

471-000-540 Nebraska Medicaid Practitioner Fee Schedule for Injectables

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18-004.28.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Further instructions for the injectable fee schedule includes:

1. An "X" in the prior authorization (PA) column indicates a prior authorization for the medication is required. For prior authorization of most injectables, use the MS-77 form found at <http://dhhs.ne.gov/Documents/471-000-206.pdf>. For respiratory syncytial virus prophylaxis, Omalizumb (IgE) blocker therapy, Natalizumab, or Spinraza, the injectable authorization forms can be found at <http://dhhs.ne.gov/medicaid/Pages/Practitioner-Injectable-Medication-Prior-Authorization-Forms.aspx>.
2. An authorization request may be faxed to 402-471-9092 or, Attn: Physical Health Services Unit or E-Fax to 402-742-1104 and should include the following:

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

- a. Name of medication,
- b. Dosage requested,
- c. Documentation of medical necessity of medication, and
- d. Applicable CPT or HCPCS code

The authorization decision will be faxed back to the requesting provider. Claims submitted without the required prior authorization will not be reimbursed for the medication. If the client is covered under a Medicaid Managed Care Plan, please obtain such authorizations directly through that plan.

3. Injectable medications not included in this fee schedule will not be reimbursed, with the exception of a unique encounter which has been pre-approved through the Medical Director.
4. When billing for medications administered, the physician must use the appropriate HCPCS Code and the correct HCPCS units. The correct CPT for administration must also be submitted.
5. NDC #s must be included with any claim submission for injectable medications. The NDC # must be accompanied with the appropriate qualifier (F2 = International Unit, GR = Gram, ML = Milliliter, UN = Unit/Each) and the appropriate quantity of that qualifier. NDCs are not required for vaccines.
6. Most radiopharmaceuticals are currently not required to be billed with an NDC. Rebateable contrasts are required to have a rebateable NDC. Provider Bulletin 14-45 may be referenced at:
http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx.
7. IC noted in Medicaid allowable column of the fee schedule below indicates "invoice cost" and the medication purchase invoice must be submitted with the claim. IC Limited indicates "invoice cost within a limit" and the medication purchase invoice must be submitted with the claim.
8. MP noted in Medicaid allowable column of the fee schedule below indicates "manual pricing".

Nebraska Medicaid Fee Schedule, Injectable January 1, 2018					
			471-000-540	Manual Letter #03-2018	
					MEDICAID
CODE	MOD	PA	COMMENTS	COPAY	ALLOWABLE
000A9500			RADIOPHARMCEUTICAL		\$135.45
000A9502			RADIOPHARMACEUTICAL		\$87.95
000A9503			RADIOPHARMACEUTICAL		\$14.76
000A9504					\$423.95
000A9505			RADIOPHARMACEUTICAL		\$32.04
000A9507			RADIOPHARMACEUTICAL		\$782.49
000A9509			RADIOPHARMACEUTICAL		\$1,931.48
000A9510			RADIOPHARMACEUTICAL		\$74.76
000A9512			RNE REQUIRES INVOICE RADIOPHARMACEUTICAL		
000A9515			RADIOPHARMACEUTICAL		\$5,340.00
000A9517			RADIOPHARMACEUTICAL		\$234.16
000A9520			RADIOPHARMACEUTICAL		\$500.75
000A9521			RADIOPHARMACEUTICAL		\$1,554.98
000A9524			RADIOPHARMACEUTICAL		\$69.42
000A9526			RADIOPHARMACEUTICAL		\$138.79
000A9527			RADIOPHARMACEUTICAL		\$14.11
000A9528			RADIOPHARMACEUTICAL		\$47.68
000A9529			RADIOPHARMACEUTICAL		\$6.77
000A9530			RADIOPHARMACEUTICAL		\$6.70
000A9531			RNE RADIOPHARMACEUTICAL		
000A9532			RNE RADIOPHARMACEUTICAL		
000A9536			RNE RADIOPHARMACEUTICAL		
000A9537			RADIOPHARMACEUTICAL		\$56.71
000A9538			RADIOPHARMACEUTICAL		\$28.46
000A9539			RADIOPHARMACEUTICAL		\$21.56
000A9540			RADIOPHARMACEUTICAL		\$19.22
000A9541			RADIOPHARMACEUTICAL		\$57.11
000A9542			NOT COVERED		
000A9543			RADIOPHARMACEUTICAL		MP
000A9547			RADIOPHARMACEUTICAL		\$1,909.72
000A9548			RADIOPHARMACEUTICAL		\$441.29
000A9551			RADIOPHARMACEUTICAL		\$640.18
000A9552			RADIOPHARMACEUTICAL		\$120.13
000A9553			RADIOPHARMACEUTICAL		\$602.35
000A9554			RADIOPHARMACEUTICAL		\$33.97
000A9555			REQUEST INVOICE. RADIOPHARMACEUTICAL		\$907.80
000A9556					\$106.06
000A9557			RADIOPHARMACEUTICAL		\$270.48

000A9560			RADIOPHARMACEUTICAL		\$106.80
000A9561			RADIOPHARMACEUTICAL		\$46.99
000A9562			RADIOPHARMACEUTICAL		\$827.45
000A9563			RADIOPHARMACEUTICAL		\$325.61
000A9564			RADIOPHARMACEUTICAL		\$310.22
000A9566			NOT COVERED		
000A9567			RADIOPHARMACEUTICAL		\$70.16
000A9568			NOT COVERED		
000A9569			RADIOPHARMACEUTICAL		\$1,554.98
000A9570			RADIOPHARMACEUTICAL		\$3,819.44
000A9571			RADIOPHARMACEUTICAL		\$3,819.44
000A9572			RNE RADIOPHARMACEUTICAL		
000A9575			GADOTERATE MEGLUMINE, 0.1 ML		\$0.22
000A9576			GADOTERIDOL, PER ML		\$1.71
000A9577			MEDICAL RECORDS REQUIRED		\$2.07
000A9578			GADOBENATE DIMEGLUMINE PER ML		\$1.98
000A9579			GADOLINIUM-BASED CONTRAST AGENT PER ML		\$1.93
000A9580			RNE		
000A9581			GADOXETATE DISODIUM 1ML		\$14.08
000A9582			IODINE 1-123 LOBENGUANE, DX UP TO 15 MILLICURIES		\$6,305.66
000A9583					\$18.70
000A9584					\$2,537.57
000A9585					\$0.37
000A9586					\$2,776.80
000A9587			RADIOPHARMACEUTICAL		\$67.24
000A9588			RADIOPHARMACEUTICAL		\$392.48
000A9600			RADIOPHARMACEUTICAL		\$5,152.85
000A9604			RADIOPHARMACEUTICAL		\$5,484.46
000A9606			RADIOPHARMACEUTICAL		\$128.89
000A9698			NOT COVERED		
000A9699			NOT COVERED		
000A9700			NOT COVERED		
000C9014			NOT COVERED		
000C9015			NOT COVERED		
000C9016			REQUIRES PRIOR AUTHORIZATION		\$2,848.00
000C9024			REQUIRES DOCUMENTATION		\$188.12
000C9028			NOT COVERED		
000C9029			NOT COVERED		
000C9140			OBSOLETE		

000C9257			FOR MACULAR DEGENERATION.		\$2.03
000C9484			OBSOLETE		
000C9485			OBSOLETE		
000C9486			OBSOLETE		
000C9489			OBSOLETE		
000C9491			OBSOLETE		
000C9492		X	REQUIRES PRIOR AUTHORIZATION		\$74.31
000C9493		X	PRIOR AUTHORIZATION		\$19.33
000C9494			OBSOLETE		
000J0129			10 MG		\$48.54
000J0130					\$1,206.83
000J0132			100 MG		\$1.21
000J0133			5 MG		\$0.06
000J0135			20 MG		\$1,185.81
000J0153					\$0.69
000J0171			0.1 MG		\$0.59
000J0178					\$971.94
000J0180		X	1 MG		\$171.40
000J0202		X	PRIOR AUTHORIZATION		\$1,812.76
000J0207			500 MG		\$974.03
000J0220			NOT COVERED		
000J0221		X	10 MG		\$159.75
000J0256			10 MG		\$4.54
000J0257			10 MG		\$4.67
000J0270			PROSTIN VR ONLY NOT COVERED FOR SELF ADMINISTRATION		\$0.67
000J0278			100 MG		\$1.47
000J0280			250 MG		\$7.20
000J0282			30 MG		\$0.43
000J0285			50 MG		\$32.98
000J0287			10 MG		\$14.92
000J0289			10 MG		\$20.70
000J0290			500 MG		\$1.30
000J0295			1.5 GM		\$2.64
000J0300			125 MG		\$195.72
000J0330					\$2.05
000J0348			1 MG		\$0.54
000J0360			20 MG		\$3.16
000J0364			1 MG		\$35.88
000J0401		X			\$5.02
000J0456			500 MG		\$3.46
000J0461			0.3 MG		\$0.04
000J0470			100 MG		\$51.22

000J0475			MAX OF 4UNITS OFJ0475 FOR 1000MCG PUMP RE-FILL. DOCUMENTATION IS REQUIRED FOR UNITS OVER 4.		\$177.85
000J0476			50 MCG		\$42.88
000J0480			20 MG		\$3,546.83
000J0485			1 MG		\$3.91
000J0490			10 MG		\$42.92
000J0500			20 MG		\$75.21
000J0515			1 MG		\$19.88
000J0558			100,000 UNITS		\$10.02
000J0561			100,000 UNITS		\$12.80
000J0565			REQUIRES DOCUMENTATION REVIEW		\$40.58
000J0570		X	REQUIRES PRIOR AUTHORIZATION		\$1,257.10
000J0583			1 MG		\$1.13
000J0585		X	PA REQUIRED. ONLY FDA APPROVED INDICATIONS/USE APPROVED. DOCUMENREQUESTED NUMBER OF UNITS PER MUSCLE. MAX 400U EVERY 3 MONTHS.		\$6.12
000J0586		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$8.23
000J0587		X	PRIOR AUTHORIZATION. ONLY FOR FDA APPROVED USE/INDICATIONS.		\$11.98
000J0588		X	1 UNIT		\$5.07
000J0592			0.1 MG		\$3.36
000J0594			1 MG		\$31.40
000J0595			1 MG		\$2.66
000J0596					\$27.97
000J0597		X	10 UNITS		\$48.90
000J0598		X	10 IU		\$57.16
000J0600			1000 MG		\$5,588.33
000J0604					\$0.96
000J0606			REQUIRES DOCUMENTATION; OUTPATIENT		\$3.49
000J0610			10 ML		\$3.16
000J0630			400 UNITS		\$2,267.02
000J0636			0.1 MCG		\$0.53
000J0637			5 MG		\$18.13

000J0638		1 MG		\$108.03
000J0640		50 MG		\$2.81
000J0641		0.5 MG		\$0.30
000J0670		10 ML		\$2.61
000J0690		500 MG		\$0.87
000J0692		500 MG		\$2.63
000J0694				\$4.71
000J0696				\$0.62
000J0697				\$2.07
000J0698		PER GRAM		\$2.35
000J0702		3 MG		\$7.64
000J0706		5 MG		\$2.01
000J0712		10 MG		\$2.60
000J0713		500 MG		\$2.25
000J0714				\$79.90
000J0717		NOT FOR USE WHEN SELF-ADMINISTERED.		\$7.93
000J0720		1 GM		\$39.24
000J0725		USE FOR INFERTILITY IS NOT A COVERED SERVICE		\$22.59
000J0735		1 MG		\$13.95
000J0740		375 MG		\$465.88
000J0743		250 MG		\$6.04
000J0744		200 MG		\$1.27
000J0770		150 MG		\$15.45
000J0775		NOT COVERED FOR PEYRONIE'S DISEASE		\$41.83
000J0780		10 MG		\$9.75
000J0795		1 MCG		\$8.61
000J0800		40 UNITS		\$3,764.28
000J0833				\$89.90
000J0834		0.25 MG		\$37.23
000J0840		UP TO 1 GM		\$3,002.00
000J0850		PER VIAL		\$1,129.12
000J0875				\$14.76
000J0878		1 MG		\$0.50
000J0881		1 MCG		\$3.90
000J0882		1 MCG		\$3.90
000J0883				\$4.77
000J0884		SEND INVOICE		\$4.77
000J0885		1000 UNITS		\$12.13
000J0887		FOR ESRD USE. SEND INVOICE		\$1.62
000J0888		FOR NON-ESRD USE. SEND INVOICE.		\$1.62
000J0894		1 MG		\$16.13
000J0895		500 MG		\$8.03

000J0897			1 MG		\$17.74
000J1000			5 MG		\$20.17
000J1020			20 MG		\$5.94
000J1030			40 MG		\$6.69
000J1040			80 MG		\$12.96
000J1050			1 MG		\$0.51
000J1071			REQUIRES REVIEW		\$0.02
000J1100			1 MG		\$0.11
000J1110			1 MG		\$104.76
000J1120			500 MG		\$17.40
000J1160			0.5 MG		\$11.22
000J1162			PER VIAL		\$3,421.59
000J1165			50 MG		\$0.58
000J1170			4 MG		\$1.57
000J1190			250 MG		\$223.21
000J1200			50 MG		\$0.59
000J1205			500 MG		\$61.48
000J1212			50 ML		\$554.56
000J1230			10 MG		\$19.38
000J1240			50 MG		\$8.08
000J1245			10 MG		\$0.75
000J1250			250 MG		\$6.48
000J1265			40 MG		\$0.63
000J1267			10 MG		\$0.71
000J1270			1 MCG		\$0.44
000J1290					\$452.11
000J1300		X	PRIOR AUTHORIZATION		\$228.36
000J1322		X	PRIOR AUTHORIZATION		\$237.31
000J1325			0.5 MG		\$15.56
000J1327			5 MG		\$36.91
000J1335			500 MG		\$55.54
000J1364			500 MG		\$72.35
000J1380			10 MG		\$7.95
000J1410			25 MG		\$301.71
000J1428			NOT COVERED		
000J1430			100 MG		\$444.09
000J1438			NOT FOR USE WHEN DRUG SELF-ADMINISTERED		\$593.01
000J1439					\$1.05
000J1442			1 MCG		\$1.00
000J1447					\$0.60
000J1450			200 MG		\$4.23
000J1451			15 MG		\$11.44
000J1453			1 MG		\$2.04
000J1458		X	PRIOR AUTHORIZATION		\$380.47
000J1459			500 MG		\$38.48
000J1460			1 CC		\$32.95

000J1555			REQUIRES REVIEW		\$13.78
000J1556			500 MG		\$70.51
000J1557			500 MG		\$38.80
000J1559			100 MG		\$9.83
000J1560			>10 CC		\$329.57
000J1561			500 MG		\$40.70
000J1566			500 MG		\$34.41
000J1568			500 MG		\$35.59
000J1569			500 MG		\$38.29
000J1570			500 MG		\$67.17
000J1571			0.5 ML		\$63.17
000J1572			500 MG		\$33.65
000J1573			0.5 ML		\$76.93
000J1575			100 MG		\$14.06
000J1580			80 MG		\$1.57
000J1595			20 MG		\$184.90
000J1602			1 MG		\$24.27
000J1610			1 MG		\$219.14
000J1626			100 MCG		\$0.31
000J1627			NOT COVERED		
000J1630			5 MG		\$1.08
000J1631			50 MG		\$18.06
000J1640			1 MG		\$22.35
000J1642			10 UNITS		\$0.17
000J1644			1000 UNITS		\$0.19
000J1645			2500 IU		\$15.40
000J1650			10 MG		\$0.82
000J1652			0.5 MG		\$2.36
000J1670			250 UNITS		\$485.59
000J1720			100 MG		\$11.93
000J1725			OBSOLETE		
000J1725	TH		OBSOLETE		
000J1726			DOCUMENTATION REQUIRED. SINGLETON PREGNANCY; HX SPONTANEOUS PR-TERM BIRTH; INITIATE BTWN 16-20 WKS 6DAYS GESTATION TO 37 WEEKSFOLLOW FDA INDIC		\$32.65
000J1729					\$14.57
000J1740			1 MG		\$84.88
000J1742			1 MG		\$200.05
000J1743		X	PRIOR AUTHORIZATION		\$542.86
000J1744			COPAXONE ONLY		\$366.94
000J1745			10 MG		\$85.81
000J1750			50 MG		\$13.03
000J1756			1 MG		\$0.23

000J1786		X	10 UNITS- PRIOR AUTHORIZATION		\$41.69
000J1790			5 MG		\$3.11
000J1800			1 MG		\$1.71
000J1815			5 UNITS		\$0.86
000J1817			50 UNITS		\$10.10
000J1830			NOT FOR SELF ADMINISTRATION		\$423.45
000J1833					\$0.78
000J1885			15 MG		\$0.59
000J1930			1 MG		\$56.69
000J1931		X	0.1 MG		\$30.61
000J1940			20 MG		\$0.97
000J1942		X	PRIOR AUTHORIZATION		\$2.43
000J1950			DOCUMENTATION IS REQUIRED		\$1,087.45
000J1953			10 MG		\$0.09
000J1955			1 GM		\$24.99
000J1956			250 MG		\$1.81
000J1980			0.25 MG		\$27.62
000J2001			10 MG		\$0.01
000J2010			300 MG		\$13.38
000J2020			200 MG		\$13.00
000J2060			2 MG		\$0.71
000J2150			50 ML		\$2.39
000J2175			100 MG		\$4.43
000J2182		X	PRIOR AUTHORIZATION		\$29.74
000J2185			100 MG		\$1.00
000J2210			0.2 MG		\$14.56
000J2212					\$0.97
000J2248			1 MG		\$0.92
000J2250			1 MG		\$0.12
000J2260			5 MG		\$1.59
000J2270			10 MG		\$2.03
000J2274					\$11.49
000J2278			1 MCG		\$7.43
000J2280			100 MG		\$8.90
000J2300			10 MG		\$2.61
000J2310			1 MG		\$27.57
000J2315		X	1 MG REQUIRES DOCUMENTATION		\$3.25
000J2323		X	1 MG		\$19.41
000J2325			0.1 MG		\$75.37
000J2326			USE SPINRAZA PA FORM		\$1,112.50
000J2350		X	PRIOR AUTHORIZATION		\$57.08
000J2353			1 MG- IM INJECTION, NEEDS NOTES.		\$190.67

000J2354			25 MCG		\$0.87
000J2355			5 MG		\$467.21
000J2357		X	5 MG		\$34.94
000J2358			1 MG		\$2.91
000J2360			60 MG		\$7.81
000J2370			1 ML		\$12.82
000J2400			30 ML		\$22.15
000J2405			1 MG		\$0.08
000J2407					\$23.24
000J2410			1 MG		\$2.84
000J2425			50 MCG		\$19.09
000J2426		X	PRIOR AUTHORIZATION REQUIRES DOCUMENTATION DRUG IS SUSTENNA AND AND TRINZA		\$10.37
000J2430			30 MG		\$9.83
000J2469			25 MCG		\$20.30
000J2501			1 MCG		\$0.78
000J2502					\$299.04
000J2503			0.3 MG; REQUIRES DOC & INVOICE		\$721.24
000J2504		X	25 IU- PRIOR AUTHORIZATION		\$358.98
000J2505			NEULASTA- 6 MG REQUIRES DOCUMENTATION		\$4,442.30
000J2507			1 MG		\$2,060.48
000J2510			600000 U		\$29.29
000J2515			50 MG		\$51.18
000J2540			600000 U		\$1.05
000J2543			1.125 GM		\$2.77
000J2545			300 MG		\$117.31
000J2547					\$1.69
000J2550			50 MG		\$2.46
000J2560			120 MG		\$37.28
000J2562			1 MG		\$314.43
000J2590			10 UNITS		\$1.12
000J2597			1 MCG		\$12.90
000J2675			50 MG		\$1.30
000J2680			25 MG		\$16.33
000J2690			1 GM		\$70.86
000J2700			250 MG		\$1.48
000J2704					\$0.11
000J2710			0.5 MG		\$6.54
000J2720			10 MG		\$0.88
000J2724			10 UNITS		\$15.16
000J2730			1 GM		\$92.60
000J2760			5 MG		\$453.90
000J2765			10 MG		\$0.92

000J2770			500 MG		\$418.19
000J2778			0.1 MG		\$386.55
000J2780			25 MG		\$6.08
000J2783			0.5 MG		\$263.51
000J2785			0.1 MG		\$56.54
000J2786		X	PRIOR AUTHORIZATION		\$9.18
000J2788			50 MCG (250 IU)		\$26.99
000J2790			300 MCG (1500 IU)		\$80.36
000J2791			100 IU		\$4.87
000J2792			100 IU		\$25.31
000J2794		X	REQUIRES PRIOR AUTH AND INVOICE		\$8.95
000J2795			1 MG		\$0.07
000J2796			10 MCG		\$68.05
000J2800			10 ML		\$33.92
000J2805			NOT COVERED		
000J2810			40 MG		\$0.30
000J2820			50 MCG		\$37.79
000J2840		X	PRIOR AUTHORIZATION		\$534.00
000J2850			NOT COVERED		
000J2916			12.5 MG		\$2.15
000J2920			40 MG		\$4.34
000J2930			125 MG		\$5.98
000J2941		X	REQUIRES PRIOR AUTH		\$130.84
000J2997			1 MG		\$84.95
000J3000			1 GM		\$24.10
000J3010			0.1 MG		\$0.48
000J3030			NOT FOR SELF ADMINISTRATION		\$77.24
000J3060			10 U		\$40.38
000J3070			30 MG		\$66.37
000J3090					\$1.37
000J3095			10MG		\$5.37
000J3101			1 MG		\$111.55
000J3105			1 MG		\$1.92
000J3121			REQUIRES DOCUMENTATION		\$0.03
000J3145			REQUIRES DOCUMENTATION		\$1.45
000J3230			50 MG		\$28.54
000J3240			0.9 MG		\$1,602.63
000J3243			1 MG		\$2.82
000J3250			200 MG		\$30.27
000J3260			80 MG		\$2.98
000J3262			1 MG		\$4.53
000J3285			1 MG		\$61.23
000J3300			1 MG		\$3.87
000J3301			10 MG		\$1.89
000J3315			3.75 MG		\$415.77

000J3355			NOT COVERED		
000J3357			REQUIRES REVIEW OF DOCUMENTATION		\$187.11
000J3358			REQUIRES REVIEW OF DOCUMENTATION		\$12.85
000J3360			5 MG		\$6.99
000J3370			500 MG		\$2.91
000J3380					\$18.55
000J3385		X	100 UNITS		\$343.92
000J3396			0.1 MG		\$10.75
000J3410			25 MG		\$6.67
000J3411			100 MG		\$2.97
000J3415			100 MG		\$8.38
000J3420			1000 MCG		\$2.13
000J3430			1 M		\$4.13
000J3465			10 MG		\$2.23
000J3470			150 UNITS		\$59.59
000J3471			1-999 USP		\$0.38
000J3473			1 USP		\$0.35
000J3475			500 MG		\$0.51
000J3480			2 MEQ		\$0.13
000J3485			10 MG		\$1.51
000J3486			10 MG		\$23.29
000J3489			1 MG		\$13.02
000J3490			REQUIRES DOC & INVOICE		MP
000J3490	TH		FOR FAMILY PLANNING ONLY		\$0.54
000J3590			REQUIRES DOC & INVOICE		MP
000J7030			1000 ML		\$2.20
000J7040			500 ML		\$1.10
000J7042			500 ML		\$1.06
000J7050			250 ML		\$0.54
000J7060			500 ML		\$2.35
000J7070			1000 ML		\$4.46
000J7100			500 ML		\$28.33
000J7120			1000 ML		\$2.70
000J7121					\$1.06
000J7175					\$8.68
000J7178			REQUIRES DOCUMENTATION		\$1.25
000J7179			REQUIRES DOCUMENTATION		\$2.11
000J7180			1 IU (IC) REQUIRES INVOICE AND DOCUMENTATION		\$8.21
000J7181			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$15.45
000J7182			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$1.25
000J7183			1 IU		\$1.02
000J7185			1 IU		\$1.27

000J7186			PER FACTOR VIII IU		\$0.97
000J7187			1 IU		\$1.09
000J7189			1 MCG		\$1.99
000J7190			1 IU		\$1.08
000J7192			1 IU		\$1.27
000J7193			1 IU		\$1.14
000J7194			1 IU		\$1.40
000J7195			1 IU		\$1.51
000J7197			1 IU		\$3.73
000J7198			1 IU		\$2.00
000J7199			REQUIRES DOCUMENTATION		MP
000J7200					\$1.38
000J7201					\$2.99
000J7202					\$4.70
000J7205					\$2.01
000J7207					\$2.11
000J7209					\$1.80
000J7210			REQUIRES DOCUMENTATION		\$1.76
000J7211			REQUIRES DOCUMENTATION		\$1.82
000J7296					\$916.70
000J7297			LILETTA		\$730.92
000J7298			MIRENA		\$916.70
000J7300			1 UNIT		\$863.48
000J7301					\$763.30
000J7303			1 UNIT		\$150.51
000J7307			1 UNIT		\$905.56
000J7308			354 MG		\$404.59
000J7311		X	REQUIRES DOC & INVOICE		MP
000J7312			0.1 MG		\$200.55
000J7313		X	REQUIRES PRIOR AUTHORIZATION		\$490.47
000J7316					\$1,046.75
000J7320			1 MG		\$6.42
000J7321			PER DOSE		\$85.20
000J7323			PER DOSE		\$155.23
000J7324			PER DOSE. DOCUMENTATION REQUIRED. NO NDC REQUIRED		\$140.10
000J7325			1 MG. DOCUMENTATION REQUIRED. NO NDC REQUIRED.		\$12.26
000J7326			PER DOSE; REQUIRES DOC & INVOICE		\$521.57
000J7327			REQUIRES DOCUMENTATION		\$846.76

000J7328			RNE REQUIRES INVOICE AND DOCUMENTATION; NDC NOT REQUIRED.		\$2.19
000J7330			REQUIRES DOC & INVOICE		MP
000J7336			8% PATCH, PER SQUARE CENTIMETER		\$3.15
000J7342			NOT FOR SELF-ADMINISTRATION		\$30.25
000J7345			NOT COVERED		
000J7500			NOT COVERED		
000J7502			NOT COVERED		
000J7504			250 MG		\$1,942.78
000J7507					\$0.58
000J7508					\$0.43
000J7509					\$0.37
000J7510					\$0.08
000J7511			25 MG		\$712.20
000J7512					\$0.01
000J7515					\$0.75
000J7516			250 MG		\$42.29
000J7517			250 MG		\$0.88
000J7518			180 MG		\$2.67
000J7520					\$7.46
000J7525			5 MG		\$187.83
000J7527					\$8.34
000J7605			ADMINISTERED THROUGH DME		\$9.46
000J7606			ADMINISTERED THROUGH DME		\$10.31
000J7608			ADMINISTERED THROUGH DME		\$5.47
000J7611			ADMINISTERED THROUGH DME		\$0.14
000J7612			ADMINISTERED THROUGH DME		\$0.19
000J7613			ADMINISTERED THROUGH DME		\$0.04
000J7614			ADMINISTERED THROUGH DME		\$0.05
000J7620			ADMINISTERED THROUGH DME		\$0.11
000J7626			ADMINISTERED THROUGH DME		\$3.16
000J7631			ADMINISTERED THROUGH DME		\$0.73
000J7639		X	ONLY FOR CYSTIC FIBROSIS. PRIOR AUTH.		\$45.46

000J7644			ADMINISTERED THROUGH DME	\$0.21
000J7674			1 MG	\$0.52
000J7682			300 MG	\$39.70
000J7686			ADMINISTERED THROUGH DME	\$557.07
000J7999				MP
000J8501				\$6.67
000J8510				\$24.12
000J8520				\$1.67
000J8521				\$5.74
000J8530				\$3.42
000J8540				\$0.08
000J8560				\$73.77
000J8600				\$11.72
000J8610				\$0.33
000J8655				\$398.82
000J8670			NOT COVERED	
000J8700			5 MG	\$1.02
000J8705				\$103.67
000J9000			10 MG	\$3.13
000J9015			1 EA	\$3,625.54
000J9017			1 MG	\$71.05
000J9019				\$402.74
000J9022		X	PRIOR AUTHORIZATION REQUIRED	\$75.79
000J9023		X	PRIOR AUTHORIZATION REQUIRED	\$79.37
000J9025			1 MG	\$1.57
000J9027			1 MG	\$145.45
000J9031			1 EA	\$132.78
000J9032				\$36.10
000J9033				\$30.13
000J9034				\$23.66
000J9035			10 MG	\$76.66
000J9039			REQUIRES DOCUMENTATION.	\$107.74
000J9040			15 UNITS	\$26.98
000J9041			0.1 MG	\$46.95
000J9042				\$144.95
000J9043			1 MG	\$159.14
000J9045			50 MG	\$3.20
000J9047				\$33.18
000J9050			100 MG	\$3,852.78
000J9055			10 MG	\$59.22
000J9060			10 MG	\$1.91
000J9065			1 MG	\$21.18

000J9070			100 MG		\$42.27
000J9098			10 MG		\$628.90
000J9100			100 MG		\$0.78
000J9120			0.5 MG		\$1,404.01
000J9130			100 MG		\$3.81
000J9145					\$49.50
000J9150			10 MG		\$43.56
000J9155			1 MG		\$3.63
000J9171			1 MG		\$1.74
000J9176					\$6.34
000J9178			2 MG		\$1.37
000J9179			0.1 MG		\$110.57
000J9181			10 MG		\$0.60
000J9185			50 MG		\$84.69
000J9190			500 MG		\$1.51
000J9200			500 MG		\$62.84
000J9201			200 MG		\$5.90
000J9202			3.6 MG		\$375.69
000J9203			NOT COVERED		
000J9205					\$42.91
000J9206			20 MG		\$3.24
000J9207			1 MG		\$72.99
000J9208			1 GM		\$26.46
000J9209			200 MG		\$2.29
000J9211			5 MG		\$43.40
000J9214			1 MILLION UNITS		\$31.48
000J9215			NOT COVERED		
000J9216		X	PRIOR AUTHORIZATION REQUIRED		MP
000J9217			DOCUMENTATION IS REQUIRED		\$211.20
000J9218			1 MG		\$26.63
000J9225		X	PRIOR AUTHORIZATION REQUIRED		\$3,286.03
000J9226		X	REQUIRES PRIOR AUTHORIZATION AND INVOICE		MP
000J9228		X	FOR MULTIPLE MYELOMA; METASTATIC OR UNRESECTABLE. PRIOR AUTH		\$146.68
000J9230			10 MG		\$292.47
000J9245			50 MG		\$1,193.00
000J9250			5 MG		\$0.29
000J9260			50 MG		\$2.91
000J9261			50 MG		\$151.91
000J9262					\$2.92

000J9263			0.5 MG		\$0.19
000J9264			1 MG		\$11.03
000J9266			1 EA		MP
000J9267					\$0.12
000J9268			10 MG		\$1,977.97
000J9271					\$47.86
000J9280			5 MG		\$140.81
000J9285			NOT COVERED		
000J9293			5 MG		\$32.04
000J9295					\$5.36
000J9299					\$26.78
000J9301					\$60.63
000J9302			1 MG		\$56.46
000J9303			10 MG		\$111.39
000J9305			10 MG		\$66.30
000J9306					\$11.43
000J9307			1 MG		\$257.10
000J9308					\$57.03
000J9310			100 MG		\$877.83
000J9315			1 MG		\$329.20
000J9320			1 GM		\$336.70
000J9325			NOT COVERED		
000J9328			1 MG		\$9.56
000J9330		X	1 MG		\$71.69
000J9351			0.1 MG		\$1.15
000J9352					\$290.64
000J9354					\$30.20
000J9355			10 MG		\$100.65
000J9357			200 MG		\$1,198.32
000J9360			1 MG		\$3.40
000J9370			1 MG		\$4.76
000J9371					\$2,701.77
000J9390			10 MG		\$9.87
000J9395			25 MG		\$96.87
000J9400					\$8.09
000P9041					\$11.79
000P9045			BILL ON DME IF IS PART OF NUTRITION.		\$54.72
000P9046					\$22.48
000P9047					\$53.43
000Q0138			1MG		\$0.92
000Q0139			1MG		\$0.92
000Q0162					\$0.02
000Q0163					\$0.26
000Q0164					\$0.04
000Q0166					\$2.00
000Q0167					\$2.33

000Q0169				\$0.02
000Q0180			AT TIME OF CHEMOTHERAPY TREATMENT; OUTPATIENT	\$102.00
000Q2017			50MG	\$2,665.67
000Q2035			NOT COVERED	
000Q2037			NOT COVERED	
000Q2038			NOT COVERED	
000Q2040			NOT COVERED	
000Q2043			REQUIRES DOCUMENTATION AND INVOICE	MP
000Q2049			NO REBATEABLE NDCS	\$512.28
000Q2050			REQUIRES DOCUMENTATION AND INVOICE	\$385.76
000Q3027				\$50.17
000Q4074				\$130.25
000Q4081			100 UNITS	\$1.21
000Q4101				\$30.89
000Q4102				\$11.00
000Q4104			NOT COVERED	
000Q4105				\$40.18
000Q4106			ONLY APPROVED FOR FULL THICKNESS DIABETIC FOOT ULCER AND IN DYTROPHIC EPIDERMOLYSIS BULLOSA.	\$33.11
000Q4107				\$96.84
000Q4108			NOT COVERED	
000Q4110			NOT COVERED	
000Q4111			NOT COVERED	
000Q4112				\$188.51
000Q4113			NOT COVERED	
000Q4114			NOT COVERED	
000Q4115			NOT COVERED	
000Q4116				\$31.03
000Q4121			REQUIRES DOCUMENTATION	\$43.94
000Q4123			NOT COVERED	
000Q4131			NOT COVERED	
000Q4132			NOT COVERED	
000Q4133			NOT COVERED	
000Q4161			NOT COVERED	
000Q4162			NOT COVERED	
000Q4163			NOT COVERED	
000Q4164			NOT COVERED	
000Q4165			NOT COVERED	
000Q4166			NOT COVERED	
000Q4167			NOT COVERED	
000Q4168			NOT COVERED	

000Q4169			NOT COVERED		
000Q4170			NOT COVERED		
000Q4171			NOT COVERED		
000Q4172			NOT COVERED		
000Q4173			NOT COVERED		
000Q4174			NOT COVERED		
000Q4175			NOT COVERED		
000Q4176			NOT COVERED		
000Q4177			NOT COVERED		
000Q4178			NOT COVERED		
000Q4179			NOT COVERED		
000Q4180			NOT COVERED		
000Q4181			NOT COVERED		
000Q4182			NOT COVERED		
000Q5101			ZARXIO- REQUIRES DOCUMENTATION NOT FOR SELF-ADMINISTRATION		\$0.69
000Q5102			OK FOR CROSSOVER		\$75.51
000Q9950			NOT COVERED		
000Q9956					\$33.65
000Q9957					\$50.47
000Q9958					\$0.06
000Q9960			NOT COVERED		
000Q9961			NOT COVERED		
000Q9965					\$0.89
000Q9966					\$0.33
000Q9967					\$0.12
000Q9968					\$17.37
000Q9984			OBSOLETE		
000Q9985			OBSOLETE		
000Q9986			OBSOLETE		
000Q9989			OBSOLETE		
000S0020					\$2.78
000S0028					\$0.95
000S0030					\$2.08
000S0032					\$24.17
000S0039					\$13.39
000S0073					\$15.49
000S0077					\$0.82
000S0081			NO REBATEABLE NDCS		\$1.86
000S0119			OUTPATIENT ONLY.		
000S0164			40MG		\$5.34
000S0166			2.5MG		\$8.86
000S0171			0.5MG		\$0.90
00090371			NOT COVERED		
00090375			REQUIRES DOCUMENTATION		\$302.47
00090376			REQUIRES DOCUMENTATION		\$332.43

00090378		X	PER 50 MG		\$1,600.18
00090385			NOT COVERED		
00090399			REQUIRES DOCUMENTATION AND INVOICE		MP
00090585			REQUIRES DOCUMENTATION		\$132.79
00090586			MAY USE J9031 OR 90586 FOR DX BLADDER CANCER, BUT NOT BOTH		\$132.79
00090620			AGED 19 TO 23 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECSSITY WHEN HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS.		\$171.68
00090620	SL		VFC		\$10.71
00090621			AGED 19 TO 23 WHEN NEVER BEEN VACCINATED. OTHERS PER MEDICAL NECSSITY WHEN AT HIGH RISK FOR SEROGROUPB MENINGOCOCCAL INFECTIONS		\$130.99
00090621	SL		VFC		\$10.71
00090625			NOT COVERED		
00090630			MEDICAL NECESSITY DOCUMENTATION REQUIRED		\$20.34
00090630	SL		VFC		\$10.71
00090632			REQUIRES DOCUMENTATION		\$51.38
00090633			NOT COVERED		
00090633	SL		VFC		\$10.71
00090636			NOT FOR TRAVEL. DOCUMENTATION MUST SHOW MEDICAL NECESSITY.		\$104.77
00090644			NOT COVERED		
00090647			NOT COVERED		
00090647	SL		VFC		\$10.71
00090648			MEDICAL NECESSITY DOCUMENTATION REQUIRED FOR ADULTS		\$10.96
00090648	SL		VFC		\$10.71
00090649			REQUIRES DOCUMENTATION		\$171.06
00090649	SL		VFC		\$10.71
00090650			REQUIRES DOCUMENTATION		\$141.61
00090650	SL		VFC		\$10.71
00090651			REQUIRED-DOCUMENT MEDICAL NECESSITY		\$218.80
00090651	SL		VFC		\$10.71

00090653			NOT COVERED		
00090654			REQUIRES MED NECESSITY DOCUMENTATION 18-65 Y/O		\$17.86
00090655			RNE		
00090655	SL		VFC		\$10.71
00090656					\$19.25
00090656	SL		VFC		\$10.71
00090657			RNE		
00090657	SL		VFC		\$10.71
00090658					\$16.70
00090658	SL		VFC		\$10.71
00090660			NOT COVERED		
00090660	SL		NOT COVERED		
00090661			REQUIRED-DOCUMENT MEDICAL NECESSITY-RNE		
00090662			REQUIRED-DOCUMENT MEDICAL NECESSITY OF ASSISTANT		\$49.03
00090670			REQUIRED-DOCUMENT MEDICAL NECESSITY		\$192.64
00090670	SL		VFC		\$10.71
00090672			NOT COVERED		
00090672	SL		NOT COVERED		
00090673			REQUIRES DOCUMENTATION		\$40.61
00090674			REQUIRED-DOCUMENT MEDICAL NECESSITY		\$24.05
00090674	SL		VFC		\$10.71
00090675			REQUIRES DOCUMENTATION ALL AGES (NO VFC DISTRIBUTION)		\$284.98
00090676			REQUIRES DOCUMENTATION FOR MEDICAL NECESSITY RNE		
00090682			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY		\$46.31
00090685			REQUIRED-DOCUMNET MEDICAL NECESSITY		\$21.20
00090685	SL		VFC		\$10.71
00090686					\$19.03
00090686	SL		VFC		\$10.71
00090687					\$9.40
00090687	SL		VFC		\$10.71
00090688					\$17.84
00090688	SL		VFC		\$10.71
00090691			NOT COVERED FOR TRAVEL		\$109.18
00090696	SL		VFC		\$10.71
00090698			NOT COVERED		

00090698	SL		VFC		\$10.71
00090700			NOT COVERED		
00090700	SL		VFC		\$10.71
00090702			NOT COVERED		
00090707			REQUIRES DOCUMENTATION		\$75.74
00090707	SL		VFC		\$10.71
00090710	SL		VFC VACCINE IS PROQUAD		\$10.71
00090713			REQUIRES DOCUMENTATION OF MEDICAL NECESSITY.		\$33.17
00090713	SL		VFC-VACCINE IS IPOL		\$10.71
00090714			REQUIRES DOCUMENTATION		\$25.80
00090714	SL		VFC		\$10.71
00090715			NOT FOR ROUTINE IMMUNIZATION. REQUIRES DOCUMENTATION OF MEDICAL NECESSITY. ALL PREGNANT WOMEN;ONE PER PREGNANCY.		\$30.96
00090715	SL		VFC		\$10.71
00090716	SL		VFC		\$10.71
00090717			NOT COVERED		
00090723	SL		VFC		\$10.71
00090732			DOCUMENTATION FOR MEDICAL NECESSITY UNDER 65 Y/O. CHILDREN MUST USE VFC VACCINE.		\$107.75
00090732	SL		FOR HIGH RISK VFC ONLY. MUST CONTACT VFC FOR EACH DOSE.		\$10.71
00090733			REQUIRES DOCUMENTATION. NOT FOR ROUTINE IMMUNIZATION		\$131.55
00090733	SL		VFC NOT FOR ROUTINE IMMUNIZATION		\$10.71
00090734			REQUIRES DOCUMENTATION		\$120.61
00090734	SL		VFC		\$10.71
00090736			NOT COVERED		
00090739			NOT COVERED		
00090740			MEDICAL DOCUMENTATION REQUIRED		\$126.60
00090743			NOT COVERED		
00090744	SL		VFC		\$10.71
00090746			REQUIRES DOCUMENTATION		\$63.30
00090746	SL		VFC		\$10.71
00090747			REQUIRES DOCUMENTATION		\$126.59
00090748			NOT COVERED		
00090748	SL		VFC		\$10.71

00090749			REQUIRES DOCUMENTATION AND INVOICE		MP
00090750			NOT COVERED		
00090756			REQUIRES MEDICAL NECESSITY		\$21.49