Severity	\$79.00
99219	Initial Obsrv Care-Per Day E&M Moderate Severity	\$131.00
99220	Initial Obsrv Care-Per Day E&M High Severity	\$180.00
99221	Initial Hosp Care-Per Day E&M Low Severity 30 Min	\$103.00
99222	Initial Hosp Care-Per Day E&M Moderate Severity 50 Min	\$137.00
99223	Initial Hosp Care-Per Day E&M High Severity 70 Min	\$203.00
99224	Subsqt Observation Care Per Day for E&M Low Severity	\$31.81
99225	Subsqt Observation Care Per Day for E&M Moderate Severity	\$56.13
99226	Subsqt Observation Care Per Day for E&M High Severity	\$84.04
99231	Subsqt Hosp Care-Per Day E&M Stable/Recover 15 Min	\$45.00
99232	Subsqt Hosp Care-Per Day E&M Minor Cmpl 25 Min	\$75.00
99233	Subsqt Hosp Care-Per Day E&M Signific Cmpl 35 Min	\$113.00
99234	Obsrv/Inpt Hosp Care E&M Low Severity	\$155.00
99235	Obsrv/Inpt Hosp Care E&M Moderate Severity	\$200.00
99236	Obsrv/Inpt Hosp Care E&M High Severity	\$250.00
99238	Hospital Discharge Day Management; 30 Minutes/Less	\$82.00
99239	Hospital Discharge Day Management; > 30 Minutes	\$112.00
99251	Initial Inpt Consult New/Estab Self Limit/Minor 20 Min	\$58.00
99252	Initial Inpt Consult New/Estab Low Severity 40 Min	\$87.00
99253	Initial Inpt Consult New/Estab Moderate Severity 55 Min	\$117.00
99254	Initial Inpt Consult New/Estab Mod-Hi Severity 80 Min	\$170.00
99255	Initial Inpt Consult New/Estab Mod-Hi Severity 110 Min	\$223.00
99281	Emerg Dept Visit E&M Self Limited/Minor	\$27.00
99282	Emerg Dept Visit E&M Low-Moderate Severity	\$45.00
99283	Emerg Dept Visit E&M Moderate Severity	\$76.00
99284	Emerg Dept Visit E&M High Severity Urgent Eval	\$126.00
99285	Emerg Dept Visit E&M-High Severity Immed Significant Threat	\$186.00
99291	Critical Care E&M-Crit ill/Injured; 1st 30-74 Min	\$253.00
99292	Critical Care E&M-Crit ill/Injured; Each Additional 30 Min	\$125.00
99468	Initial Inpt Neonatal Critical Care Per Day E/M 28 Days of Age or <	\$1,025.00
99469	Subsqt Inpt Neonatal Critical Care Per Day E/M 28 Days of Age or <	\$482.00
99471	Initial Inpt Ped Critical Care Per Day E/M 29 Days To 24 Mos Age	\$855.00
99472	Subsqt Inpt Ped Critical Care Per Day E/M 29 Days To 24 Mos Age	\$446.00
99475	Initial Inpt Ped Critical Care Per Day E/M 2 through 5 years of Age	\$590.00
99476	Subsqt Inpt Ped Critical Care Per Day E/M 2 through 5 years of Age	\$370.00
99478	Subsqt IC-Per Day E&M Recovering Very LBW Infant <1500 GMS	\$174.00
99479	Subsqt IC-Per Day E&M Recovering LBW Infant 1500-2500 GMS	\$153.00
99480	Subsqt IC-Per Day E&M Recovering Infant 2501-5000 GMS	\$197.00

17. Special Services:

Procedure Code	Description	Reimbursement
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic services.	\$30.00

18. Developmental Screening:

Procedure Code	Description	Reimbursement
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.	\$27.25

Procedure Code	Description	Dosage	Reimbursement
J0171	Injection Adrenalin, Epinephrine	0.1 mg	\$0.61
J0210	Methyldopate HCL	up to 250 mg	\$42.50
J0280	Aminophyllin	up to 250 mg	\$4.00
J0290	Ampicillin	up to 50 mg	\$3.38
J0295	Ampicillin Sodium/ Sulbactam Sodium	1.5 gm	\$3.94
J0300	Amobarbital	up to 125 mg	\$195.73
J0330	Succinyl Choline Chloride	up to 20 mg	\$0.35
J0360	Hydralazine HCL	up to 20 mg	\$71.68
J0380	Metaraminol Bitartrate	up to 10 mg	\$1.21
J0390	Chloroquine HCL	up to 250 mg	\$18.65
J0461	Atropine Sulfate	0.01 mg	\$0.48
J0470	Dimecaprol	up to 100 mg	\$49.64
J0475	Injection, Baclofen	10 mg	\$216.72
J0558	Injection, OnabotulinumtoxinA	1 unit	\$7.43
J0561	Injection, Penicilin G benzathine	100,000 units	\$9.32
J0585	Botulinum Toxin Type A	1 unit	\$5.91
J0630	Calcitonin-salmon	up to 400 units	\$2,438.77
J0640	Leucovorin Calcium	per 50 mg	\$6.59
J0694	Injection, Cefoxitin Sodium	1 g	\$6.66
J0696	Ceftriaxone Sodium	per 250 mg	\$15.71
J0697	Injection, Sterile Cefuroxime Sodium	per 750 mg	\$3.16
J0702	Betamethasone Acetate + Betamethasone Sodium Phosphate Injection	per 3 mg	\$7.12
J0743	Injection, Cilastain Sodium; Imipenem	per 250 mg	\$8.70
J0780	Prochlorperazine	up to 10 mg	\$19.54
J0800	Injection, Corticotropin	up to 40 units	\$3,471.47
J0882	Injection, darbepoetin alfa, (for ESRD on dialysis)	1 mcg	\$7.87
J0885	Injection, epoetin alfa, (for non-ESRD use)	per 1,000 units	\$17.24
J0895	Injection, Deferoxamine Mesylate	500 mg per 5 cc	\$13.21
J0897	Injection, Denosumab, Prolia	1 mg	\$16.97
J1020	Methylprednisolone Acetate	20 mg	\$5.20
J1030	Methylprednisolone Acetate	40 mg	\$6.45
J1040	Methylprednisolone Acetate	80 mg	\$8.38
J1100	Dexamethasone Sodium Phosphate	up to 4 mg/ml	\$0.23
J1200	Diphenhydramine HCL	up to 50 mg	\$1.27
J1212	DMSO, Dimethyl Sulfoxide, 50%	50 ml	\$579.93
J1240	Dimenhydrinate	up to 50 mg	\$8.24
J1245	Dipyridamole	per 10 mg	\$0.95
J1260	Injection, Dolasetron Mesylate	1 mg	\$6.27
J1380	Injection, Estradiol Valerate	Up to 10 mg	\$27.08
J1442	Injection, Filgrastim G-CSF1 microgram	1 mg	\$1.04
J1455	Injection, Foscarnet Sodium	per 1,000 mg	\$70.72
J1460	Gamma Globulin, Intramuscular	1 cc	\$33.46
J1580	Injection, Garamycin, Gentamicin	up to 80 mg	\$1.85
J1626	Granisetron HCL	100 mcg	\$3.26
J1631	Injection, Haloperidol Decanoate	per 50 mg	\$22.97
J1642	Injection, Heparin Sodium (Heparin Lock Flush)	per 10 units	\$0.48
J1644	Heparin Sodium	1,000 units	\$0.65
J1670	Injection, Tetanus Immune Globulin	up to 250 units	\$443.61
J1700	Injection, Hydrocortisone Acetate	up to 25 mg	\$1.00



J1885	Ketorolac Tromethamine	per 15 mg	\$1.68
J1940	Furosemide	up to 20 mg	\$1.91
J1950	Leuprolide Acetate (for depot suspension)	per 3.75 mg	\$975.50
J2001	Lidocaine (intravenous infusion)	10 mg	\$0.03
J2060	Injection, Lorazepam	2 mg	\$0.79
J2150	Mannitol	25% in 50 ml	\$2.95
J2175	Meperidine Hydrochloride	100 mg	\$1.48
J2270	Morphine Sulfate	up to 10 mg	\$2.01
J2300	Injection Nalbuphine HCL	per 10 mg	\$3.26
J2320	Nandrolone Decanoate	up to 50 mg	\$3.64
J2405	Ondansetron Hydrochloride	per 1 mg	\$0.19
J2430	Injection, Pamidronate Disodium	per 30 mg	\$22.78
J2440	Injection, Papaverine HCL	up to 60 mg	\$7.35
J2510	Penicillin G Procaine, Aqueous	up to 600,000 units	\$29.60
J2540	Injection, Penicillin G Potassium	up to 600,000 units	\$1.42
J2550	Injection, Promethazine HCL	up to 50 mg	\$2.24
J2590	Injection, Oxytocin	up to 10 units	\$1.10
J2760	Phentolamine Mesylate	up to 5 mg	\$453.90
J2790	RHO D Immune Globulin, Human	One dose package	\$86.09
J2792	RHO D Immune Globulin, Human	100 I.U.	\$26.36
J2910	Aurothioglucose	up to 50 mg	\$15.49
J2920	Methylprednisolone Sodium Succinate	up to 40 mg	\$4.57
J2930	Methylprednisolone Sodium Succinate	up to 125 mg	\$7.38
J3105	Injection, Terbutaline Sulfate	up to 1 mg	\$4.25
J3250	Injection Trimethobenzamide HCL	up to 200 mg	\$26.81
J3280	Thiethylperazine Maleate	up to 10 mg	\$4.11
J3301	Triamcinolone Acetonide	per 10 mg	\$2.25
J3302	Triamcinolone Diacetate	per 5 mg	\$0.36
J3303	Triamcinolone Hexacetonide	per 5 mg	\$3.11
J3360	Diazepam	up to 5 mg	\$7.66
J3365	Injection, IV, Urokinase	250,000 IU vial	\$458.81
J3370	Vancomycin HCL	up to 500 mg	\$5.22
J3410	Hydroxyzine HCL	up to 25 mg	\$4.89
J3420	Vitamin B-12 Cyanocobalamin	up to 1,000 mcg	\$6.24
J3430	Injection, Phytonadione (Vitamin K)	per 1 mg	\$4.34
J3475	Injection, Magnesium Sulfate	per 500 mg	\$0.35
J3480	Injection, Potassium Chloride	per 2 mEq	\$0.20
J3490	Unclassified Drugs Cimetidine-include written description (drug name, dose, quantity and national drug code number)	300 mg	\$0.00
J7030	Infusion, Normal Saline Solution	1,000 cc	\$4.08
J7040	Infusion, Normal Saline Solution, Sterile	500 ml = 1 unit	\$5.24
J7042	Infusion, 5% Dextrose/Normal Saline	500 ml = 1 unit	\$2.80
J7050	Infusion, Normal Saline Solution	250 cc	\$3.26
J7060	Infusion, 5% Dextrose/Water	500 ml = 1 unit	\$3.48
J7070	Infusion, D5W	1,000 cc	\$4.32
J7120	Ringer's Lactate Infusion	up to 1,000 cc	\$7.38
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose		\$205.20
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose		\$299.14
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection	1mg	\$25.18
J9000	Doxorubicin HCL	10 mg	\$8.75
J9015	Adesleukin	per single use vial	\$2,613.73

J9031	BCG (Intravesical)	per installation	\$155.02
J9040	Bleomycin Sulfate	15 units	\$54.72
J9045	Carboplatin	50 mg	\$10.15
J9050	Carmustine	100 mg	\$3,998.13
J9060	Cisplatin, Powder or Solution	per 10 mg	\$4.50
J9070	Cyclophosphamide	100 mg	\$70.05
J9100	Cytarabine	100 mg	\$1.13
J9130	Dacarbazine	100 mg	\$11.22
J9165	Diethylstilbestrol Diphosphate	250 mg	\$13.65
J9181	Etoposide	10 mg	\$0.77
J9185	Fludarabine Phosphate	50 mg	\$117.79
J9190	Fluorouacil	500 mg	\$3.76
J9202	Goserelin Acetate Implant	per 3.6 mg	\$581.33
J9206	Irinotecan	20 mg	\$9.98
J9209	Mesna	200 mg	\$5.16
J9217	Leuprolide Acetate (for depot suspension)	7.5 mg	\$466.15
J9230	Mechlorethamine Hydrochloride	10 mg	\$273.36
J9245	Melphalan Hydrochloride	50 mg	\$1,754.83
J9250	Melphalan Hydrochloride	5 mg	\$0.24
J9260	Methotrexate Sodium	50 mg	\$2.79
J9280	Mitomycin	5 mg	\$237.04
J9293	Mitoxantrone Hydrochloride	per 5 mg	\$59.37
J9320	Streptozocin	1 gm	\$356.22
J9340	Thiotepa	15 mg	\$1,495.20
J9360	Vinblastine Sulfate	1 mg	\$3.94
J9370	Vincristine Sulfate	1 mg	\$5.93
J9390	Vinorelbine Tartrate	per 10 mg	\$24.24
S0020	Injection Bupivacaine Hydrochloride	30 ml	\$3.66