

North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 6

June 1997

Attention: All Providers

Holiday observance

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, July 4, 1997, in observance of Independence Day.

EDS

1-800-688-6696 or 919-851-8888

Attention: Durable Medical Equipment Providers

Overutilization of diabetic supplies

Due to an identified problem with overutilization of diabetic supplies, Program Integrity staff are presently conducting reviews of claims paid for items used in the treatment of insulin-dependent diabetics. Reviews will focus on compliance with Medicaid policies and procedures for documenting medical necessity and filing claims for diabetic supplies.

*Phyllis Burwell, Program Integrity
DMA, 919-733-6681*

Attention: Radiology Providers

Correction of September 1996 Medicaid Bulletin article entitled "New Policy: Billing Radiation treatment delivery and management codes"

The September 1996 Bulletin article "New policy: Billing radiation treatment delivery and management codes" contained an incorrect example of how to bill CPT radiation treatment codes (77401-77416).

Providers must bill one detail per date of service with the appropriate number of units for that date of service. Do not bill a span of dates.

EDS

1-800-688-6696 or 919-851-8888

Providers are responsible for informing their billing agency of information in this bulletin.

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Attention: All Providers

Medicare vouchers for paper crossovers

When a Medicare/Medicaid claim does not automatically cross over from Medicare, the provider must submit a paper claim to EDS. The provider must attach a Medicare EOMB (voucher) to the claim and submit to EDS, PO BOX 300011, Raleigh, NC 27622. The dates and services on the claim must match exactly to those on the Medicare EOMB. If the claim and voucher do not match, the claim will be denied by EDS. Verifying this information will expedite claims processing and provider reimbursement.

If the receipt name on the Medicaid claim and Medicare voucher do not match, please forward a copy of the MID card, Medicare card, the claim, and the Medicare voucher to the Claims Analysis Unit at DMA at the address below:

Claims Analysis Unit
Division of Medical Assistance
P O Box 29529
Raleigh, NC 27626-0529

Note: Do not send claims and vouchers to Claims Analysis for date or charge mismatch.

EDS
1-800-688-6696 or 919-851-8888

Attention: All Providers

Paper submissions

EDS is receiving a large number of duplicate paper claims because providers are not allowing enough time for the original submission to be processed on their Remittance and Status Report (RA). Many providers submitting computer generated paper claims have computer systems which automatically regenerate claims after 10 or 15 days if there has been no activity on an account. Resubmission within this time frame does not allow EDS enough time for processing. Paper claims, free of error or missing information are paid or denied within 30 working days of receipt.

Resubmitting a claim(s) before it has had adequate processing time (every 10 - 20 days) increases the provider's workload, paper and postage costs, and EDS' mail receipts. Allowing at least 30 days for processing of paper claims benefits both the provider and EDS.

EDS
1-800-688-6696 or 919-851-8888

Attention: Dental Providers

Antibiotic or sedative through intramuscular injection

When an antibiotic or sedative is administered through an intramuscular injection, ADA code 09610 (Therapeutic drug injection, by report) should be used. The description for this code is consistent with the American Dental Association's (ADA) Current Dental Terminology (CDT-2). When the code is used, N.C. Medicaid Dental Services guidelines require documentation in the record and on the paper claim, of the drug and dosage. If the claim is billed electronically, documentation in the recipient record is sufficient.

EDS

1-800-688-6696 or 919-851-8888

Attention: Physicians

Therapeutic IV infusion

"IV infusion for therapy administered by physician or under direct supervision of physician up to one hour" (CPT 90780) and "each additional hour up to eight hours" (CPT 90781) is covered by Medicaid when administered in the physician's office for the following:

- Non chemotherapy medications, such as antiemetic analgesics administered by IV infusion either independently or sequentially as supportive management of chemotherapy administration for that day. Use ICD 9 diagnosis code V662 "Convalescence and Palliative care following chemotherapy" on the HCFA-1500 claim form. This is effective with dates of service June 1, 1997.
- Treatment for dehydration. Use ICD 9 diagnosis code 2765 "Volume depletion" on the HCFA-1500 claim form.
- IV infusion for therapeutic drug administration. Use ICD 9 diagnosis code V072 "Prophylactic Immunotherapy".

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1-800-688-6696 or 919-851-8888

Attention: CAP Providers

Changes in services, ownership, addresses, tax ID number

The purpose of this article is to remind providers of the responsibility to promptly communicate changed information to DMA. Please read DMA's instructions, application, and provider agreement carefully to avoid oversights or omissions.

I. Adding or Deleting Services

Prior to adding or deleting a CAP service notify DMA Provider Enrollment at the following address:

DMA Provider Enrollment
PO Box 29529
Raleigh, NC 27626-0529
919-733-2130

Changing services requires completion of a DMA CAP Change Form and subsequent acknowledgment by DMA of the deletion or DMA approval to add a service.

The provider must obtain DMA approval to add a service prior to providing the service. Retroactive approval is not granted. Failure to comply with these requirements will result in denial of payment of the services or recoupment of payment in cases where claims were paid in error.

Note: Approval of the agency's qualifications to provide a service does not constitute approval to bill Medicaid.

II. Change Of Ownership (CHOW)

Notify DMA Provider Enrollment within 30 days of a CHOW. The CHOW process requires enrollment of the new owner, assignment of a new provider number and termination of the former owner's provider number.

Failure to notify DMA of a CHOW is a violation of the Medicaid Participation Agreement and justifies termination as a CAP provider. The effective enrollment date of the new owner begins the month in which DMA receives the application from the new owner.

III. Addresses

The DMA provider file lists a site address and a separate mailing address if the provider requests it. To ensure receipt of Medicaid information, i.e. bulletins and remittance and status reports, the provider must send written notification on business letterhead to DMA Provider Enrollment at the address noted above. Include a contact person and telephone number in case Provider Enrollment has questions.

IV. Tax ID Number (Federal Employer Identification Number)

DMA must have proper tax information to ensure correct issuance of 1099 MISC forms each year and that the correct tax information is provided to the IRS. The last page of the Medicaid Remittance and Status (RA) report indicates the provider's tax name and Medicaid number on file. If the tax number changes, refer to the November 1996 North Carolina Medicaid Bulletin and complete the special W-9 form as instructed. Providers may call EDS at 1-800-688-6696 or 919-851-8888 to obtain additional W-9 forms.

DMA Provider Enrollment
919-733-2130

Attention: All Providers**EDS Post Office boxes**

EDS established separate post office boxes for different claim types, checks, correspondence, adjustments, etc. to assist in the proper distribution of incoming mail. Submitting paper documents to the appropriate P O box expedites record review and claims processing. It also reduces the delay experienced from misdirected correspondence.

Please post these addresses in a convenient location for easy referral. Please address all correspondence as follows: EDS, the appropriate P O box, Raleigh, NC 27622.

PO Box 30968	HCFA-1500 Claim Forms
PO Box 300001	Pharmacy Claims
PO Box 300002	Drug Rebates
PO Box 300009	Provider Services and/or Adjustments
PO Box 300010	UB-92 Claims
PO Box 300011	Other claim types, order forms, and checks, ECS
PO Box 300012	Sterilization and Hysterectomy Forms
PO Box 31188	Prior Approval Requests

EDS

1-800-688-6696 or 919-851-8888

Attention: Durable Medical Equipment Providers**Changes in diabetic supply codes**

Effective with dates of service June 1, 1997, the following codes have been added to the Durable Medical Equipment (DME) Related Supply category of the DME Fee Schedule:

<u>Code</u>	<u>Description</u>	<u>Rate</u>	<u>Limitations</u>
A4258	Spring-powered device for lancet, each	\$16.77	2 per year
W4667	Insulin syringe with needle, sterile, 1cc or smaller, each	.30	200 per month
W4675	Urine test strips for combination ketones and glucose testing, e.g. Keto-Diastix, each	.25	100 per month
W4676	Urine test strips or tablets for ketones, each	.22	100 per month
W4677	Urine test strips or tablets for glucose, each	.16	100 per month

The description of code W4651 has been changed from "blood/urine control strips, each" to "blood glucose test strips, each" on the DME Fee Schedule. The maximum reimbursement rate has been established at \$.68. Monthly limitation of 50 units per month has been established for code W4651.

In order to simplify coding and avoid duplication, codes A4206 "syringe with needle, sterile 1cc" and W4652 "urine test or reagent strips or tablets, each" have been deleted from the DME Fee Schedule and will not be reimbursable effective with dates of service June 1, 1997.

Melody B. Yeargan, P.T., Medical Policy
DMA, 919-733-9434

Attention: Optometrists, Opticians, and Ophthalmologists

Prior approval request forms for lenses and frames

Reminder To Eye Care Providers:

The Prior Approval Request form doubles as an order form for lenses and frames. Information must be accurate and legible.

The Prior Approval Unit at EDS has been instructed by the Division of Medical Assistance to return all incomplete Prior Approval requests to the requesting provider.

Please take a few extra minutes to review the form for accuracy of the prescription, materials description, recipient and provider information and legibility. By doing so, the optical materials can be processed in a timely manner.

Examples of unacceptable and/or omitted information

Illegible or Incorrect Recipient Name	Date of Refraction or Date of New Rx
Material Missing: (Glass or Plastic)	PD's
Illegible or Incorrect Recipient Number	Seg Height
Frame Name or Number	Sphere or Cylinder
Date of Birth	Type of Bifocal
Frame Size	Provider Name, Address and Provider Number (on all three (3) Copies)
Patient's own Frame	Add Power
Frame Color	

EDS

1-800-688-6696 or 919-851-8888

Attention: Home Health Providers, Private Duty Nursing Providers, and Community Alternatives Program (CAP) Case Managers

Changes in diabetic supply codes and maximum reimbursement rate

Effective with dates of service June 1, 1997, the following codes were added to the Intravenous Therapy and Parenteral Supplies category of the Home Health Medical Supply List in Appendix C-3 of the Community Care Manual:

Code	Description	Rate
W4675	Urine test strips for combination ketones and glucose, e.g., Keto-Diastix, each	0.25
W4676	Urine test strips or tablets for ketones, each	0.22
W4677	Urine test strips or tablets for glucose, each	0.16
A4258	Spring-powered device for lancet, each	16.77

Also effective with dates of service June 1, 1997, the following code descriptions in the Intravenous Therapy and Parenteral Supplies category on the Home Health Medical Supply List in Appendix C-3 of the Community Care Manual were changed (note that the maximum rate for W4667 is now \$0.30):

Code	Old description	New description	Rate
W4651	Blood or urine control strips, each	Blood glucose test strips, each	0.68
W4652	Urine test or reagent strips or tablets, each	Urine test strips for multiple elements which may include glucose and/or ketones, each	0.62
W4667	Insulin syringes 1/2 cc and 1 cc	Insulin syringe with needle, sterile, 1 cc or smaller, each	0.30

*Dot Ling, Medical Policy
DMA, 919-733-9434*

Attention: All Providers

Fee schedules, reimbursement plans, and Medicaid bulletin subscriptions

Request for paper schedules/plans

To defray the cost of reproducing fee schedules and reimbursement plans released through the Financial Operations Section of the Division of Medical Assistance (DMA), minimal charges are indicated in the listing below. All requests for publications ***must be made on the form below and accompanied with a check*** made payable to DMA at the following address:

Division of Medical Assistance
 Financial Operations - Fee Schedules
 1985 Umstead Drive
 P O Box 29529
 Raleigh, N. C. 27626-0529

Note : Fax requests will no longer be honored

Do not mail your request for paper schedules to EDS. There is a charge of \$0.20 per page for documents exceeding 10 pages. Requests for all other reimbursement plans or fees with less than 10 pages are charged a flat fee of \$2.00 per fee schedule. These charges are subject to change due to additions/deletions in the documents.

<input type="checkbox"/>	After Care Surgery Period	\$3.60
<input type="checkbox"/>	Ambulatory Surgery Center	4.00
<input type="checkbox"/>	Anesthesia Base Units	4.20
<input type="checkbox"/>	Dental	2.00
<input type="checkbox"/>	Home Health	2.00
<input type="checkbox"/>	Home Infusion Therapy	2.00
<input type="checkbox"/>	Hospital Reimbursement Plan	4.20
<input type="checkbox"/>	ICF/MR Reimbursement Plan	4.00
<input type="checkbox"/>	Laboratory	2.00
<input type="checkbox"/>	Nurse Midwife	2.00
<input type="checkbox"/>	Nursing Facility Reimbursement Plan	5.40
<input type="checkbox"/>	Optical and Visual Aids	2.00
<input type="checkbox"/>	Physician Fees (includes x-ray)	10.40
<input type="checkbox"/>	Prosthetics and Orthotics	2.60

Requestor: _____ Provider Type: _____

Address: _____

Technical Contact: _____ Phone: _____

Request for diskette of fee schedules

The diskettes are only available from EDS. Complete the request below and attach a check made payable to EDS, for the total amount due. **A check must accompany this request.** Requests without payments will not be honored.

The **PHYSICIAN FEE SCHEDULE** and the **ANESTHESIA FEE SCHEDULE** are available on diskette. The North Carolina Division of Medical Assistance stipulates that the information provided may be used only for your internal analysis. The actual billed amount on your claims must always contain your regular billed amount and not what the price on the fee schedule is unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts.

Please complete the information below with each request:

Requestor: _____ Provider Type: _____

Address: _____

Technical Contact: _____ Phone: _____

Type of File: 3 1/2" PC Diskette (check one):

- ASCII
- TEXT FILE

Type of Fee Schedule/Cost (check one): Diskette

- Physician Fee Schedule \$50.00
- Anesthesia Fee Schedule \$50.00
- Both \$75.00

Please remit this request to:

Fee Schedule Request
 Systems Department, Attn: Systems Manager
 EDS
 4905 Waters Edge Drive
 Raleigh, North Carolina 27606

Medicaid bulletin subscriptions

North Carolina Medicaid Bulletins are mailed to all enrolled providers. Non providers, (i.e., billing agencies) may subscribe to the bulletin for an annual subscription fee of \$12.00. To subscribe, send a letter requesting the subscription, including the subscriber's mailing address and a check for \$12.00 payable to EDS. Mail the request to:

EDS
 Attention: Provider Enrollment
 P O Box 30968
 Raleigh, N C 27622
 Telephone 919-851-8888 or 1-800-688-6696

This notice is published quarterly in the Medicaid Bulletin.

Financial Operations
DMA, 919-733-6784

Attention: Providers using HCFA-1500 claim forms

Area reserved for EDS use on the HCFA-1500 claim form

When submitting paper HCFA-1500 claim forms:

Do NOT write, type, or print any information in the white space at the top of the claim form (see example below). This space is reserved for the Internal Claim Number (ICN) assigned by EDS. This number is stamped in this area and must be legible for research and tracking purposes.

PLEASE DO NOT STAPLE IN THIS AREA		DO NOT PRINT, TYPE, OR WRITE IN THIS AREA RESERVED FOR EDS USE					
PICA		HEALTH INSURANCE CLAIM FORM					PICA
1. Medicare #	Medicaid #	Champus SSN	Champ/VA VA File #	Group Health Plan (SSN or ID)	FECA Blk Lung (SSN)	Other (ID)	1a. Insured's ID number (For Program Item 1)
2. Patient's Name (Last name, First Name, Middle Initial)			3. Patient's Birth date MM DD YY		Sex M F		4. Insured's Name (Last name, First name, MI)
5. Patient's Address (No., Street)			6. Patient Relationship to insured Self Spouse Child Other		7. Insured's Address (No., Street)		
City		State	8. Patient Status Single Married Other		City		State

EDS
1-800-688-6696 or 919-851-8888

Attention: FQHC/Rural Health Clinic Providers (including Health Check)

Seminars

FQHC/Rural Health Clinic provider seminars (including Health Check) will be held in August 1997. The July Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please list below any topics you would like addressed at the seminars. Mail this information to:

FQHC/Rural Health Clinic Provider Representative
EDS
P O Box 300009
Raleigh, NC 27622

Attention: Physicians

Chemotherapy administration guidelines

The chemotherapy administration guidelines when administered in a physician's office are:

Drugs

- Charges for the chemotherapy agent will be reimbursed under the appropriate HCPCS code. (Code found on injectable drug list.)
- Charges for the IV fluids will be reimbursed under the appropriate HCPC code with one unit per detail.

Note: Supplies used to start the IV and the administration set are considered "incident to" services and the cost is included in the fee for the office visit. ***Do not bill separately.***

Administration

- Chemotherapy administration will be reimbursed under CPT codes 96400-96542. Preparation of the chemotherapy agent (s) is included in the service for the administration of the agent.
- Separate payment for chemotherapy administration by push and by infusion technique are allowed on the same day, however only one push administration will be allowed on the same day.
- CPT code 96545 will remain a non-covered service.
- For chemotherapy administration by infusion technique, up to one hour, use procedure code 96410 or 96422. Only one unit is allowed per date of service.
- For chemotherapy administration by infusion technique, from one to eight hours, use code 96412 or 96423. One unit represents one hour. A maximum of eight units may be billed per date of service.
- For chemotherapy administration more than eight hours, use procedures 96414 or 96425. Only one unit is allowed per date of service.
- Chemotherapy administration codes not specifically noted allow one unit per date of service.
- Therapeutic infusion codes (CPT 90780 and 90781) are considered bundled into the payment for IV chemotherapy infusion. "IV infusion for therapy administered by physician or under direct supervision of physician up to one hour", and CPT 90781 "each additional hour up to 8 hours" is reimbursable when:

Non chemotherapy medication i.e. antiemetics, analgesics etc. are administered by IV infusion either independently or sequentially as supportive management of chemotherapy administration for that day. These codes are not to be used for routine IV infusions. This is effective with dates of service June 1, 1997.

Office Visits

- The provider may bill the appropriate established office visit when there is direct contact between the recipient and the physician.
- The provider may bill CPT 99211 on days when a recipient receives chemotherapy administration but the physician has no face-to-face contact with the recipient. This service is considered "incident to" if it is furnished under the direct personal supervision in the office by one of his employees and the medical records reflect the physician's active participation in the management of the course of treatment.

EDS

1-800-688-6696 or 919-851-8888

Attention: Home Infusion Therapy (HIT) Providers

Individual visits

EDS is offering individual provider visits for all home infusion therapy (HIT) providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

HIT Provider Visit Request Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

List any specific concerns you would like us to address in the space provided below:

Return to: Provider Relations
 EDS
 P O Box 300009
 Raleigh, NC 27622

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Attention: All Physicians**Updated drug list**

The following FDA approved drugs complete the list of injectable drugs currently covered by the North Carolina Medicaid Program when provided in a physician's office for the FDA indications. This revised list will replace the September 1995 drug list and is effective with dates of service June 01, 1997.

Physicians will continue to bill on the HCFA 1500 claim form using the appropriate drug code, and indicate the number of units administered as specified in the listing. The new covered drug codes and dosage changes are identified with an asterisk (*).

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J1120	Acetazolamide Sodium, up to 500 mg (Diamox)	28.08
* J0150	Adenosine I.V. (Adenocard I.V.) 6 mg.	22.82
* W5174	Adenosine (Adenoscan) 90 mg	201.38
J0170	Adrenalin, Epinephrine, up to 1 ml ampule	.76
* Q0156	Albumin Infusion 5% per ml	.58
* Q0157	Albumin Infusion 25% per ml	1.26
J0205	Alglucerase, per 10 units (Ceredase)	33.30
J0256	Alpha 1 Proteinase Inhibitor Human A (Prolastin) 500 mg.	94.50
* J9015	Aldesleukin (Proleukin, Interleuken II 22 million IU (SDV)	373.50
J2996	Alteplase Recombinant, per 10 mg (Activase)	247.50
W5157	Amifostine (Ethyol 3 vial set)	280.80
J0280	Aminophyllin, up to 250 mg	.99
J1320	Amitriptyline HCL, up to 20 mg (Elavil, Enovil)	.90
J0300	Amobarbital, up to 125 mg (Amytal)	2.02
J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm	6.16
J0290	Ampicillin, up to 500 mg (Omnipen, Polycillin-N, Totacillin-N)	1.75
J0350	Anistreplase, per 30 units (Eminase)	2130.95
J9020	Asparaginase, 10,000 units (Elspar)	49.21
J0460	Atropine Sulfate, up to 0.3 mg	.36
J2910	Aurothioglucose, up to 50 mg (Solganal)	10.88
W5156	Azithromycin, oral suspension 1 unit = 1 gm packet (Zithromax), only oral drug on drug list	16.88
* J0475	Baclofen, Kit 1*20 ml. amp. (10 mg/20ml. 500 meg./ml.)	178.20
* W5170	Baclofen, Kit 2*5 ml. amp. (10 mg./5 ml. 2000 meg./ml.)	378.00
* W5169	Baclofen, Kit 4*5 ml. amp. (10 mg./5ml. 2000 meg./ml.)	696.60
J9031	BCG (intravesical) per installation (Tice, TheraCys)	132.75
J0510	Benzquinamide HCL, up to 50 mg (Emete-CON)	5.18
J0515	Benztropine (Mesylate Cogentin) 1 mg	3.03
J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate, per 3 mg	3.64
J0704	Betamethasone Sodium Phosphate, per 4 mg	2.13
J0520	Bethanechol Chloride up to 5 mg (Urecholine)	4.63
J0190	Biperiden, Akineton 5 mg	3.00
J9040	Bleomycin Sulfate, 15 units (Blenoxane)/2 ml	263.19
* J0585	Botulinum Toxin Type A, per unit	3.59
J0945	Brompheniramine Maleate , 10mg	.73
J0630	Calcitonin Salmon, up to 400 units (Calcimar, Miacalcin)	28.22
J0635	Calcitriol, 1 mcg amp.(Calcijex)	11.47
J0610	Calcium Gluconate, up to 10 ml (Kaleinate)	1.22
J0620	Calcium Glycerophosphate and Calcium Lactate, per 10 ml (Calphosan)	2.43
W5166	Camptosar 5 CC	444.38
J9045	Carboplatin, 50 mg (Paraplatin)	76.30
J9050	Carmustine, 100 mg (Bicnu)	77.41
J0690	Cefazolin Sodium, up to 500 mg (Ancef, Kefzol, Zolicef)	2.53
J0695	Cefonicid Sodium, 1 gram (Monocid)	23.49
J0698	Cefotaxime Sodium, per gm (Claforan)	10.39

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J0694	Cefoxitin Sodium, 1 gm (Mefoxin)	10.50
* J0713	Ceftazidime per 500 mg	6.67
J0715	Ceftizoxime Sodium, per 500 mg (Cefizax)	5.83
J0696	Ceftriaxone Sodium, per 250 mg (Rocephin)	10.67
J0697	Cefuroxime Sodium, per 750 mg (Kefurox, Zinacef)	5.48
J1890	Cephalothin Sodium, up to 1 gm (Keflin)	9.72
J0710	Cephapirin Sodium, up to 1 gm (Cefadyl)	2.12
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	5.94
J1990	Chlordiazepoxide HCL, up to 100 mg (Librium)	7.26
J2400	Chlorprocaine HCL 30 ml	8.19
J0390	Chloroquine HCL, up to 250 mg	13.38
J1205	Chlorothiazide Sodium 500 mg.	7.97
J0730	Chlorpheniramine Maleate, per 10 mg	.21
J3230	Chlorpromazine HCL, 50 mg (Thorazine, Ormazines)	1.88
J3080	Chlorprothixene, up to 50 mg (Taractan)	9.23
J0725	Chorionic Gonadotropin, per 1,000 usp units	2.22
* W5173	Cidofovir (Vistade) per ml.	127.22
J0743	Cilastatin Sodium; Imipenem, per 250 mg	11.97
J9062	Cisplatin, 50 mg (Platinol, Platinol AQ)	159.19
J9060	Cisplatin, 10 mg (Platinol, Platinol AQ)	31.84
J9065	Cladribine, per 1 mg (Leustatin)	43.20
J0745	Codeine Phosphate, per 30 mg	.54
J0760	Colchicine, 1 mg	4.10
J0770	Colistimethate Sodium, up to 150 mg (Coly-Mycin M)	29.30
J0800	Corticotropin, up to 40 units (Acthor, ACTH)	15.64
J0820	Cortigel 40, up to 40 units	12.74
J0810	Cortisone Acetate, up to 50 mg	.90
J0835	Cosyntropin, per 0.25 mg (Cortrosyn)	10.88
J3420	Cyanocobalamin, B 12 1000 mcg	.90
J9096	Cyclophosphamide Lyophilized 1 gm (Cytoxan Lyophilized)	46.29
J9093	Cyclophosphamide Lyophilized, 100 mg (Cytoxan Lyophilized)	5.81
J9091	Cyclophosphamide, 1.0 gm (Cytoxan, Neosar)	38.71
J9070	Cyclophosphamide, 100 mg (Cytoxan, Neosar)	4.85
J9092	Cyclophosphamide, 2.0 gm (Cytoxan, Neosar)	77.40
J9080	Cyclophosphamide, 200 mg (Cytoxan, Neosar)	9.22
J9090	Cyclophosphamide, 500 mg (Cytoxan, Neosar)	19.35
J9094	Cyclophosphamide, Lyophilized, 200 mg (Cytoxan Lyophilized)	11.03
J9095	Cyclophosphamide, Lyophilized, 500 mg (Cytoxan Lyophilized)	23.14
J9097	Cyclophosphamide Lyophilized 2gm	92.60
J9100	Cytarabine 100 mg (Cytosar U)	5.52
J9110	Cytarabine 500 mg	21.63
* J0850	Cytomegalovirus Immune Globulin, I.V. (Human) Cytogam 2.5 gm/50 ml.	417.91
J9130	Dacarbazine 100 mg	12.45
J9140	Dacarbazine 200 mg	20.01
J9120	Dactinomycin .5 mg (Cosmegen)	10.53
* J1645	Dalteparin (Fragmin) per 2500 I.U./2 ml.	12.56
J9150	Daunorubicin HCL, 10 mg (Cerubidine)	74.55
W5163	Daunorubicin Citrate Liposome 50 mg	241.88
J0895	Deferoxamine, Mesylate 500 mg per 5cc (Deferal)	9.32
J1000	Depoestradiol Cypionate, up to 5 mg	.90
J0680	Deslanoside, up to 0.4 mg (Cedilanid-D)	1.85
* J1095	Dexamethasone Acetate 8 mg	4.35
* J2597	Desmopressin Acetate per 1 mcg	4.96
J1100	Dexamethasone Sodium, up to 4mg/ml	.90
* J1190	Dexrazoxane HCL 250 mg	120.99
J7042	Dextrose/Normal Saline - 5% (500 ml = 1 unit)	
J7070	Dextrose/Water - 5% (1000 cc = 1 unit)	

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J7060	Dextrose/Water - 5% (500 ml = 1 unit)	
J3360	Diazepam, up to 5 mg (Valium, Zetran)	1.12
J1730	Diazoxide, up to 300 mg (Hyperstat IV)	79.62
J0500	Dicyclomine HCL up to 20 mg (Bentyl, Dilomine, Antispas)	2.46
J9165	Diethylstilbestrol Diphosphate, 250 mg (Stilphostrol)	12.30
J1160	Digoxin, up to 0.5 mg (Lanoxin)	.94
J1110	Dihydroergotamine, up to 1 mg	9.61
J0470	Dimecaprol, up to 100 mg	9.90
J1240	Dimenhydrinate, 50 mg	.90
J1200	Diphenhydramine HCL, up to 50 MG (Benadryl)	.90
J1245	Dipyridamole, per 10 mg (Persantine IV)	27.00
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	32.40
* J1250	Dobutamine HCL, 250 mg	28.87
W5167	Doxil 10 mg/ml	40.95
J9000	Doxorubicin HCL, 10 mg (Adriamycin Rubex)	545.63
J1810	Droperidol and Fentanyl Citrate, up to 2 ml ampule (Innovar)	11.66
J1790	Droperidol, up to 5 mg (Inapsine)	3.32
J1180	Dyphylline, up to 500 mg	4.03
* J0600	Edetate Calcium Disodium up to 1000 mg	28.47
* J1650	Emoxaparin Sodium (Lorenox) 30 mg	14.54
Q9920	EPO, per 1000 units, Patient HCT 20 or less	10.80
Q9921	EPO, per 1000 units, Patient HCT 21	10.80
Q9922	EPO, per 1000 units, Patient HCT 22	10.80
Q9923	EPO, per 1000 units, Patient HCT 23	10.80
Q9924	EPO, per 1000 units, Patient HCT 24	10.80
Q9925	EPO, per 1000 units, Patient HCT 25	10.80
Q9926	EPO, per 1000 units, Patient HCT 26	10.80
Q9927	EPO, per 1000 units, Patient HCT 27	10.80
Q9928	EPO, per 1000 units, Patient HCT 28	10.80
Q9929	EPO, per 1000 units, Patient HCT 29	10.80
Q9930	EPO, per 1000 units, Patient HCT 30	10.80
Q9931	EPO, per 1000 units, Patient HCT 31	10.80
Q9932	EPO, per 1000 units, Patient HCT 32	10.80
Q9933	EPO, per 1000 units, Patient HCT 33	10.80
Q9934	EPO, per 1000 units, Patient HCT 34	10.80
Q9935	EPO, per 1000 units, Patient HCT 35	10.80
Q9936	EPO, per 1000 units, Patient HCT 36	10.80
Q9937	EPO, per 1000 units, Patient HCT 37	10.80
Q9938	EPO, per 1000 units, Patient HCT 38	10.80
Q9939	EPO, per 1000 units, Patient HCT 39	10.80
Q9940	EPO, per 1000 units, Patient HCT 40	10.80
Q0136	Epotin Alpha (for non ESRD use) P/1000 units	10.80
J1330	Ergonovine Maleate, up to 0.2 mg	4.27
J1362	Erythromycin Gluceptate, per 250 mg	5.48
J1364	Erythromycin Lactobionate, per 500 mg	5.83
J1380	Estradiol Valerate, up to 10 mg	.90
J1390	Estradiol Valerate, up to 20 mg	.90
J0970	Estradiol Valerate, up to 40 mg	1.22
J1410	Estrogen Conjugated, per 25 mg (Premarin Intravenous)	28.90
J1435	Estrone, per 1 mg	.90
J0590	Ethylnorepinephrine HCL, 1 ml (Bronkephrine)	3.95
W5157	Ethyl (Amifostine) 3 vial set	280.80
J1436	Etidronate Disodium, per 300 mg (Didronel)	57.24
J9181	Etoposide, 10 mg (Vepesid)	12.69
J9182	Etoposide, 100 mg (Vepesid)	126.89
J3010	Fentanyl Citrate, up to 2 ml (Sublimaze)	2.65
* J7190	Factor VIII (anti-hemophilic factor) (human) per IU (Hemofil M)	.81

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
* J7192	Factor VIII (anti-hemophilic factor) Recombinant- per IU	1.06
* W5175	Factor IX - (Benefix 1 IU)	1.06
J1440	Filgrastim , 300 mcg (Neupogen)	140.49
J1441	Filgrastim , 480 mcg (Neupogen)	223.74
J9200	Floxuridine, 500 mg (FUDR)	116.25
J9185	Fludarabine Phosphate, 50 mg (Fludara)	169.24
J9190	Fluorouracil, 500 mg (Aducril)	1.40
J2680	Fluphenazine Decanoate, up to 25 mg (Prolixin Decanoate)	13.36
J1455	Foscarnet Sodium, per 1000 mg	10.99
J1940	Furosemide, up to 20 mg (Lasix, Furomide M.D.)	.99
J1460	Gamma Globulin, Intramuscular, 1 cc	2.16
J1470	Gamma Globulin, Intramuscular, 2 cc	4.32
J1480	Gamma Globulin, Intramuscular, 3 cc	6.48
J1490	Gamma Globulin, Intramuscular, 4 cc	8.64
J1500	Gamma Globulin, Intramuscular, 5 cc	10.80
J1510	Gamma Globulin, Intramuscular, 6 cc	12.96
J1520	Gamma Globulin, Intramuscular, 7 cc	15.12
J1530	Gamma Globulin, Intramuscular, 8 cc	17.28
J1540	Gamma Globulin, Intramuscular, 9 cc	19.44
* J1550	Gamma Globulin Intramuscular 10 cc	21.60
J1560	Gamma Globulin, Intramuscular, over 10 cc	21.60
J1570	Ganciclovir Sodium, 500 mg (Cytovene)	31.32
W5161	Gemcitabine HCl. 200 mg	57.29
W5160	Gemcitabine Hcl. 1 gm	286.46
J1580	Gentamicin (Garamycin Sulfate) 80 mg	1.94
J1610	Glucagon Hydrochloride, per 1 mg	30.49
J1600	Gold Sodium Thiomaleate, up to 50 mg	14.12
J1620	Gonadorelin Hydrochloride, per 100 mcg	58.73
J9202	Goserelin Acetate Implant, per 3.6 mg (Zoladex)	345.29
J1625	Granisetron Hydrochloride, per 1 mg (Kytril)	156.56
J1631	Haloperidol Decanoate, per 50 mg (Haldol Decanoate - 50 or 100)	25.16
J1630	Haloperidol, up to 5 mg (Haldol)	2.37
J1642	Heparin Sodium, (Heparin Lock Flush), per 10 units	.90
J1644	Heparin Sodium, per 1000 units	.90
J1660	Histamine Phosphate, up to 2.75 mg	3.60
J3470	Hyaluronidase, up to 150 units (Wydase)	6.70
W5168	Hycamtin 4 mg	438.75
J0360	Hydralazine HCL, up to 20 mg (Apresoline)	5.32
J2480	Hydrochlorides of Opium Alkaloids, up to 20 mg (Pantopon)	3.07
J1700	Hydrocortisone Acetate, up to 25 mg	.90
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	4.70
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	4.50
J1170	Hydromorphone, up to 4 mg (Dilaudid)	1.09
J1739	Hydroxyprogesterone Caproate 125 mg/ml	1.31
J1741	Hydroxyprogesterone Caproate, 250 mg/ml	2.60
J3410	Hydroxyzine HCL, up to 25 mg (Vistaril, Vistaject-25, Hyzine-50)	.90
J1980	Hyoscyamine Sulfate, up to 0.25 mg (Levsin)	3.56
J9211	Idarubicin Hydrochloride, 5 mg	235.13
J9208	Ifosfamide, 1 gm	103.22
J1785	Imiglucerase, per unit (Cerezyme)	3.33
J3270	Imipramine HCL, up to 25 mg (Tofranil)	2.10
J1561	Immune Globulin, Intravenous, per 500 mg (Gammar IV)	33.64
* J1562	Immune Globulin IV (Human) 10% per 500 mg	41.63
J1820	Insulin, up to 100 units (Pork Regular)	2.37
J1830	Interferon Beta-18, per 0.25 mg (Betaseron)	61.56
J9213	Interferon, Alfa-2A, recombinant, 3 million units (Roferon)	29.65
J9214	Interferon, Alfa-2B, Recombinant, 1 million units (Intron A)	9.88

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J9215	Interferon, Alfa-N3, 250,000 IU	6.82
J9216	Interferon, Gamma 1-B, 3 million units (Actimmune)	126.00
J1780	Iron Dextran, Infed 500 mg	169.67
J1760	Iron Dextran, Infed 100 mg	33.93
J1770	Iron Dextran, Infed 250 mg	84.83
J1840	Kanamycin Sulfate, 500 mg (Kantrex, Klebcil)	7.70
J1850	Kanamycin Sulfate, 75 mg (Kantrex, Klebcil)	3.18
J1885	Ketorolac Tromethamine, per 15 mg (Toradol)	7.43
* W5172	Ketorolac Tromethamine, per 30 mg	7.78
* W5171	Ketorolac Tromethamine, per 60 mg	8.15
J1910	Kutapressin, up to 2 ml	9.12
J0640	Leucovorin Calcium, per 50 mg	18.29
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg (Lupron) (22.5 mg allowed for DX 185 only)	464.07
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg (Lupron)	374.63
J9218	Leuprolide Acetate, per 1 mg (Lupron)	100.65
J1955	Levocarnitine per 1 gm	32.40
J1960	Levorphanol tartrate, up to 2 mg	2.62
J2000	Lidocaine HCL, 50 cc	2.61
J2010	Lincomycin HCL, up to 300 mg (Lincocin)	1.45
J2060	Lorazepam, 2 mg (Ativan)	8.80
W5128	Lupron Depot Pediatric 11.25 mg	803.82
W5129	Lupron Depot Pediatric 15 mg	893.25
W5127	Lupron Depot Pediatric 7.5 mg	446.63
J3475	Magnesium Sulfate, 500 mg, injection	.90
J2150	Mannitol, 25% in 50 ml	2.64
J9230	Mechlorethamine Hydrochloride (Nitrogen Mustard), 10 mg	9.09
J1055	Medroxyprogesterone Acetate for Contraceptive Use, 150 mg (Depo-Provera)	35.68
J1050	Medroxyprogesterone Acetate, 100 mg (Depo-Provera)	8.36
J9245	Melphalan Hydrochloride 50 mg (Alkeran)	267.29
J2180	Meperidine and Promethazine HCL, up to 50 mg (Mepergan Injection)	2.66
J2175	Meperidine Hydrochloride, per 100 mg (Demerol HCL)	.90
J3450	Mephentermine, up to 30 mg	1.55
J0670	Mepivacaine (Carbocaine) 10 ml	1.86
J2190	Mersalyl with Theophylline, up to 2 ml	.90
J9209	Mesna, 200 mg (Mesnex)	26.82
J0380	Metaraminol Bitartrate 10 mg (Aramine)	1.07
J1230	Methadone HCL, up to 10 mg	.90
J2970	Methicillin Sodium, up to 1 gm (Staphcillin)	4.98
J2800	Methocarbamol, up to 10 ml (Robaxin)	3.33
J9250	Methotrexate Sodium, 5 mg	.90
J9260	Methotrexate Sodium, 50 mg	5.24
J1970	Methotrimeprazine, up to 20 mg	20.42
J3390	Methoxamine, up to 20 mg (Vasoxyl)	20.95
J0210	Methyldopate HCL, up to 250 mg (Aldomet)	7.25
J2210	Methylergonovine Maleate, up to 0.2 mg (Methergine)	2.74
J1020	Methylprednisolone Acetate, 20 mg (Depo Medrol)	.68
J1030	Methylprednisolone Acetate, 40 mg	1.85
J1040	Methylprednisolone Acetate, 80 mg	2.81
J2930	Methylprednisolone Sodium Succinate, up to 125 mg (SoluMedrol, Anetha Pred)	9.00
J2920	Methylprednisolone Sodium Succinate, up to 40 mg (Solu Medrol, Anetha Pred)	2.88
J2765	Metoclopramide HCL, up to 10 mg (Reglan)	2.12
* J2250	Midazolam HCL (Versed) per 1 mg	2.01
J2260	Milrinone Lactate, per 5 ml (Primacor)	27.60
J9290	Mitomycin, 20 mg (Mutamycin)	391.14
J9291	Mitomycin, 40 mg (Mutamycin)	782.28
J9280	Mitomycin, 5 mg (Mutamycin)	115.25

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J9293	Mitoxantrone Hydrochloride, per 5 mg (Novantrone)	162.01
J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	8.82
J2270	Morphine Sulfate, up to 10 mg	.90
J2310	Nalaxone Hydrochloride (Narcan) per 1 mg	10.08
J2300	Nalbuphine Hydrochloride, 10 mg	3.61
J2321	Nandrolone Decanoate, up to 100 mg	4.43
J2322	Nandrolone Decanoate, up to 200 mg	8.44
J2320	Nandrolone Decanoate, up to 50 mg	3.51
J0340	Nandrolone Phenpropionate, up to 50 mg (Duradolin)	5.25
J9390	Navelbine 10 mg	50.90
J2710	Neostigmine Methylsulfate, up to 0.5 mg (Prostigmine)	.90
J7030	Normal Saline Solution, 1000 cc, infusion	12.15
J7050	Normal Saline Solution, 250 cc, infusion	10.98
J7040	Normal Saline Solution, Sterile (500 ml=1 unit), infusion	11.79
J2405	Ondansetron Hydrochloride, per 1 mg (Zofran)	5.50
J2360	Orphenadrine Citrate, up to 60 mg	1.58
J2700	Oxacillin Sodium, up to 250 mg (Bactocile, Prostaphlin)	1.28
J2410	Oxymorphone HCL, up to 1 mg	3.22
J2460	Oxytetracycline HCL, up to 50 mg (Terramycin IM)	.90
J2590	Oxytocin, up to 10 units (Pitocin, Syntocinon)	1.10
J9265	Paclitaxel, 30 mg (Taxol)	164.37
J2430	Pamidronate Disodium, per 30 mg (Aredia)	172.51
J2440	Papaverine HCL, up to 60 mg	3.29
* J9266	Pegaspargase (Onscospar) Single Dose vial (5 ml/ SDV)	1146.60
J0540	Penicillin G Benzathine and Penicillin G Procaine, up to 1,200,000 units	10.37
J0550	Penicillin G Benzathine and Penicillin G Procaine, up to 2,400,000 units	20.74
J0530	Penicillin G Benzathine and Penicillin G procaine, up to 600,000 units	5.18
J0570	Penicillin G Benzathine, up to 1,200,000 units (Bicillin L-A, Permapen)	11.14
J0580	Penicillin G Benzathine, up to 2,400,000 units (Bicillin L-A, Permapen)	23.04
J0560	Penicillin G Benzathine, up to 600,000 units (Bicillin L-A, Permapen)	6.49
J2540	Penicillin G Potassium, up to 600,000 units	.90
J2510	Penicillin G Procaine, Aqueous, up to 600,000 units	2.61
J2512	Pentagastrin, per 2 ml (Peptavlon)	28.69
J2545	Pentamidine (Pentam 300)	95.36
J3070	Pentazocine HCL, up to 30 mg (Talwin)	2.92
J2515	Pentobarbital Sodium (Nembutal Sodium Solution) 50 mg	1.16
J3310	Perphenazine, up to 5 mg (Trilafon)	4.88
J2560	Phenobarbital Sodium, up to 120 mg	2.59
J2760	Phentolamine Mesylate, up to 5 mg (Regitine)	27.40
J2370	Phenylephrine HCL, up to 1 ml (NeoSynephrine)	2.80
J1165	Phenytoin Sodium (Dilantin)	.90
J9270	Plicamycin, (Mithracin) 2.5 mg	74.04
J2730	Pralidoxime Chloride, up to 1 gm (Protopam Chloride)	25.97
J2650	Prednisolone Acetate, up to 1 ml	.90
J2640	Prednisolone Sodium Phosphate, to 20 mg	.90
J1690	Prednisolone Tebutate, up to 20 mg	.90
J2690	Procainamide HCL, up to 1 gm (Pronestyl)	11.98
J0780	Prochlorperazine Edisylate 10 mg Compazine, Cotranzine, Compa-Z, Ultrazine-10	2.34
J2675	Progesterone, per 50 mg	1.48
J2950	Promazine HCL, up to 25 mg (Sparine, Prozine-50)	.90
J2550	Promethazine HCL, up to 50 mg (Phenergan, Phenazine)	.90
J1930	Propiomazine HCL, up to 20 mg	3.74
J1800	Propranolol HCL, up to 1 mg (Inderal)	5.63
J2720	Protamine Sulfate, per 10 mg	.90
J2725	Protirelin, per 250 mg	10.97
W5164	Respigam 2500 mg	539.29
J2790	Rho D Immune Globulin, (Rhogam) 3ml./300 mcg dose pack	64.80

<i>Procedure Codes</i>	<i>Description</i>	<i>Fees</i>
J7120	Ringers Lactate Infusion, up to 1000 cc	12.69
* J2820	Sargramostim (GM-CSF), (Leukine, Prokine) 50 mcg	21.20
J2860	Secobarbital Sodium, up to 250 mg (Seconal)	6.16
Y1856	Sodium Bicarbonate 7.5% up to 50 ml	16.07
J2912	Sodium Chloride 9% per ml	.90
J3320	Spectinomycin-Dihydrochloride, up to 2 gm (Trobicin)	16.51
J2995	Streptokinase, per 250,000 IU	89.54
* J3000	Streptomycin 1 gm	.90
J9320	Streptozocin, 1 gm (Zanosar)	61.96
* J3005	Strontium 89 Chloride 10 ml	2173.50
J0330	Succinylcholine Chloride, up to 20 mg (Anectine, Quelicin, Surostrin)	.07
J3030	Sumatriptan Succinate, 6 mg (Imitrex)	30.24
W5158	Taxotere 20 mg	223.20
W5159	Taxotere 80 mg	892.80
J3105	Terbutaline Sulfate, up to 1 mg (Brethine)	2.11
J1060	Testosterone Estradiol Cypionate, 50 mg	1.24
J1080	Testosterone Estradiol Cypionate, 200 mg	1.83
J1090	Testosterone Cypionate, 50 mg	.61
J1070	Testosterone Estradiol Cypionate, 100 mg	1.23
J0900	Testosterone Enanthate and Estradiol Valerate 1 cc	1.34
J3120	Testosterone Enanthate, 100 mg	.90
J3130	Testosterone Enanthate, 200 mg	1.22
J3150	Testosterone Propionate, 100 mg	1.21
J3140	Testosterone Suspension, 50 mg	.90
J1670	Tetanus Immune Globulin, Human, up to 250 units	23.63
J0120	Tetracycline, up to 250 mg (Achromycin)	10.95
J3280	Thiethylperazine Maleate, 10 mg (Norzine, Torecan)	4.75
J9340	Thiotepa Triethylthiophosphoromide, 15 mg	70.61
J2330	Thiothixene, up to 4 mg (Navane)	12.73
J3240	Thyrotropin, up to 10 i.u.	180.17
J3260	Tobramycin Sulfate, up to 80 mg (Nebcin)	6.07
* J3265	Torsemide 10 mg/ml	1.67
J2670	Tolazoline HCL, up to 25 mg (Priscoline HCL)	2.80
J3301	Triamcinolone Acetonide, per 10 mg	.90
J3302	Triamcinolone Diacetate, per 5 mg	.90
J3303	Triamcinolone Hexacetonide, per 5 mg	2.15
* J0400	Trimethapan Camsylate up to 500 mg	25.48
J3250	Trimethobenzamide HCL, up to 200 mg (Tigan)	2.01
* J3305	Trimetrexate Glucuronate 25 mg	47.52
J3350	Urea, up to 40 gm	63.23
J3365	Urokinase, 250,000 i.u. vial	376.79
J3364	Urokinase, 5000 iu vial	48.28
J3370	Vancomycin HCL, up to 500 mg	8.24
J9360	Vinblastine Sulfate, 1 mg	3.38
J9370	Vincristine Sulfate, 1 mg (Oncovin, Vincasar PFS)	27.14
J9375	Vincristine Sulfate, 2 mg	34.43
J9380	Vincristine Sulfate, 5 mg (Oncovin, Vincasar PFS)	86.09
J3420	Vitamin B- 12 Cyanocobalamin, up to 1000 mcg	.90
J3430	Vitamin K, Phytonadione	2.12

Checkwrite Schedule

June 10, 1997	July 8, 1997	August 5, 1997
June 17, 1997	July 15, 1997	August 12, 1997
June 26, 1997	July 24, 1997	August 19, 1997
		August 28, 1997

Electronic Cut-Off Schedule *

June 6, 1997	July 3, 1997	August 1, 1997
June 13, 1997	July 11, 1997	August 8, 1997
June 20, 1997	July 18, 1997	August 15, 1997
		August 22, 1997

* *Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.*

Paul R. Perruzzi, Director
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Department of Human Resources

James R. Clayton
Executive Director
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