

MEDICARE PART A BULLETIN

May 8, 1997

ESRD Medicare Bulletin E-27

TO: All End Stage Renal Disease (ESRD) Facilities

FROM: Andy DePirro, Director, Program Relations

**SUBJECT: REVISED SECTION 22 - MEDICARE PART A ESRD PROCESSING
MANUAL: ESRD FEE SCHEDULES EFFECTIVE FOR DRUGS AND/OR
PHARMACY SERVICES RENDERED ON OR AFTER JUNE 1, 1997**

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate personnel.

The Medicare Part A fee schedules for drugs and/or pharmacy services are provided via this bulletin. This material may be used as a complete replacement for "Section 22" of the existing "Medicare Part A End Stage Renal Disease (ESRD) Processing" manual. The revised Section 22 provides a price list which represents the Medicare maximum reimbursement for separately billable ESRD drugs and/or pharmaceuticals. The prices were developed using the median average wholesale price for the corresponding generic drug (if available), or for the original drug (if the generic drug was not/is not available). **These updated prices are effective for services rendered on or after June 1, 1997.**

How to Order 1997 Drug Topics® Red Book ®

ESRD providers may obtain the 1997 Drug Topics® Red Book ® (Pharmacy's Fundamental Reference) by calling toll-free (800/222-3045) or writing to:

Drug Topics® Red Book ®
5 Paragon Drive
Montvale, NJ 07645-1742

The 1997 book price is \$54.95 (plus \$4.95 shipping and handling; plus Florida sales tax).

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling 904/355-8899.

PROCEDURE CODES
DRUGS / PHARMACY

This section contains Drugs and/or Pharmacy procedure codes which are billable by ESRD providers (type of bill code 72X) to Medicare Part A on the HCFA-1450 UB-92) billing format.

LEGEND

PROCEDURE CODE	=	HCFA Common Procedure Coding System (HCPCS) and/or CPT-4 code reportable on the HCFA-1450 (UB-92) billing format.
NAME	=	Name of drug (brand name and/or generic).
PRICE	=	Medicare Part A's reimbursement allowance for specific drug administered via the ESRD environment.

- ◆ The procedure codes listed in this section are arranged in alphabetical order, based on the first initial of the drug name.

- ◆ When a drug is billed on the HCFA-1450 (UB-92) billing format, an ICD-9-CM diagnosis code (excluding 585 - Chronic Renal Disease) must be reported.

- ◆ ICD-9-CM diagnosis code 585 (Chronic Renal Disease) must be reported as principal diagnosis code on all ESRD bill types (type of bill code 72X).

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:W2490

NAME: ACTHAR GEL 40 UNITS

PRICE: \$30.60

PROCEDURE CODE:J0170

NAME: ADRENALIN EPINEPHRINE 1 mg/1 cc ampule

PRICE: \$1.45

PROCEDURE CODE:J7090

NAME: ALBUMIN 25% 50cc

PRICE: \$65.00

PROCEDURE CODE:02436

NAME: ALBUMIN 25% 100 cc

PRICE: \$130.00

PROCEDURE CODE:J0210 (REPLACES CODE X0046)

NAME: ALDOMET (up to 250mg)

PRICE: \$8.70

NOTE:THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:00047

NAME: AMIKIN, AMIKACIN 100mg/2cc

PRICE: \$32.65

PROCEDURE CODE:J0280

NAME: AMINOPHYLLINE 250mg

PRICE: \$1.10

PROCEDURE CODE:00061

NAME: AMPHOTERICIN B, FUNGIZONE 50 mg

PRICE: \$27.97

PROCEDURE CODE:J0290

NAME: AMPICILLIN 500mg

PRICE: \$1.86

PROCEDURE CODE:J0690

NAME: ANCEF, KEFZOL 500mg

PRICE: \$3.01

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J0360

NAME: APRESOLINE HCL (HYDRALAZINE) 20mg

PRICE: \$9.75

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J3430

NAME: AQUAMEPHYTON (VITAMIN K)10 mg

PRICE: \$5.23

PROCEDURE CODE:J0380

NAME: ARAMINE, METARAMINOL BITARTRATE 10 mg

PRICE: \$1.23

NOTE: THIS DRUG IS INCLUDE IN THE COMPOSITE RATE.

PROCEDURE CODE:J7504

NAME: ATGAM 250mg

PRICE: \$262.24

PROCEDURE CODE:X0003

NAME: ATIVAN (LORAZEPAM) 2mg

PRICE: \$9.78

PROCEDURE CODE:J0460

NAME: ATROPINE SULFATE 0.3 mg

PRICE: \$1.33

PROCEDURE CODE:X0004

NAME: AZACTAM (AZTREONAM) 1gm

PRICE: \$15.93

PROCEDURE CODE:00151

NAME: BACTRIM 80mg/ml-16mg/ml,5cc

PRICE: \$3.98

PROCEDURE CODE:J1200 (REPLACES CODE X0005)

NAME: BENADRYL (up to 50 mg)

PRICE: \$1.00

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J0530

NAME: BICILLIN C-R (PENICILLIN-G) 600,000 units

PRICE: \$6.58

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J0540

NAME: BICILLIN C-R (PENICILLIN-G) 1,200,000 units

PRICE: \$13.17

PROCEDURE CODE:J0550

NAME: BICILLIN C-R (PENICILLIN-G) 2,400,000 units

PRICE: \$26.34

PROCEDURE CODE:J0560

NAME: BICILLIN LA (PENICILLIN-G) 600,000 units

PRICE: \$6.57

PROCEDURE CODE:J0570

NAME: BICILLIN LA (PENICILLIN-G) 1,200,000 units

PRICE: \$10.14

PROCEDURE CODE:J0580

NAME: BICILLIN LA (PENICILLIN-G) 2,400,000 units

PRICE: \$28.64

PROCEDURE CODE:X0007

NAME: BUPRENEX (BUPRENORPHINE).3mg/1cc

PRICE: \$2.55

PROCEDURE CODE:X0008

NAME: CALAN 5 mg (SEE VERAPAMIL)

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J0635

NAME: CALCIJEX (CALCITRIOL) 1mcg/ml

PRICE: \$12.74

PROCEDURE CODE:24910

NAME: CALCIMAR 50 units

PRICE: \$4.40

PROCEDURE CODE:X0014

NAME: CALCIUM CHLORIDE 10% / 10cc

PRICE: \$1.00

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J0610

NAME: CALCIUM GLUCONATE 10ml

PRICE: \$1.29

PROCEDURE CODE:X0104

NAME: CARNITINE (LEVOCARNITINE) 1 gm

PRICE: \$36.00

PROCEDURE CODE:J0710

NAME: CEFADYL (CEPHARIN SODIUM) 1 gm

PRICE: \$1.64

PROCEDURE CODE:W2489

NAME: CEFIZOX (CEFTIZOMINE) 1gm

PRICE: \$12.30

PROCEDURE CODE:00248

NAME: CEFOBID 1gm

PRICE: \$16.99

PROCEDURE CODE:X0016

NAME: CEFOTAN 1gm

PRICE: \$11.72

PROCEDURE CODE:J0698

NAME: CEFOTAXIME, CLAFORAN 1gm

PRICE: \$11.27

PROCEDURE CODE:J0700

NAME: CELESTONE SOLUSPAN 3mg

PRICE: \$4.45

PROCEDURE CODE:87000

NAME: CIPRO 400mg

PRICE: \$29.41

PROCEDURE CODE:X0017

NAME: CLEOCIN PHOSPHATE (CLINDAMYCIN) 300mg

PRICE: \$5.94

PROCEDURE CODE:J0745

NAME: CODEINE PHOSPHATE (any dosage)

PRICE: \$1.00

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:00271

NAME: COMPAZINE, PROCHLORPERAZINE 5mg/1cc, (1/2cc)

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:00272

NAME: COMPAZINE, PROCHLORPERAZINE 5mg/1cc

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J0780

NAME: COMPAZINE, PROCHLORPERAZINE (up to 10 mg)

PRICE: \$2.60

PROCEDURE CODE:X0018

NAME: CORTROSYN 0.25mg

PRICE: \$13.10

PROCEDURE CODE:X0019

NAME: CYTOVENE 500mg

PRICE: \$34.80

PROCEDURE CODE:J9070

NAME: CYTOXAN CYCLOPHOSPHAMIDE 100mg

PRICE: \$5.39

PROCEDURE CODE:J9080

NAME: CYTOXAN CYCLOPHOSPHAMIDE 200mg

PRICE: \$10.24

PROCEDURE CODE:J9090

NAME: CYTOXAN CYCLOPHOSPHAMIDE 500mg

PRICE: \$21.50

PROCEDURE CODE:J9091

NAME: CYTOXAN CYCLOPHOSPHAMIDE 1gm

PRICE: \$43.01

PROCEDURE CODE:J9092

NAME: CYTOXAN CYCLOPHOSPHAMIDE 2gm

PRICE: \$86.00

PROCEDURE CODE:X0020

NAME: DDAVP (DESMOPRESSIN ACETATE) 4mcg

PRICE: \$22.01

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J2320 (REPLACES CODE J0910)

NAME: DECA DURABOLIN (NANDROLONE DECANOATE) 50mg

PRICE: \$5.46

PROCEDURE CODE:J2321

NAME: DECA-DURABOLIN (NANDROLONE DECANOATE) 100mg

PRICE: \$5.99

PROCEDURE CODE:J2322

NAME: DECA-DURABOLIN (NANDROLONE DECANOATE) 200mg

PRICE: \$11.31

PROCEDURE CODE:X0021

NAME: DECADRON (DEXAMETHASONE) 8mg

PRICE: \$1.11

PROCEDURE CODE:01626

NAME: DELATESTRYL ENANTHATE, TESTOSTERONE 25mg

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J3120

NAME: DELATESTRYL ENANTHANTE, TESTOSTERONE (up to 100mg)

PRICE: \$1.00

PROCEDURE CODE:J3130

NAME: DELATESTRYL ENANTHATE, TESTOSTERONE 200mg

PRICE: \$1.66

PROCEDURE CODE:J0970

NAME: DELESTROGEN 40mg

PRICE: \$1.49

PROCEDURE CODE:00381

NAME: DEMEROL (MEPERGAN) 25mg

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J0990

NAME: DEMEROL (MEPERIDINE HCL) 100mg

PRICE: \$1.02

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J1050

NAME: DEPO-PROVERA 400mg

PRICE: \$39.55

PROCEDURE CODE:J1090

NAME: DEPO-TESTOSTERONE 50mg/1cc

PRICE: \$1.01

PROCEDURE CODE:J1070

NAME: DEPO-TESTOSTERONE 100mg/1cc

PRICE: \$1.37

PROCEDURE CODE:J1080

NAME: DEPO-TESTOSTERONE 200mg/1cc

PRICE: \$2.16

PROCEDURE CODE:00429

NAME: DESFERAL (DEFEROXAMINE MESYLATE) 500mg/5cc

PRICE: \$10.77

PROCEDURE CODE:J7060

NAME: DEXTROSE 5% 50cc

PRICE: \$10.69

PROCEDURE CODE:00502

NAME: DEXTROSE 5% 100cc

PRICE: \$10.69

PROCEDURE CODE:00503

NAME: DEXTROSE 5% 150cc

PRICE: \$10.78

PROCEDURE CODE:J1730 (REPLACES CODE X0022)

NAME: DIAZOXIDE, HYPERSTAT 300mg/20ml

PRICE: \$102.89

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:89990

NAME: DIFLUCAN 200mg

PRICE: \$81.25

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J1160 (REPLACES CODE X0047)

NAME: DIGOXIN (up to 0.5 mg)

PRICE: \$2.46

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J1165

NAME: DILANTIN 100mg

PRICE: \$1.60

PROCEDURE CODE:J1170

NAME: DILAUDID 4mg

PRICE: \$1.32

PROCEDURE CODE:X0023

NAME: DOPAMINE, INTROPIN 40mg/1cc

PRICE: \$1.00

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J1240

NAME: DRAMAMINE (DIMENHYDRINATE) 50 mg

PRICE: \$1.00

PROCEDURE CODE:J1350

NAME: ERYTHROMYCIN LACTOBIONATE 500mg

PRICE: \$6.25

PROCEDURE CODE:00623

NAME: FLAGYL, METRONIDAZOLE 500mg

PRICE: \$15.34

PROCEDURE CODE:J9190

NAME: FLUOROURACIL 500mg

PRICE: \$1.55

PROCEDURE CODE:X0100

NAME: FOLIC ACID 5mg/cc

PRICE: \$1.33

PROCEDURE CODE:W2485

NAME: FORTAZ, CEFTAZIDIME 500mg

PRICE: \$7.51

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J1460

NAME: GAMMA GLOBULIN 1cc

PRICE: \$2.19

PROCEDURE CODE:J1470

NAME: GAMMA GLOBULIN 2cc

PRICE: \$4.38

PROCEDURE CODE:J1480

NAME: GAMMA GLOBULIN 3cc

PRICE: \$6.56

PROCEDURE CODE:J1490

NAME: GAMMA GLOBULIN 4cc

PRICE: \$8.75

PROCEDURE CODE:J1500

NAME: GAMMA GLOBULIN 5cc

PRICE: \$10.94

PROCEDURE CODE:J1510

NAME: GAMMA GLOBULIN 6cc

PRICE: \$13.13

PROCEDURE CODE:J1520

NAME: GAMMA GLOBULIN 7cc

PRICE: \$15.32

PROCEDURE CODE:J1530

NAME: GAMMA GLOBULIN 8cc

PRICE: \$17.50

PROCEDURE CODE:J1540

NAME: GAMMA GLOBULIN 9cc

PRICE: \$19.69

PROCEDURE CODE:J1550

NAME: GAMMA GLOBULIN 10cc

PRICE: \$21.88

PROCEDURE CODE:J1580

NAME: GARAMYCIN (GENTAMICIN) 80mg

PRICE: \$3.13

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J1630

NAME: HALDOL 5mg

PRICE: \$6.30

PROCEDURE CODE:J1640

NAME: HEPARIN 1000 u/ml,30ml

PRICE: \$7.76

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:84800

NAME: HEPARIN 1000 u/ml,10ml (BEEF & PORCINE ORIGIN)

PRICE: \$4.75

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:00739

NAME: HEPATITIS B IMMUNE GLOBULIN 1ml

PRICE: \$91.88

PROCEDURE CODE:00740

NAME: HEPATITIS B IMMUNE GLOBULIN 5ml

PRICE: \$334.38

PROCEDURE CODE:W2390

NAME: HEPATITIS B VACCINE 40mcg/2ml

PRICE: \$108.70

NOTE:HEPATITIS B VACCINE can only be used with diagnosis codes 07030 & 79579.

PROCEDURE CODE:J1650

NAME: HEXADROL 4mg/ml

PRICE: \$1.00

PROCEDURE CODE:J3410

NAME: HYDROXYZINE 25mg

PRICE: \$1.00

PROCEDURE CODE:01891

NAME: HYDROXYZINE 50mg

PRICE: \$1.00

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:01892

NAME: HYDROXYZINE 100mg

PRICE: \$1.10

PROCEDURE CODE:X0051

NAME: IMMUNE GLOBULIN (Gamimune N 5% - 500mg)

PRICE: \$40.31

PROCEDURE CODE:J7501

NAME: IMURAN, AZATHIOPRINE 100mg

PRICE: \$96.46

PROCEDURE CODE:J1790

NAME: INAPSINE (DROPERIDOL) 5mg

PRICE: \$3.84

PROCEDURE CODE:J1800 (REPLACES CODE X0055)

NAME: INDERAL 1mg/1cc

PRICE: \$6.25

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J1760 (REPLACES CODE X0078)

NAME: INFED 100mg

PRICE: \$37.70

PROCEDURE CODE:90724

NAME: INFLUENZA VACCINE 0.5cc

PRICE: \$4.06

PROCEDURE CODE:J1820

NAME: INSULIN 100 units

PRICE: \$1.98

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:X0026

NAME: ISUPREL 0.2mg/1cc

PRICE: \$1.00

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J1840

NAME: KANTREX, KANAMYCIN 500mg

PRICE: \$6.69

PROCEDURE CODE:J1890

NAME: KEFLIN-CEPHALOTHIN SODIUM 1gm

PRICE: \$10.80

PROCEDURE CODE:J3300

NAME: KENALOG 10mg (Triamcinolone Acetonide)

PRICE: \$1.00

PROCEDURE CODE:J1880

NAME: KENALOG 40mg (Triamcinolone Acetonide)

PRICE: \$3.84

PROCEDURE CODE:J1160

NAME: LANOXIN 0.5mg

PRICE: \$2.46

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J1940

NAME: LASIX (FUROSEMIDE) 20mg

PRICE: \$1.00

PROCEDURE CODE:X0056

NAME: LEVOPHED 0.1%/4cc

PRICE: \$15.88

PROCEDURE CODE:X0043

NAME: LEVOTHYROXINE 0.2mg

PRICE: \$8.57

PROCEDURE CODE:J1990

NAME: LIBRIUM 100mg

PRICE: \$8.07

PROCEDURE CODE:J2000

NAME: LIDOCAINE 50cc

PRICE: \$2.95

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE: 00971
NAME: MANDOL, CEFAMANDOLE 1 gm
PRICE: \$9.73

PROCEDURE CODE:J2150
NAME: MANNITOL 25% in 50cc
PRICE: \$2.93
NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:00983
NAME: MEFOXIN, CEFOXITIN SODIUM 1gm
PRICE: \$9.91

PROCEDURE CODE:00987
NAME: MEZLIN, MEZLOCILLIN 1gm
PRICE: \$4.61

PROCEDURE CODE:J0695
NAME: MONOCID, CEFONICID SODIUM 1gm
PRICE: \$26.10

PROCEDURE CODE:J2270
NAME: MORPHINE 10mg
PRICE: \$1.00

PROCEDURE CODE:X0027
NAME: NAFCIL (NAFCILLIN SODIUM) 500mg
PRICE: \$1.68

PROCEDURE CODE:J2320
NAME: NANDROLONE 50mg
NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:X0028
NAME: NARCAN (NALOXONE HCL) 1 mg
PRICE: \$2.99

PROCEDURE CODE:J3260
NAME: NEBCIN, TOBRAMYCIN 80mg
PRICE: \$6.74

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:01076

NAME: NETROMYCIN, NETILMICIN SULFATE 150 mg/1.5cc
PRICE: \$14.09

PROCEDURE CODE:X0029

NAME: NUBAIN (NALBUPHINE HCL) 10mg/1cc
PRICE: \$2.33

PROCEDURE CODE:X0053

NAME: NUBAIN (NALBUPHINE HCL) 20 mg/1cc
PRICE: \$4.35

PROCEDURE CODE:J7505

NAME: ORTHOCLONE OKT 3 5mg/5cc
PRICE: \$672.00

PROCEDURE CODE:X0101

NAME: PENTAM 300 mg
PRICE: \$108.73

NOTE: EFFECTIVE FOR SERVICE DATES ON OR AFTER 07/01/92.

PROCEDURE CODE:J2550

NAME: PHENERGAN, PROMETHAZINE 50mg
PRICE: \$1.11

PROCEDURE CODE:J2560

NAME: PHENOBARBITAL SODIUM 120 mg
PRICE: \$4.99

PROCEDURE CODE:01231

NAME: PIPRACIL, PIPERACILLIN 2 gm
PRICE: \$11.66

PROCEDURE CODE:J2610

NAME: PLASMANATE 5%, 250cc
PRICE: \$65.00

PROCEDURE CODE:90732

NAME: PNEUMOVAX 0.5cc
PRICE: \$14.20

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:X0030

NAME: POTASSIUM CHLORIDE 2meq/ml

PRICE: \$1.00

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J1410

NAME: PREMARIN 25 mg

PRICE: \$36.39

PROCEDURE CODE:W2493

NAME: PRIMAXIN 250 mg

PRICE: \$15.16

PROCEDURE CODE:X0031

NAME: PRIMAXIN 500 mg

PRICE: \$25.95

PROCEDURE CODE:J2510

NAME: PROCAINE, PENICILLIN 600,000 units

PRICE: \$2.71

PROCEDURE CODE:X0076

NAME: PROLASTIN 500 mg

PRICE: \$95.00

PROCEDURE CODE:J2680

NAME: PROLIXIN DECANOATE (FLUPHENAZINE) 25 mg

PRICE: \$15.42

PROCEDURE CODE:J2690

NAME: PRONESTYL 1 gm

PRICE: \$11.61

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J2700

NAME: PROSTAPHLIN, OXACILLIN SODIUM 500 mg

PRICE: \$2.11

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J2720

NAME: PROTAMINE SULFATE 5 cc

PRICE: \$4.69

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:J2765

NAME: REGLAN, METOCLORPRAMIDE 10 mg

PRICE: \$2.40

PROCEDURE CODE:J0696

NAME: ROCEPHIN, CEFTRIAZONE SODIUM 250 mg

PRICE: \$12.35

PROCEDURE CODE:W2488

NAME: ROCEPHIN, CEFTRIAZONE SODIUM 500 mg

PRICE: \$21.20

PROCEDURE CODE:89991

NAME: SANDOGLOBULIN 1gm

PRICE: \$65.00

PROCEDURE CODE:X0102

NAME: SEPTRA 80mg/ml-16mg/ml,5ml

PRICE: \$3.98

NOTE: EFFECTIVE FOR SERVICE DATES ON OR AFTER 11/01/92.

PROCEDURE CODE:X0038

NAME: SODIUM BICARBONATE 8.4%, 50 cc

PRICE: \$2.29

PROCEDURE CODE:00515

NAME: SODIUM CHLORIDE 9%, 30 cc

PRICE: \$1.74

PROCEDURE CODE:00510

NAME: SODIUM CHLORIDE 9%, 50 cc

PRICE: \$3.49

PROCEDURE CODE:00511

NAME: SODIUM CHLORIDE 9%, 100 cc

PRICE: \$4.26

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:00512

NAME: SODIUM CHLORIDE 9%, 150 cc
PRICE: \$10.03

PROCEDURE CODE:00513

NAME: SODIUM CHLORIDE 9%, 250 cc
PRICE: \$10.66

PROCEDURE CODE:00514

NAME: SODIUM CHLORIDE 9%, 500 cc
PRICE: \$10.82

PROCEDURE CODE:X0039

NAME: SOLU-CORTEF 100 mg
PRICE: \$3.75

PROCEDURE CODE:X0040

NAME: SOLU-CORTEF 500 mg
PRICE: \$15.00

PROCEDURE CODE:J2920

NAME: SOLU-MEDROL 40 mg
PRICE: \$4.00

PROCEDURE CODE:J2930

NAME: SOLU-MEDROL 125 mg
PRICE: \$12.50

PROCEDURE CODE:01478

NAME: STADOL 1 mg
PRICE: \$8.09

PROCEDURE CODE:01479

NAME: STADOL 2 mg
PRICE: \$8.42

PROCEDURE CODE:J2970

NAME: STAPHCILLAN 1 gm
PRICE: \$6.40

PROCEDURE CODE:J2995

NAME: STREPTASE 250,000 units
PRICE: \$103.36

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:J3010

NAME: SUBLIMAZE (FENTANYL) 2cc
PRICE: \$2.06

PROCEDURE CODE:J3070

NAME: TALWIN LACTATE 30 mg
PRICE: \$4.19

PROCEDURE CODE:01601

NAME: TALWIN LACTATE 60 mg
PRICE: \$5.50

PROCEDURE CODE:01629

NAME: TESTOSTERONE PROPIONATE 25 mg
NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J3140

NAME: TESTOSTERONE PROPIONATE 50 mg
NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J3150

NAME: TESTOSTERONE PROPIONATE (up to 100 mg)
PRICE: \$1.60

PROCEDURE CODE:J3180

NAME: TETANUS TOXOID 0.5 cc
PRICE: \$2.22

PROCEDURE CODE:01661

NAME: THORAZINE, CHLORPROMAZINE 25 mg
NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J3230

NAME: THORAZINE, CHLORPROMAZINE (up to 50 mg)
PRICE: \$2.15

PROCEDURE CODE:01671

NAME: TICAR, TICARCILLAN 1 gm
PRICE: \$3.87

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:01668

NAME: TIGAN TRIMETHOBENZAMIDE HYDROCL 50 mg

NOTE: CODE CANNOT BE USED FOR SERVICE DATES AFTER 6/1/96.

PROCEDURE CODE:J3250

NAME: TIGAN TRIMETHOBENZAMIDE HYDROCL (up to 200 mg)

PRICE: \$1.35

PROCEDURE CODE:X0042

NAME: TIMENTIN 100mg-3gm

PRICE: \$14.55

PROCEDURE CODE:J3280

NAME: TORECAN 10 mg

PRICE: \$5.28

PROCEDURE CODE:X0103

NAME: TROBICIN (SPECTINOMYCIN HYDROCHLORIDE) 2 gm

PRICE: \$19.25

PROCEDURE CODE:X0099

NAME: UNASYN 3 gm

PRICE: \$13.73

PROCEDURE CODE:X0058

NAME: UNIPEN 2 gm

PRICE: \$6.71

PROCEDURE CODE:J3364

NAME: UROKINASE 5000 I.U.

PRICE: \$56.26

PROCEDURE CODE:J3360

NAME: VALIUM 5 mg

PRICE: \$1.21

PROCEDURE CODE:J3370

NAME: VANCOCIN, VANCOMYCIN 500 mg

PRICE: \$11.89

PROCEDURE CODES
DRUGS / PHARMACY

PROCEDURE CODE:X0057

NAME: VERAPAMIL, CALAN 5 mg

PRICE: \$3.65

NOTE: THIS DRUG IS INCLUDED IN THE COMPOSITE RATE.

PROCEDURE CODE:X0060

NAME: VERSED (MIDAZOLAM) 5 mg

PRICE: \$9.80

PROCEDURE CODE:X0044

NAME: VIBRAMYCIN (DOXYCYCLINE) 100 mg

PRICE: \$17.80

PROCEDURE CODE:J3420

NAME: VITAMIN B-12 1000 mcgm

PRICE: \$1.00

PROCEDURE CODE:00522

NAME: WATER FOR INJECTION 30 cc

PRICE: \$2.25

PROCEDURE CODE:00520

NAME: WATER FOR INJECTION 250 cc

PRICE: \$10.17

PROCEDURE CODE:00521

NAME: WATER FOR INJECTION 500 cc

PRICE: \$10.31

PROCEDURE CODE:J0697

NAME: ZINACEF 750 mg (Cefuroxime Sodium)

PRICE: \$6.24

PROCEDURE CODE:X0045

NAME: ZINACEF 1.5 gm (Cefuroxime Sodium)

PRICE: \$12.11

PROCEDURE CODE:X0062

NAME: ZOFRAN 2 mg/1 cc

PRICE: \$12.23

PROCEDURE CODE:01958

NAME: ZOVIRAX 500 mg

PRICE: \$53.40