

# NURSE PRACTITIONER Procedure Codes

eMedNY New York State Medicaid Provider Procedure  
Code Manual

## New York State Medicaid

Office of Health Insurance

Department of Health

CONTACTS and LINKS:

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<https://www.emedny.org/>

eMedNY Contact Information

(800) 343-9000

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## 1 DOCUMENT CONTROL PROPERTIES

| Control Item            | Value                                     |
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## 2 GENERAL INFORMATION

- A. **MULTIPLE CALLS:** If an individual patient is seen on more than one occasion during a single day, the fee for each visit may be allowed.
- B. **CHARGES FOR DIAGNOSTIC PROCEDURES:** Charges for special diagnostic procedures which are not considered to be a routine part of an examination (eg, ECG) are reimbursable in addition to the usual visit fee.
- C. **SEPARATE PROCEDURE:** Certain of the listed procedures are commonly carried out as an integral part of a total service and as such do not warrant a separate charge. When such a procedure is carried out as a separate entity, not immediately related to other services, the indicated value for "Separate Procedure" is applicable.
- D. **REFERRAL:** A referral is the transfer of the total or specific care of a patient from one physician or nurse practitioner to another and does not constitute a consultation. Initial evaluation and subsequent services are designated as listed in LEVELS OF E/M SERVICE. **Referral** is to be distinguished from consultation. REFERRAL is the transfer of the patient from one practitioner to another for definitive treatment.
- E. **CONSULTATION:** is advice and opinion from an accredited physician specialist called in by the attending practitioner in regard to the further management of the patient by the attending practitioner.

Consultation fees are applicable only when examinations are provided by an accredited physician specialist within the scope of his specialty upon request of the authorizing agency or of the attending practitioner who is treating the medical problem for which consultation is required. The attending practitioner must certify that he requested such consultation and that it was incident and necessary to his further care of the patient.

When the consultant physician assumes responsibility for a portion of patient management, he will be rendering concurrent care (use appropriate level of evaluation and management codes). If he has had the case transferred or referred to him, he should then use the appropriate codes for services rendered (eg, visits, procedures) on and subsequent to the date of transfer.

- F. **BY REPORT:** A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service. Additional items which may be included are: Complexity of symptoms, final diagnosis, pertinent physical findings (such as size, locations, and number of lesions(s), if appropriate), diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care.

When the value of a procedure is to be determined "By Report" (BR), information concerning the nature, extent and need for the procedure or service must be furnished in addition to the time, skill and equipment necessitated. Appropriate documentation (eg, procedure description, itemized invoices, etc.) should accompany all claims submitted.

Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.

- G. **MATERIALS SUPPLIED BY PRACTITIONER:** Supplies and materials provided, eg, sterile trays/drugs, **over and above** those usually included with the procedure(s), office visit or other services rendered may be listed separately. List drugs, trays, supplies and materials provided. Identify as 99070 or specific supply code.

Reimbursement for supplies and material (including drugs, vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner. For all items furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the item provided.

- H. **PRESCRIBER WORKSHEET:** Enteral formula requires voice interactive telephone prior authorization from the Medicaid program. The prescriber must initiate the authorization through this system. The worksheet specifies the questions asked on the voice interactive telephone system and must be maintained in the patient's clinical record. The worksheet

can be found on the Provider Communication link. [eMedNY : Provider Manuals : Nurse Practitioner Provider Communications](#)

- I. **PRIOR APPROVAL:** Payment for those listed procedures where the MMIS code number is underlined is dependent upon obtaining the approval of the Department of Health prior to performance of the procedure. If such prior approval is not obtained, no reimbursement will be made.
- J. **RADIOLOGY PRIOR APPROVAL:** Information for Ordering Providers- If you are **ordering** a CT, CTA, MRI, MRA, Cardiac Nuclear, or PET procedure, you or your office staff are required to obtain an approval number through the RadConsult program. Requests will be reviewed against guidelines, and a prior approval number will be issued.

Using a secure login, you will have the ability to access RadConsult Online or call the RadConsult contact center to check the status of procedure requests.

Beneficiaries who are eligible for both Medicaid and Medicare (dual eligible) or beneficiaries who are enrolled in a managed care plan are not included.

Additional information is available at:

<http://www.emedny.org/ProviderManuals/Radiology/>

- K. **DVS AUTHORIZATION (#):** Codes followed by # require an authorization via the dispensing validation system (DVS) before services are rendered.
- L. **PAYMENT IN FULL:** Fees paid in accordance with the allowances in the Medical Fee Schedule shall be considered full payment for services rendered. No additional charge shall be made by a practitioner.
- M. **FEES:** The fees are listed in the Nurse Practitioner Fee Schedule, available at <http://www.emedny.org/ProviderManuals/NursePractitioner/>

Listed fees are the maximum reimbursable Medicaid fees. Fees for the MOMS Program and PPAC Program can be found in the Enhanced Program Fee Schedule.

### 3 SERVICES PROVIDED IN ARTICLE 28 FACILITIES

The professional component for all services provided by a nurse practitioner in an Article 28 hospital outpatient clinic, hospital inpatient setting, emergency department, ambulatory surgery setting and diagnostic and treatment center (D&TC) for Medicaid fee-for-service patients is included in the APG or APR-DRG payment to the facility. Nurse practitioners may not bill Medicaid separately for professional services provided in an Article 28 facility.

## 4 MMIS MODIFIERS

Note: NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

Under certain circumstances, the MMIS code identifying a specific procedure or service must be expanded by two additional characters to further define or explain the nature of the procedure.

The circumstances under which such further description is required are detailed below along with the appropriate modifiers to be added to the basic code when the particular circumstance applies.

- 24** Unrelated Evaluation and Management Service by the Same Practitioner during a Postoperative Period: The practitioner may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier -24 to the appropriate level of E/M service. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- 25** Significant, Separately Identifiable Evaluation and Management Service by the Same Practitioner on the Day of a Procedure: (Effective 10/1/92) The practitioner may need to indicate that on the day a procedure or service identified by an MMIS code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition, for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding the modifier -25 to the appropriate level of E/M service.  
**NOTE:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- 77** Repeat Procedure by Another Practitioner: The practitioner may need to indicate that a basic procedure performed by another practitioner had to be repeated. This situation may be reported by adding modifier -77 to the repeated service. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- 79** Unrelated Procedure or Service by the Same Practitioner During the Postoperative Period: The practitioner may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier -79 to the related procedure. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- EP** Child/Teen Health Program (EPSDT Program): Service provided as part of the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program or Child/Teen Health Program will be identified by adding the modifier -EP to the usual procedure number. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule



- amount.)
- FP** Service Provided as Part of Family Planning Program: All Family Planning Services will be identified by adding the modifier '-FP' to the usual procedure code: number. (Reimbursement will not exceed 100% of the maximum State' Medical Fee Schedule amount.)
- SL** State Supplied Vaccine: (Used to identify administration of vaccine supplied by the Vaccines for Children Program (VFC) for children under 19 years of age). When administering vaccine supplied by the state (VFC program), you **must** append modifier –SL State Supplied Vaccine to the procedure code number representing the vaccine administered. Omission of this modifier on claims for recipients under 19 years of age will cause your claim to deny. (Reimbursement will not exceed \$17.85, the administration fee for the VFC program.)

## 5 EVALUATION/ MANAGEMENT SERVICES

### 5.1 GENERAL RULES AND INFORMATION

- A. **PRIMARY CARE**: Primary care is first contact care, the type furnished to individuals when they enter the health care system. Primary care is comprehensive in that it deals with a wide range of health problems, diagnosis and modes of treatment. Primary care is continuous in that an ongoing relationship is established with the primary care practitioner who monitors and provides the necessary follow-up care and is coordinated by linking patients with more varied specialized services when needed. Consultations and care provided on referral from another practitioner is not considered primary care.
- B. **CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES**: The Federal Health Care Finance Administration has mandated that all state Medicaid programs utilize the new Evaluation and Management coding as published in the American Medical Association's CPT.
- C. **LEVELS OF E/M SERVICES**: Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. **The Evaluation and Management guidelines in the CPT book should be referenced when selecting the level of E/M codes.**
- D. **FAMILY PLANNING CARE**: In accordance with approval received by the State Director of the Budget, effective July 1, 1973 in the Medicaid Program, all family planning services are to be reported on claims using appropriate MMIS code numbers listed in this fee schedule in combination with modifier -FP.

This reporting procedure will assure to New York State the higher level of federal

reimbursement which is available when family planning services are provided to Medicaid patients (90% instead of 50% for other medical care). It will also provide the means to document conformity with mandated federal requirements on provision of family planning services.

- E. **EVALUATION AND MANAGEMENT SERVICES (OUTPATIENT OR INPATIENT):** Evaluation and management fees do not apply to preoperative consultations or follow-up visits as designated in accordance with the surgical fees listed in the SURGERY section of the State Medical Fee Schedule.

For additional information on the appropriate circumstances governing the billing of the hospital visit procedure codes see **PRACTITIONER SERVICES PROVIDED IN HOSPITALS**.

## **5.2 OFFICE OR OTHER OUTPATIENT SERVICES**

### **5.2.1 NEW PATIENT**

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and /or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and /or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and /or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and /or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

### **5.2.2 ESTABLISHED PATIENT**

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires medically appropriate history and/ or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/ or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/ or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/ or examination and high level of medical decision making. When using time for code selection 40-54 minutes of total time is spent on the date of the encounter

## **5.3 HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES**

### **5.3.1 INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE**

#### **5.3.1.1 NEW OR ESTABLISHED PATIENT**

- 99221 Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.  
When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
- 99222 Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.  
When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
- 99223 Initial hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.  
When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

#### **5.3.2 SUBSEQUENT HOSPITAL INPATIENT OR OBSERVATION CARE**

- 99231 Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.  
When using total time on the date of the encounter for code selection, 25 minutes must be met or executed.
- 99232 Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.  
When using total time on the date of the encounter for code selection, 35 minutes must be met or executed.
- 99233 Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.  
When using total time on the date of the encounter for code selection, 50 minutes must be

met or executed.

### **5.3.3 HOSPITAL INPATIENT OR OBSERVATION CARE SERVICES (INCLUDING ADMISSION AND DISCHARGE SERVICES)**

- 99234 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making  
When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
- 99235 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making  
When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.
- 99236 Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making  
When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.

### **5.3.4 HOSPITAL INPATIENT OR OBSERVATION DISCHARGE SERVICES**

- 99238 Hospital inpatient or observation discharge day management; 30 minutes or less  
99239 more than 30 minutes

## **5.4 EMERGENCY DEPARTMENT SERVICES**

### **5.4.1 NEW OR ESTABLISHED PATIENT**

- 99281 Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
- 99282 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making
- 99283 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making
- 99284 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
- 99285 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making

## **5.5 NURSING FACILITY SERVICES**

The following codes are used to report evaluation and management services to patients in Nursing

Facilities (formerly called Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs) or Long- Term Care Facilities (LTCFs)).

## **5.5.1 INITIAL NURSING FACILITY CARE**

### **5.5.1.1 NEW OR ESTABLISHED PATIENT**

99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires medically appropriate history and/or examination and straightforward or low level of medical decision making.

When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.

99305 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.

99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

## **5.5.2 SUBSEQUENT NURSING FACILITY CARE**

99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.

When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

## **5.5.3 NURSING FACILITY DISCHARGE SERVICES**

- 99315 Nursing facility discharge day management; 30 minutes or less  
99316 more than 30 minutes

## 5.6 HOME OR RESIDENCE SERVICES

### 5.6.1 NEW PATIENT

- 99341 Home or residence visit for the evaluation and management of a new patient, which requires medically appropriate history and/or examination and straightforward medical decision making.  
When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
- 99342 Home or residence visit for the evaluation and management of a new patient, which requires medically appropriate history and/or examination and low-level of medical decision making.  
When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- 99344 Home or residence visit for the evaluation and management of a new patient, which requires medically appropriate history and/or examination and moderate level of medical decision making.  
When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
- 99345 Home or residence visit for the evaluation and management of a new patient, which requires medically appropriate history and/or examination and high level of medical decision making.  
When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

### 5.6.2 ESTABLISHED PATIENT

- 99347 Home or residence visit for the evaluation and management of an established patient, which requires medically appropriate history and/or examination and straightforward medical decision making.  
When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
- 99348 Home or residence visit for the evaluation and management of an established patient, which requires medically appropriate history and/or examination and low-level of medical decision making.  
When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- 99349 Home or residence visit for the evaluation and management of an established patient, which requires medically appropriate history and/or examination and moderate level of medical decision making.  
When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
- 99350 Home or residence visit for the evaluation and management of an established patient, which requires medically appropriate history and/or examination and high level of medical

decision making.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

## 5.7 PROLONGED SERVICES

### 5.7.1 PROLONGED SERVICES WITH OR WITHOUT DIRECT PATIENT CONTACT ON THE DATE OF AN EVALUATION AND MANAGEMENT SERVICE

99417 Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)

## 5.8 PREVENTIVE MEDICINE SERVICES

### 5.8.1 NEW PATIENT

99381 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

99382 early childhood (age 1 through 4 years)

99383 late childhood (age 5 through 11 years)

99384 adolescent (age 12 through 17 years)

99385 18-39 years

99386 40-64 years

99387 65 years and older

### 5.8.2 ESTABLISHED PATIENT

99391 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)

99392 early childhood (age 1 through 4 years)

99393 late childhood (age 5 through 11 years)

99394 adolescent (age 12 through 17 years)

99395 18 - 39 years

99396 40 - 64 years

99397 65 years and older

### 5.8.3 COUNSELING RISK FACTOR REDUCTION AND BEHAVIOR CHANGE INTERVENTION

#### 5.8.3.1 NEW OR ESTABLISHED PATIENT

##### 5.8.3.1.1 BEHAVIOR CHANGE INTERVENTIONS, INDIVIDUAL

99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 intensive, greater than 10 minutes

## 5.9 NON-FACE-TO-FACE SERVICES

### 5.9.1 TELEPHONE SERVICES

- 99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442 11-20 minutes of medical discussion
- 99443 21-30 minutes of medical discussion

### 5.9.2 DIGITALLY STORED DATA SERVICES/REMOTE PHYSIOLOGIC MONITORING

- 99453 Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 99454 device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

### 5.10 NEWBORN CARE SERVICES

- 99460 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
- 99462 Subsequent hospital care, per day, for evaluation and management of normal newborn
- 99463 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date

## 6 LABORATORY SERVICES PERFORMED IN THE OFFICE

Certain laboratory procedures specified below are eligible for direct nurse practitioner reimbursement when performed in the office of the nurse practitioner in the course of treatment of her own patients.

The nurse practitioner must be registered with the federal Health Care Finance Administration (HCFA) to perform laboratory procedures as required by the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA '88).

Procedures other than those specified must be performed by a laboratory, holding a valid clinical laboratory permit in the commensurate laboratory, specialty issued by the New York State Department of Health or, where appropriate, the New York City Department of Health.

For detection of pregnancy, use code 81025.

Procedure code 85025, complete blood count (CBC), may not be billed with its component codes 85007, 85013, 85018, 85041 or 85048.

- 81000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 81001 automated, with microscopy
- 81002 non-automated, without microscopy



- 81003 automated, without microscopy
- 81015 Urinalysis; microscopic only
- 81025 Urine pregnancy test, by visual color comparison methods
- 83655 Lead
- 85007 Blood count; blood smear, microscopic examination with manual differential WBC count
- 85013 spun microhematocrit
- 85018 hemoglobin (Hgb)
- 85025 complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
- 85041 red blood cell (RBC) automated
- 85048 leukocyte (WBC), automated
- 85651 Sedimentation rate, erythrocyte; non-automated
- 85652 automated
- 86701 Antibody; HIV-1
- 86703 HIV-1 and HIV-2, single result
- 87081 Culture, presumptive, pathogenic organisms, screening only;
- 87426 Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
- 87428 Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
- 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
- 87636 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
- 87651 Streptococcus, group A, amplified probe technique
- 87806 HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
- 87811 Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
- 87880 Streptococcus, group A

NOTE: Medicare reimburses for these services at 100 percent. No Medicare co-insurance payments may be billed for the above listed procedure codes.

## 7 DRUGS AND DRUG ADMINISTRATION

## 7.1 IMMUNIZATION GUIDELINES

If a significantly separately identifiable Evaluation and Management services (eg, office service, preventative medicine services) is performed, the appropriate E/M code should be reported in addition to the vaccine and toxoid codes.

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection.

Immunization procedures include reimbursement for the supply of materials and administration. Reimbursement for drugs (including vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

## 7.2 IMMUNE GLOBULINS, SERUM OR RECOMBINANT PRODUCTS

- 90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
- 90371 Hepatitis B immune globulin (HBIG), human, for intramuscular use
- 90375 Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous
- 90376 Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use
- 90377 Rabies immune globulin, heat-and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and /or subcutaneous use
- 90378 Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
- 90384 Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use
- 90385 Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use
- 90386 Rho(D) immune globulin (RhIGIV), human, for intravenous use
- 90389 Tetanus immune globulin (TIG), human, for intramuscular use
- 90393 Vaccinia immune globulin, human, for intramuscular use
- 90396 Varicella-zoster immune globulin, human, for intramuscular use
- 90399 Unlisted immune globulin

## 7.3 IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

- 90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
- 90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

- 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
- 90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

## 7.4 VACCINES/TOXOIDS

For dates of service on or after 7/1/03 when immunization materials are supplied by the Vaccines for Children Program (VFC), bill using the procedure code that represents the immunization(s) administered and **append modifier –SL State Supplied Vaccine** to receive the VFC administration fee. See Modifier Section for further information.

For administration of vaccines supplied by VFC, including influenza and pneumococcal administration, providers will be required to bill vaccine administration code 90460. Providers must continue to bill the specific vaccine code with the “SL” modifier on the claim (payment for “SL” will be \$0.00). If an administration code is billed without a vaccine code with “SL”, the claim will be denied. For reimbursement purposes, the administration of the components of a combination vaccine will continue to be considered as one vaccine administration. More than one vaccine administration is reimbursable under 90460 on a single date of service.

**NOTE:** The maximum fees for immunization injection codes are adjusted periodically by the State to reflect the current acquisition cost of the antigen. For immunizations not supplied by the VFC Program insert acquisition cost in amount charged field on claim form. For codes listed **BR/Report required**, also attach itemized invoice to claim form.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported with modifier –SL. Multiple codes for a particular vaccine are provided in CPT when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

Separate codes are available for combination vaccines (eg, DTP-Hib, DtaP-Hib, HepB-Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the Unlisted procedure code should be reported, until a new code becomes available.

- 90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
- 90586 Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
- 90619 Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
- 90620 *Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, (MenB-4C), 2 dose schedule, for intramuscular use*
- 90621 *Meningococcal recombinant lipoprotein vaccine, Serogroup B, (MenB-FHpb), 2 or 3 dose schedule, for intramuscular use*
- 90630 Influenza vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use

- 90632 Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
- 90633 Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
- 90636 Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
- 90647 Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
- 90648 Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
- 90649 Human Papillomavirus vaccine, types 6, 11, 16, 18 quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
- 90650 Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
- 90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
- 90653 Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
- 90655 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90656 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5mL dosage, for intramuscular use
- 90657 Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
- 90658 Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage for intramuscular use
- 90660 Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
- 90661 Influenza virus vaccine trivalent(cclIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90662 Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
- 90670 Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
- 90671 Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
- 90672 Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
- 90673 Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- 90674 Influenza virus vaccine; quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90675 Rabies vaccine, for intramuscular use
- 90676 Rabies vaccine, for intradermal use
- 90677 Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
- 90680 Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
- 90681 Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
- 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- 90685 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage,

- for intramuscular use
- 90687 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
- 90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90690 Typhoid vaccine, live, oral
- 90691 Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
- 90694 Influenza virus vaccine, quadrivalent, (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use.
- 90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
- 90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
- 90698 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type B, and inactivated poliovirus vaccine, (DTaP –IPV/Hib), for intramuscular use
- 90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
- 90702 Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
- 90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
- 90710 Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
- 90713 Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
- 90714 Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
- 90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
- 90716 Varicella virus vaccine (VAR), live, for subcutaneous use
- 90717 Yellow fever vaccine, live, for subcutaneous use
- 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, (DTaP-HepB-IPV), for intramuscular use
- 90732 Pneumococcal polysaccharide vaccine, 23-valent,(PPSV23),adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
- 90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 , quadrivalent (MCV4 or MenACWY), for intramuscular use
- 90736 Zoster (shingles) vaccine,(HZV),live, for subcutaneous injection
- 90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use
- 90739 Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
- 90740 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
- 90743 Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use

- 90744 Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
- 90746 Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
- 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
- 90748 Hepatitis B and Haemophilus influenza type b (Hib-HepB), for intramuscular use
- 90749 Unlisted vaccine/toxoid
- 90750 Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
- 90756 Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use
- 90759 Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use

## 7.5 DRUGS ADMINISTERED OTHER THAN ORAL METHOD GUIDELINES

The following list of drugs can be injected either subcutaneous, intramuscular or intravenously. A listing of chemotherapy drugs can be found in the Chemotherapy Section.

New York State Medicaid's policy for coverage of drugs administered by subcutaneous, intramuscular or intravenous methods in the physician's office is as follows: These drugs are covered for FDA approved indications and those recognized off-label indications listed in the drug compendia (the American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, the DrugDex information system or Facts and Comparisons). In the absence of such a recognized indication, an approved Institutional Review Board (IRB) protocol would be required with documentation maintained in the patient's clinical file. Drugs are not covered for investigational or experimental use.

Reimbursement for drugs (including vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.

New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**NOTE:** The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert acquisition cost per dose in amount charged field on claim form. For codes listed as BR in the Fee Schedule, also attach an itemized invoice to claim form.

### 7.5.1 THERAPEUTIC INJECTIONS (Maximum fee includes cost of materials)

- J0121 Omadacycline, 1 mg
- J0129 Abatacept, 10 mg  
(Administered under direct physician supervision, not for self-administration)

|              |  |
|--------------|--|
| J0134        | Acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 10 mg                                      |
| J0135        | Adalimumab, 20 mg  |
| J0136        | Acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg   |
| J0153        | Adenosine, 1 mg<br>(Not to be used to report any adenosine phosphate compounds, instead use unlisted code)         |
| J0171        | Adrenalin, epinephrine, 0.1 mg   |
| J0180        | Agalsidase beta, 1 mg  |
| J0185        | Aprepitant, 1 mg   |
| J0202        | Alemtuzumab, 1 mg  |
| J0205        | Alglucerase, per 10 units  |
| J0207        | Amifostine, 500 mg   |
| J0208        | Sodium thiosulfate, 100 mg   |
| J0210        | Methyldopate HCl, up to 250 mg   |
| J0215        | Alefacept, 0.5 mg  |
| J0218        | Olipudase alfa-rpcp, 1mg   |
| J0219        | Avalglucosidase alfa-ngpt, 4 mg  |
| J0222        | Patisiran, 0.1 mg  |
| J0223        | Givosiran, 0.5 mg  |
| J0224        | Lumasiran, 0.5mh   |
| J0225        | Vutrisiran, 1 mg   |
| J0248        | Remdesivir, 1 mg   |
| J0256        | Alpha 1proteinase inhibitor (human), not otherwise specified, 10 mg  |
| <u>J0270</u> | Alprostadil, per 1.25 mcg<br>(Administered under direct physician supervision, not for self-administration)        |
| <u>J0275</u> | Alprostadil urethral suppository<br>(Administered under direct physician supervision, not for self-administration) |
| J0280        | Aminophylline, up to 250 mg  |
| J0290        | Ampicillin sodium, up to 500 mg  |
| J0291        | Plazomicin, 5 mg   |
| J0295        | Ampicillin sodium/sulbactam sodium, per 1.5 gm   |
| J0300        | Amobarbital, up to 125 mg  |
| J0360        | Hydralazine HCl, up to 20 mg   |
| J0380        | Metaraminol bitartrate, per 10 mg  |
| J0390        | Chloroquine HCl, up to 250 mg  |
| J0456        | Azithromycin, 500 mg   |
| J0461        | Atropine sulfate, 0.01 mg  |
| J0470        | Dimercaprol, per 100 mg  |
| J0475        | Baclofen, 10 mg  |
| J0491        | Anifrolumab-fnia, 1 mg   |
| J0500        | Dicyclomine HCl, up to 20 mg   |
| J0515        | Benzotropine mesylate, per 1 mg  |
| J0517        | Benralizumab, 1 mg   |
| J0520        | Bethanechol chloride, myotonachol or urecholine, up to 5 mg  |

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|-------|---|
| J0558 | Penicillin G benzathine and penicillin G procaine, 100,000 units  |
| J0561 | Penicillin G benzathine, 100,000 units  |
| J0565 | Bezlotoxumab, 10 mg   |
| J0584 | Burosumab-twza, 1mg   |
| J0585 | OnabotulinumtoxinaA, 1 unit   |
| J0586 | AbobotulinumtoxinaA, 5 units  |
| J0587 | RimabotulinumtoxinB, 100 units  |
| J0593 | Lanadelumab-flyso, 1 mg<br>(Administered under direct physician supervision, not for self-administration) |
| J0599 | C1 esterase inhibitor (human), (haegarda), 10 units   |
| J0600 | Edetate calcium disodium, up to 1000 mg   |
| J0610 | Calcium gluconate (Fresenius Kabi), per 10 ml   |
| J0611 | Calcium gluconate (wg critical care), per 10 ml   |
| J0612 | Calcium glucon (fresenius), per 10 mg   |
| J0613 | Calcium glucon (wg critical)  |
| J0620 | Calcium glycerophosphate and calcium lactate, per 10 ml   |
| J0630 | Calcitonin salmon, up to 400 units  |
| J0636 | Calcitriol, 0.1 mcg   |
| J0640 | Leucovorin calcium, per 50 mg   |
| J0641 | Levoleucovorin, not otherwise specified, 0.5 mg   |
| J0642 | Levoleucovorin (khapsory), 0.5 mg   |
| J0689 | Cefazolin sodium (baxter), not therapeutically equivalent to J0690, 500 mg                                |
| J0690 | Cefezolin sodium, up to 500 mg  |
| J0694 | Cefoxitin sodium, 1 gm  |
| J0696 | Ceftriaxone sodium, per 250 mg  |
| J0697 | Sterile cefuroxime sodium, per 750 mg   |
| J0698 | Cefotaxime sodium, per gm   |
| J0701 | Cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg                       |
| J0702 | Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg  |
| J0703 | Cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg                      |
| J0710 | Cephapirin sodium, up to 1 gm   |
| J0713 | Ceftazidime, per 500 mg   |
| J0715 | Ceftizoxime sodium, per 500 mg  |
| J0720 | Chloramphenicol sodium succinate, up to 1 gm  |
| J0725 | Chorionic gonadotropin, per 1,000 USP units   |
| J0739 | Cabotegravir, 1 mg  |
| J0740 | Cidofovir, 375 mg   |
| J0741 | Cabotegravir and rilpivirine, 2mg/3mg   |
| J0744 | Ciprofloxacin for intravenous infusion, 200 mg  |
| J0745 | Codeine phosphate, per 30 mg  |
| J0770 | Colistimethate sodium, up to 150 mg   |
| J0780 | Prochlorperazine, up to 10 mg   |
| J0791 | Crizanlizumab-tmca, 5mg   |
| J0834 | Cosyntropin 0.25 mg   |



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| J0875 | Dalbavancin, 5 mg   |
| J0881 | Darbepoetin alfa, 1 mcg (Non-ESRD use)                                |
| J0885 | Epoetin alfa, (Non-ESRD use), 1000 units                              |
| J0888 | Epoetin beta, 1 mcg (Non-ESRD-use)                                    |
| J0893 | Decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg |
| J0894 | Decitabine, 1 mg  |
| J0895 | Deferoxamine mesylate, 500 mg   |
| J0896 | Luspatercept-aamt, 0.25 mg  |
| J0945 | Brompheniramine maleate, per 10 mg                                    |
| J1000 | Depo-estradiol cypionate, up to 5 mg                                  |
| J1020 | Methylprednisolone acetate, 20 mg                                     |
| J1030 | Methylprednisolone acetate, 40 mg                                     |
| J1040 | Methylprednisolone acetate, 80 mg                                     |
| J1050 | Injection, medroxyprogesterone acetate, 1 mg                          |
| J1071 | Testosterone cypionate, 1 mg  |
| J1094 | Dexamethasone acetate, 1 mg   |
| J1100 | Dexamethasone sodium phosphate, 1 mg                                  |
| J1110 | Dihydroergotamine mesylate, per 1 mg                                  |
| J1120 | Acetazolamide sodium, up to 500 mg                                    |
| J1160 | Digoxin, up to 0.5 mg   |
| J1165 | Phenytoin sodium, per 50 mg   |
| J1170 | Hydromorphone, up to 4 mg   |
| J1180 | Dyphylline, up to 500 mg  |
| J1190 | Dexrazoxane HCl, per 250 mg   |
| J1200 | Diphenhydramine HCl, up to 50 mg                                      |
| J1205 | Chlorothiazide sodium, per 500 mg                                     |
| J1212 | DMSO, dimethyl sulfoxide, 50%, 50 ml                                  |
| J1230 | Methadone HCl, up to 10 mg  |
| J1240 | Dimenhydrinate, up to 50 mg   |
| J1260 | Dolasetron mesylate, 10 mg  |
| J1300 | Eculizumab, 10 mg   |
| J1301 | Edaravone, 1 mg   |
| J1302 | Sutimlimab-jome, 10 mg  |
| J0305 | Evinacumab-dgnb, 5mg  |
| J1306 | Inclisiran,1 mg   |
| J1320 | Amitriptyline HCl, up to 20 mg  |
| J1322 | Elosulfase alfa, 1 mg   |
| J1330 | Ergonovine maleate, up to 0.2 mg                                      |
| J1364 | Erythromycin lactobionate, per 500 mg                                 |
| J1380 | Estradiol valerate, up to 10 mg                                       |
| J1410 | Estrogen conjugated, per 25 mg  |
| J1427 | Viltolarsen, 10 mg  |
| J1435 | Estrone, per 1 mg   |
| J1436 | Etidronate disodium, per 300 mg                                       |

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| J1437 | Ferric derisomaltose, 10 mg  |
| J1438 | Etanercept, 25 mg<br>(Administered under direct physician supervision, not self-administered)    |
| J1439 | Ferric Carboxymaltose, 1 mg  |
| J1442 | Filgrastim (G CSF),excludes biosimilars, 1 microgram   |
| J1447 | Tbo-Filgrastim, 1 microgram  |
| J1448 | Trilaciclib, 1mg   |
| J1449 | Eflapegrastim-xnst, 0.1mg  |
| J1450 | Fluconazole, 200 mg  |
| J1452 | Fomivirsen sodium, intraocular, 1.65 mg  |
| J1453 | Fosaprepitant, 1 mg  |
| J1454 | Fosnetupitant 235 mg and palonestron 0.25 mg   |
| J1455 | Foscarnet sodium, per 1000 mg  |
| J1456 | Fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg                              |
| J1458 | Galsulfase, 1 mg   |
| J1459 | Immune globulin (Privigen), intravenous, non lyophilized (e.g. liquid), 500 mg                   |
| J1460 | Gamma globulin, intramuscular, 1 cc  |
| J1551 | Immune globulin (Cutaquig), 100 mg   |
| J1554 | Immune globulin (Asceniv), 500 mg  |
| J1555 | Immune globulin (Cuvitru), 100 mg  |
| J1556 | Immune globulin (Bivigam), 500 mg  |
| J1560 | Gamma globulin, intramuscular, over 10 cc  |
| J1561 | Immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg                     |
| J1562 | Immune globulin (Vivaglobin), 100 mg   |
| J1566 | Immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg         |
| J1568 | Immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg                   |
| J1569 | Immune globulin, (Gammagard Liquid), non-lyophilized, (e.g. liquid), 500 mg                      |
| J1570 | Ganciclovir sodium, 500 mg   |
| J1572 | Immune globulin, (flebogamma/flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg |
| J1573 | Hepatitis B immune globulin (HepaGam B), intravenous, 0.5 ml                                     |
| J1574 | Ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg                       |
| J1575 | Immune globulin/Hyaluronidase (HYQVIA), 100 mg   |
| J1580 | Garamycin, gentamicin, up to 80 mg   |
| J1595 | Glatiramer acetate, 20 mg  |
| J1599 | Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg     |
| J1600 | Gold sodium thiomalate, up to 50 mg  |
| J1602 | Golimumab, per 1 mg for Intravenous use  |
| J1610 | Glucagon HCl, per 1 mg   |
| J1611 | Glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to J1610, per 1 mg       |
| J1620 | Gonadorelin HCl, per 100 mcg   |
| J1626 | Granisetron HCl, 100 mcg   |
| J1627 | Granisetron, extended-release, 0.1 mg  |

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| J1628 | Guselkumab, 1 mg  |
| J1630 | Haloperidol, up to 5 mg   |
| J1631 | Haloperidol decanoate, per 50 mg  |
| J1642 | Heparin sodium, (heparin lock flush), per 10 units  |
| J1643 | Heparin sodium (pfizer), not therapeutically equivalent to J1644, per 1000 units  |
| J1644 | Heparin sodium, per 1000 units  |
| J1645 | Dalteparin sodium, per 2500 IU  |
| J1652 | Fondaparinux sodium, 0.5 mg   |
| J1655 | Tinzaparin sodium, 1000 IU  |
| J1710 | Hydrocortisone sodium phosphate, up to 50 mg  |
| J1720 | Hydrocortisone sodium succinate, up to 100 mg   |
| J1726 | Injection, hydroxyprogesterone caproate, (Makena), 10 mg  |
| J1729 | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg   |
| J1730 | Diazoxide, up to 300 mg   |
| J1738 | Meloxicam, 1mg  |
| J1740 | Ibandronate sodium, 1 mg  |
| J1741 | Injection, ibuprofen, 100 mg  |
| J1745 | Infliximab, 10 mg   |
| J1746 | Ibalizumab-uiyk, 10 mg  |
| J1747 | Spesolimab-sbzo, 1 mg   |
| J1750 | Iron dextran, 50 mg   |
| J1756 | Iron sucrose, 1 mg  |
| J1786 | Imiglucerase, 10 units  |
| J1790 | Droperidol, up to 5 mg  |
| J1800 | Propranolol HCl, up to 1 mg   |
| J1815 | Insulin, per 5 units  |
| J1817 | Insulin (i.e., insulin pump) per 50 units<br>(Administered under direct physician supervision, not for self-administration) |
| J1823 | Inebilizumab-cdon, 1 mg   |
| J1826 | Interferon beta-1a, 30 mcg  |
| J1830 | Interferon beta-1b, 0.25 mg<br>(Administered under direct physician supervision, not for self-administration)               |
| J1840 | Kanamycin sulfate, up to 500 mg   |
| J1850 | Kanamycin sulfate, up to 75 mg  |
| J1885 | Ketorolac tromethamine, per 15 mg   |
| J1890 | Cephalothin sodium, up to 1 gm  |
| J1930 | Lanreotide, 1 mg  |
| J1931 | Laronidase, 0.1 mg  |
| J1932 | Lanreotide, (cipl), 1 mg  |
| J1940 | Furosemide, up to 20 mg   |
| J1943 | Aripiprazole lauroxil (aristada initio), 1 mg   |
| J1944 | Aripiprazole lauroxil (aristada), 1 mg  |
| J1950 | Leuprolide acetate (for depot suspension), per 3.75 mg  |
| J1951 | Leuprolide acetate for depot suspension (fensolvi), per .25 mg  |

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| J1952        | Leuprolide injectable, camcevi, 1 mg   |
| J1954        | Lutrate depot 7.5 mg   |
| J1955        | Levocarnitine, per 1 gm  |
| J1960        | Levorphanol tartrate, up to 2 mg   |
| J1980        | Hyoscyamine sulfate, up to 0.25 mg   |
| J1990        | Chlordiazepoxide HCl, up to 100 mg   |
| J2001        | Lidocaine HCl for intravenous infusion, 10 mg  |
| J2010        | Lincomycin HCl, up to 300 mg   |
| J2021        | Linezolid (hospira) not therapeutically equivalent to J2020, 200 mg                    |
| J2060        | Lorazepam, 2 mg  |
| J2150        | Mannitol, 25% in 50 ml   |
| J2175        | Meperidine HCl, per 100 mg   |
| J2184        | Meropenem (b. braun) not therapeutically equivalent to J2185, 100 mg                   |
| J2210        | Methylergonovine maleate, up to 0.2 mg   |
| J2247        | Micafungin sodium (par pharm) not thereapeutically equivalent to J2248, 1 mg           |
| J2248        | Micafungin sodium, 1 mg  |
| J2260        | Milrinone lactate, per 5 mg  |
| J2270        | Morphine sulfate, up to 10 mg  |
| J2272        | Morphine sulfate (fresenius kabi) not therapeutically equivalent to J2270, up to 10 mg |
| J2274        | Morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg             |
| J2278        | Ziconotide, 1 mcg  |
| J2281        | Moxifloxacin (fresenius kabi) not therapeutically equivalent to J2280, 100 mg          |
| J2310        | Naloxone hydrochloride, per 1 mg   |
| J2311        | Naloxone hydrochloride (zimhi), 1 mg   |
| J2320        | Nandrolone decanoate, up to 50 mg  |
| J2323        | Natalizumab, 1 mg  |
| J2327        | Risankizumab-rzaa, intravenous, 1 mg   |
| J2350        | Ocrelizumab, 1 mg  |
| J2353        | Octreotide, depot form for intramuscular injection, 1 mg                               |
| J2355        | Oprelvekin, 5 mg   |
| J2356        | Tezepelumab-ekko, 1 mg   |
| J2357        | Omalizumab, 5 mg   |
| J2358        | Olanzapine, long-acting, 1 mg  |
| J2360        | Orphenadrine citrate, up to 60 mg  |
| J2370        | Phenylephrine HCl, up to 1 ml  |
| J2405        | Ondansetron HCl, per 1 mg  |
| J2406        | Oritavancin (kimyrsa), 10 mg   |
| J2407        | Oritavancin, 10 mg   |
| J2410        | Oxymorphone HCl, up to 1 mg  |
| J2425        | Palifermin, 50 mg  |
| J2426        | Paliperidone palmitate extended release, 1 mg  |
| J2430        | Pamidronate disodium, per 30 mg  |
| <u>J2440</u> | Papaverine HCl, up to 60 mg  |
| J2460        | Oxytetracycline HCl, up to 50 mg   |

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| J2469        | Palonosetron HCl, 25 mcg   |
| J2502        | Pasireotide long acting, 1 mg  |
| J2504        | Pegademase bovine, 25 IU   |
| J2506        | Pegfilgrastim, excludes biosimilar, 0.5 mg   |
| J2510        | Penicillin G procaine, aqueous, up to 600,000 units  |
| J2513        | Pentastarch, 10% solution, 100 ml  |
| J2515        | Pentobarbital sodium, per 50 mg  |
| J2540        | Penicillin G potassium, up to 600,000 units  |
| J2545        | Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg |
| J2550        | Promethazine HCl, up to 50 mg  |
| J2560        | Phenobarbital sodium, up to 120 mg   |
| J2590        | Oxytocin, up to 10 units   |
| J2597        | Desmopressin acetate, per 1 mcg  |
| J2650        | Prednisolone acetate, up to 1 ml   |
| J2670        | Tolazoline HCl, up to 25 mg  |
| J2675        | Progesterone, per 50 mg  |
| J2680        | Fluphenazine decanoate, up to 25 mg  |
| J2690        | Procainamide HCl, up to 1 gm   |
| J2700        | Oxacillin sodium, up to 250 mg   |
| J2710        | Neostigmine methylsulfate, up to 0.5 mg  |
| J2720        | Protamine sulfate, per 10 mg   |
| J2730        | Pralidoxime chloride, up to 1 gm   |
| <u>J2760</u> | Phentolamine mesylate, up to 5 mg  |
| J2765        | Metoclopramide HCl, up to 10 mg  |
| J2777        | Faricimab-svoa, 0.1 mg   |
| J2779        | Ranibizumab, via intravitreal implant (susvimo), 0.1 mg  |
| J2780        | Ranitidine HCl, 25 mg  |
| J2783        | Rasburicase, 0.5 mg  |
| J2794        | Risperidone, (Risperdal consta), 0.5 mg  |
| J2796        | Romiplostim, 10 micrograms   |
| J2797        | Rolapitant, 0.5 mg   |
| J2798        | Risperidone (perseris), 0.5 mg   |
| J2800        | Methocarbamol, up to 10 ml   |
| J2820        | Sargramostim (GM-CSF), 50 mcg  |
| J2860        | Siltuximab, 10 mg  |
| J2910        | Aurothioglucose, up to 50 mg   |
| J2916        | Sodium ferric gluconate complex in sucrose injection, 12.5 mg  |
| J2920        | Methylprednisolone sodium succinate, up to 40 mg-  |
| J2930        | Methylprednisolone sodium succinate, up to 125 mg  |
| J2940        | Somatrem, 1 mg   |
| J2941        | Somatropin, 1 mg   |
| J2995        | Streptokinase, per 250,000 IU  |
| J2998        | Plasminogen, human-tvmh, 1 mg  |

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| J3000 | Streptomycin, up to 1 gm  |
| J3030 | Sumatriptan succinate, 6 mg   |
| J3031 | Fremanezumab-vfrm, 1 mg<br>(Administered under direct physician supervision, not for self-administration) |
| J3032 | Eptinezumab-jjmr, 1 mg  |
| J3060 | Taliglucerase alfa, 10 units  |
| J3070 | Pentazocine, 30 mg  |
| J3090 | Tedizolid phosphate, 1 mg   |
| J3095 | Televancin, 10 mg   |
| J3105 | Terbutaline sulfate, up to 1 mg   |
| J3111 | Romosozumab-aqqg, 1 mg  |
| J3121 | Testosterone, enanthate, 1 mg   |
| J3145 | Testosterone, undecanoate, 1 mg   |
| J3230 | Chlorpromazine HCl, up to 50 mg   |
| J3240 | Thyrotropin alpha, 0.9 mg. provided in 1.1 mg   |
| J3241 | Teprotumumab-trbw, 10 mg  |
| J3244 | Tigecycline (accord) not therapeutically equivalent to J3243, 1 mg  |
| J3245 | Tildrakizumab, 1 mg   |
| J3250 | Trimethobenzamide HCl, up to 200 mg   |
| J3260 | Tobramycin sulfate, up to 80 mg   |
| J3262 | Tocilizumab, 1 mg   |
| J3265 | Torseamide, 10 mg/ml  |
| J3280 | Thiethylperazine maleate, up to 10 mg   |
| J3285 | Treprostinil, 1 mg  |
| J3299 | Triamcinolone acetonide (xipere), 1 mg  |
| J3300 | Triamcinolone acetonide, preservative free, 1 mg  |
| J3301 | Triamcinolone acetonide, not otherwise specified, 10 mg   |
| J3302 | Triamcinolone diacetate, per 5 mg   |
| J3303 | Triamcinolone hexacetonide, per 5 mg  |
| J3305 | Trimetrexate glucuronate, per 25 mg   |
| J3310 | Perphenazine, up to 5 mg  |
| J3315 | Triptorelin pamoate, 3.75 mg  |
| J3316 | Triptorelin, extended-release, 3.75 mg  |
| J3320 | Spectinomycin dihydrochloride, up to 2 gm   |
| J3357 | Ustekinumab, for subcutaneous injection, 1 mg   |
| J3358 | Ustekinumab, for intravenous injection, 1 mg  |
| J3360 | Diazepam, up to 5 mg  |
| J3364 | Urokinase, 5000 IU vial   |
| J3370 | Vancomycin HCl, 500 mg  |
| J3371 | Vancomycin hcl (mylan) not therapeutically equivalent to J3370, 500 mg                                    |
| J3372 | Vancomycin hcl (xellia) not therapeutically equivalent to J3370, 500 mg                                   |
| J3380 | Vedolizumab, 1 mg   |
| J3397 | Vestronidase alfa-vjbk, 1 mg  |
| J3400 | Triflupromazine HCl, up to 20 mg  |

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| J3410 | Hydroxyzine HCl, up to 25 mg  |
| J3411 | Thiamine HCl, 100 mg  |
| J3415 | Pyridoxine HCl, 100 mg  |
| J3420 | Vitamin B-12 cyanocobalamin, up to 1000 mcg   |
| J3430 | Phytonadione, (vitamin K), per 1 mg   |
| J3470 | Hyaluronidase, up to 150 units  |
| J3475 | Magnesium sulfate, per 500 mg   |
| J3480 | Potassium chloride, per 2 meq   |
| J3489 | Zoledronic acid, 1 mg   |
| J3490 | Unclassified drugs  |
| J3520 | Edetate disodium, per 150 mg  |
| J3590 | Unclassified Biologics  |
| J3591 | Unclassified drug or biological used for ESRD on dialysis                                   |
| J7294 | Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hour                       |
| J7295 | Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system,(kyleena), 19.5 mg               |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration          |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration          |

## 7.5.2 MISCELLANEOUS DRUGS AND SOLUTIONS

Codes followed by an ^ do not require an NDC to be provided when billed.

|        |  |
|--------|--|
| A4216^ | Sterile water, saline and/or dextrose diluent/flush, 10 ml                                       |
| A4218^ | Sterile saline or water, metered dose dispenser, 10 ml   |
| J7030  | Infusion, normal saline solution (or water), 1000 cc   |
| J7040  | Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)                           |
| J7042  | 5% dextrose/normal saline (500 ml = 1 unit)  |
| J7050  | Infusion, normal saline solution (or water), 250 cc  |
| J7060  | 5% dextrose/water (500 ml = 1 unit)  |
| J7070  | Infusion, D5W, 1000 cc   |
| J7100  | Infusion, Dextran 40, 500 ml   |
| J7110  | Infusion, dextran 75, 500 ml   |
| J7120  | Ringers lactate infusion, up to 1000 cc  |
| J7121  | 5% Dextrose in lactated ringers infusion, up to 1000 cc  |
| J7131  | Hypertonic saline solution, 1 ml   |
| J7300  | Intrauterine copper contraceptive  |
| J7301  | Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg                              |
| J7304  | Contraceptive supply, hormone containing patch, each   |
| J7306  | Levonorgestrel (contraceptive) implant system, including implants and supplies                   |
| J7307  | Etonogestrel (contraceptive) implant system, including implant and supplies                      |
| J7308  | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)        |
| J7321^ | Hyaluronan or derivative, Hyalgan or Supartz,or visco-3, for intra-articular injection, per dose |
| J7323^ | Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose                      |

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| J7326 | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose  |
| J7336 | Capsaicin 8% patch, per square centimeter   |
| J7345 | Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg  |
| J7501 | Azathioprine, parenteral (eg Imuran), 100 mg  |
| J7504 | Lymphocyte immune globulin, antithymocyte globulin equine, parenteral, 250 mg   |
| J7606 | Formoterol fumarate, inhalation solution, non-compounded, administered through DME, unit dose form, 20 mcg                                      |
| J7611 | Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1mg                    |
| J7612 | Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg              |
| J7613 | Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg                           |
| J7614 | Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME. Unit dose. 0.5 mg                      |
| J7620 | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME             |
| J7627 | Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg                                     |
| J7628 | Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg                               |
| J7631 | Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg           |
| J7640 | Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg   |
| J7644 | Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per mg          |
| J7648 | Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per mg           |
| J7649 | Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per mg              |
| J7658 | Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per mg         |
| J7668 | Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 mg |
| J7669 | Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg    |
| J7674 | Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg   |
| J7682 | Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, 300 mg                   |
| J7999 | Compounded drug, not otherwise classified   |
| J8499 | Prescription drug, oral, nonchemotherapeutic, NOS   |
| J8999 | Prescription drug, oral, chemotherapeutic, NOS  |



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| J8501 | Aprepitant, oral, 5 mg   |
| J8540 | Dexamethasone, oral, 0.25 mg   |
| J8650 | Nabilone, oral, 1 mg   |
| J9037 | Belantamab mafodotin-BLMF, 0.5 mg  |
| J9041 | Bortezomib, 0.1 mg   |
| J9046 | Bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg   |
| J9048 | Bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg |
| J9049 | Bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg        |
| J9226 | Histrelin implant (Supprelin LA), 50 mg                                      |
| J9331 | Sirolimus protein-bound particles, 1 mg                                      |
| J9332 | Efgartigimod alfa-fcab, 2mg  |
| J9349 | Tafasitamab-CXIX, 2 mg   |
| J9359 | Loncastuximab tesirine-lpyl, 0.075 mg  |
| J9393 | Fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg            |
| J9394 | Fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg  |
| Q0138 | Ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)    |
| Q5101 | Filgrastim -sndz, biosimilar, (zarxio), 1 microgram                          |
| Q5103 | Inflectra (Infliximab-dyyb), biosimilar, 10 mg                               |
| Q5104 | Renflexis (Infliximab-abda), biosimilar, 10 mg                               |
| Q5108 | Pegfilgrastim-jmdb, biosimilar, 0.5 mg                                       |
| Q5111 | Pegfilgrastim-cbqv, biosimilar, 0.5 mg                                       |
| Q5112 | Trastuzumab-dttb, biosimilar, 10 mg  |
| Q5119 | Rituximab-pvvr, biosimilar, 10 mg  |
| Q5120 | Pegfilgrastim-bmez, biosimilar, 0.5 mg                                       |
| Q5121 | Infliximab-axxq, biosimilar, 10 mg   |
| Q5123 | Rituximab-arrx, biosimilar, (riabni), 10 mg                                  |
| Q5125 | Filgrastim-ayow, biosimilar, (releuko), 1 microgram                          |
| Q5126 | Bevacizumab-maly, biosimilar, (alymsys), 10 mg                               |
| Q5128 | Cimerli, 0.1 mg  |
| Q5129 | Vegzelma, 10 mg  |
| Q5130 | Fylnetra, 0.5 mg   |
| Q9991 | Buprenorphone extended-release, less than or equal to 100 mg                 |
| Q9992 | Buprenorphone extended-release, greater than or 100 mg                       |

## 8 MEDICINE/ HYDRATION, INJECTIONS & INFUSION SERVICES

### 8.1 HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS and INFUSIONS, and CHEMOTHERAPY and OTHER HIGHLY COMPLEX DRUG or HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

#### 8.1.1 HYDRATION

|       |  |
|-------|--|
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour |
| 96361 | each additional hour   |

## **8.1.2 THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS (EXCLUDES CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION)**

- 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drugs); up to 1 hour
- 96366       each additional hour
- 96367       additional sequential infusion of a new drug/substance, up to 1 hour
- 96368       concurrent infusion
- 96369 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
- 96370       each additional hour
- 96371       additional pump set-up with establishment of new subcutaneous infusion site(s)
- 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (Bill on one claim line for multiple injections)

## **8.1.3 CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

Procedures 96405-96549 are independent of the patient's office visit. Either may occur independently from the other on any given day, or they may occur sequentially on the same day. Intravenous chemotherapy injections are administered by a physician, a nurse practitioner or by a qualified assistant under supervision of the physician or nurse practitioner. Preparation of chemotherapy agent(s) is included in the service for administration of the agent.

### **8.1.3.1 INJECTION AND INTRAVENOUS INFUSION CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

- 96405 Chemotherapy administration; intralesional; up to and including 7 lesions
- 96406       intralesional, more than 7 lesions
- 96409       intravenous, push technique, single or initial substance/drug
- 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
- 96415       each additional hour
- 96416       initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

### **8.1.3.2 INTRA-ARTERIAL CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

- 96420 Chemotherapy administration, intra-arterial; push technique
- 96422       infusion technique, up to 1 hour
- 96423       infusion technique, each additional hour
- 96425       infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

### 8.1.3.3 OTHER INJECTION AND INFUSION SERVICES

- 96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis
- 96446 Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
- 96450 Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
- 96521 Refilling and maintenance of portable pump
- 96522 Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic, (eg, intravenous, intra-arterial)
- 96542 Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
- 96549 Unlisted chemotherapy procedure
- J9999 Not otherwise classified, antineoplastic drugs

## 9 CHEMOTHERAPY DRUGS

(Maximum fee is for chemotherapy drug only and does not include the administration procedures as listed above)

**NOTE:** The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert actual acquisition cost per dose in amount charged field on claim form. For codes listed BR/Report required, also attach itemized invoice to claim form.

Reimbursement for drugs furnished by practitioners to their patients is based on the acquisition cost to the practitioner of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**Codes followed by an ^ do not require an NDC to be provided when billed.**

- J9000 Doxorubicin HCL (Adriamycin), 10 mg
- J9015 Aldesleukin, per single use vial
- J9017 Arsenic trioxide, 1 mg (Trisenox)
- J9020 Asparaginase (Elspar) 10,000 units
- J9021 Asparaginase, recombinant, (rylaze), 0.1 mg
- J9022 Atezolizumab, 10 mg
- J9023 Avelumab, 10 mg
- J9025 Azacitidine, 1 mg
- J9027 Clofarabine, 1 mg
- J9030 BCG (intravesical) per 1mg
- J9032 Belinostat, 10 mg
- J9033 Bendamustine HCL (Treanda), 1 mg
- J9034 Bendamustine HCL (Bendeka), 1 mg

|       |  |
|-------|--|
| J9035 | Bevacizumab, 10 mg   |
| J9036 | Bendamustine hydrochloride, 1 mg                               |
| J9037 | Belantamab mafodotin-blmf, 0.5 mg                              |
| J9039 | Blinatumomab, 1 microgram                                      |
| J9040 | Bleomycin sulfate (Blenoxane), 15 units                        |
| J9041 | Bortezomib, 0.1 mg   |
| J9043 | Carboplatin, 50 mg   |
| J9045 | Carboplatin, 50 mg   |
| J9050 | Carmustine, 100 mg   |
| J9055 | Cetuximab, 10 mg   |
| J9057 | Copanlisib, 1 mg   |
| J9060 | Cisplatin, powder or solution, 10 mg                           |
| J9061 | Amivantamab-vmjw, 2 mg   |
| J9065 | Cladribine, per 1 mg   |
| J9070 | Cyclophosphamide, 100 mg                                       |
| J9071 | Cyclophosphamide, (auromedics), 5 mg                           |
| J9098 | Cytarabine liposome, 10 mg                                     |
| J9100 | Cytarabine (Cytosar-U), 100 mg                                 |
| J9118 | Calaspargase pegol-mknl, 10 units                              |
| J9119 | Cemiplimab-rwlc, 1 mg  |
| J9120 | Dactinomycin (Cosmegen), 0.5 mg                                |
| J9130 | Dacarbazine, 100 mg  |
| J9144 | Daratumumab, 10 mg and hyaluronidase-fihj                      |
| J9145 | Daratumumab, 10 mg   |
| J9150 | Daunorubicin HCL, 10 mg  |
| J9151 | Daunorubicin citrate, liposomal formulation, 10 mg             |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine |
| J9155 | Degarelix, 1 mg  |
| J9160 | Denileukin diftitox, 300 mcg                                   |
| J9165 | Diethylstilbestrol diphosphate, 250 mg                         |
| J9171 | Docetaxel, 1 mg  |
| J9173 | Injection, durvalumab, 10 mg                                   |
| J9176 | Elotuzumab, 1 mg   |
| J9177 | Enfortumab vedotin-ejfv 0.25mg                                 |
| J9178 | Epirubicin HCL, 2 mg   |
| J9179 | Eribulin mesylate, 0.1mg                                       |
| J9181 | Etoposide, 10 mg   |
| J9185 | Fludarabine phosphate, 50 mg                                   |
| J9190 | Fluorouracil, 500 mg   |
| J9196 | Gemcitabine hcl (accord)                                       |
| J9198 | Gemcitabine hydrochloride, (infugem), 100 mg                   |
| J9200 | Floxuridine (FUDR), 500 mg                                     |
| J9201 | Gemcitabine HCl, not otherwise specified, 200 mg               |
| J9202 | Goserelin acetate implant per 3.6 mg                           |

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| J9203  | Gemtuzumab ozogamicin, 0.1 mg                              |
| J9204  | Mogamulizumab-kpkc, 1 mg                                   |
| J9205  | Irinotecan liposome, 1 mg                                  |
| J9206  | Irinotecan, 20 mg  |
| J9207  | Ixabepilone, 1 mg  |
| J9208  | Ifosfamide, 1 gm   |
| J9209  | Mesna, 200 mg  |
| J9210  | Emapalumab-lzsg, 1 mg                                      |
| J9211  | Idarubicin HCl, 5 mg                                       |
| J9212  | Interferon Alfacon-1, Recombinant, 1 mcg                   |
| J9213  | Interferon, Alfa-2A, Recombinant, 3 million units          |
| J9214  | Interferon, Alfa-2B, Recombinant, 1 million units          |
| J9215  | Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 IU |
| J9216  | Interferon, Gamma 1-B, 3 million units                     |
| J9217  | Leuprolide acetate (for Depot Suspension), 7.5 mg          |
| J9218  | Leuprolide acetate, per 1 mg                               |
| J9219^ | Leuprolide acetate implant, 65 mg                          |
| J9223  | Lurbinectedin, 0.1 mg                                      |
| J9225  | Histrelin implant (Vantas), 50 mg                          |
| J9226  | Histrelin implant (Supprelin LA), 50 mg                    |
| J9227  | Isatuximab-irfc, 10 mg                                     |
| J9228  | Ipilimumab, 1mg  |
| J9229  | Injection, inotuzumab ozogamicin, 0.1 mg                   |
| J9230  | Mechlorethamine HCl (nitrogen mustard), 10 mg              |
| J9245  | Melphalan HCl, 50 mg                                       |
| J9246  | Melphalan (evomela), 1 mg                                  |
| J9250  | Methotrexate sodium, 5 mg                                  |
| J9260  | Methotrexate sodium, 50 mg                                 |
| J9261  | Nelarabine, 50 mg  |
| J9263  | Oxaliplatin (Eloxatin), 0.5 mg                             |
| J9264  | Paclitaxel protein-bound particles, 1 mg                   |
| J9266  | Pegaspargase, per single dose vial                         |
| J9267  | Paclitaxel, 1 mg   |
| J9268  | Pentostatin, per 10 mg                                     |
| J9269  | Tagrxofusp-erzs, 10 micrograms                             |
| J9270  | Plicamycin, 2.5 mg   |
| J9271  | Pembrolizumab, 1 mg  |
| J9272  | Dostarlimab-gxly, 10 mg                                    |
| J9273  | Tisotumab vedotin-tftv, 1 mg                               |
| J9274  | Tebentafusp-tebn, 1 mcg                                    |
| J9280  | Mitomycin, 5 mg  |
| J9281  | Mitomycin pyelocalyceal instillation, 1 mg                 |
| J9285  | Olaratumab, 10 mg  |
| J9293  | Mitoxantrone HCl, per 5 mg                                 |

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| J9294 | Pemetrexed, hospira 10mg                                     |
| J9295 | Necitumumab, 1 mg  |
| J9296 | Pemetrexed (accord) 10mg                                     |
| J9297 | Pemetrexed (sandoz) 10mg                                     |
| J9298 | Nivolumab and relatlimab-rmbw, 3 mg/1 mg                     |
| J9299 | Nivolumab, 1 mg  |
| J9301 | Obinutuzumab, 10 mg  |
| J9302 | Ofatumumab, 10 mg  |
| J9303 | Panitumumab, 10 mg   |
| J9304 | Pemetrexed (pemfexy), 10 mg                                  |
| J9305 | Pemetrexed, 10 mg  |
| J9307 | Pralatrexate, 1 mg   |
| J9308 | Ramucirumab, 5 mg  |
| J9309 | Polatuzumab vedotin-piiq, 1 mg                               |
| J9311 | Injection, rituximab 10 mg and hyaluronidase                 |
| J9312 | Rituximab, 10 mg   |
| J9313 | Moxetumomob pasudotox-tdfk, 0.01 mg                          |
| J9314 | Pemetrexed (teva) 10mg                                       |
| J9316 | Pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg   |
| J9317 | Sacituzumab govitecan-hziy, 2.5 mg                           |
| J9318 | Romidepsin, non-lyophilized, 0.1 mg                          |
| J9319 | Romidepsin, lyophilized, 0.1 mg                              |
| J9320 | Streptozocin, 1 gm   |
| J9325 | Talimogene laherparepvec, per 1 million plaque forming units |
| J9330 | Temsirolimus, 1 mg   |
| J9340 | Thiotepa, 15 mg  |
| J9348 | Naxitamab-gqgk, 1 mg   |
| J9349 | Tafasitamab-CXIX, 2 mg                                       |
| J9351 | Topotecan, 0.1 mg  |
| J9352 | Trabectedin, 0.1 mg  |
| J9353 | Margetuximab-cmkb, 5 mg                                      |
| J9354 | Ado-trastuzumab emtansine, 1 mg                              |
| J9355 | Trastuzumab, 10 mg   |
| J9356 | Trastuzumab, 10 mg/Hyaluronidase-oysk                        |
| J9357 | Valrubicin, intravesical, 200 mg                             |
| J9358 | Fam-trastuzumab deruxtecan-nxki,1mg                          |
| J9360 | Vinblastine sulfate, 1 mg                                    |
| J9370 | Vincristine sulfate, 1 mg                                    |
| J9390 | Vinorelbine Tartrate, 10 mg                                  |
| J9395 | Fulvestrant (Faslodex), 25 mg                                |
| J9600 | Porfimer sodium, 75 mg                                       |
| J9999 | Not Otherwise Classified, Antineoplastic Drugs               |
| Q0174 | Thiethylperazine Maleate, 10 mg, oral                        |
| Q0177 | Hydroxyzine Pamoate, 25 mg, oral                             |

|       |                                       |
|-------|---------------------------------------|
| Q2017 | Teniposide, 50 mg                     |
| Q2050 | Doxorubicin HCL liposomal, NOS, 10 mg |
| Q5107 | Bevacizumab-awwb, biosimilar, 10 mg   |
| Q5113 | Trastuzumab pkrb, biosimilar, 10 mg   |
| Q5114 | Trastuzumab-dkst, biosimilar, 10 mg   |
| Q5115 | Rituximab-abbs, biosimilar, 10 mg     |
| Q5116 | Trastuzumab-qyyp, biosimilar, 10 mg   |
| Q5117 | Trastuzumab-anns, biosimilar, 10 mg   |
| Q5118 | Bevacizumab-bvzr, biosimilar, 10 mg   |

## 10 MEDICINE/ PSYCHIATRY SERVICES

### 10.1 PSYCHIATRY

Note: To bill for the following codes, you must be certified by the NYS Education Department as a Nurse Practitioner in Psychiatry (Profession Code 040)

#### 10.1.1 INTERACTIVE COMPLEXITY

90785 Interactive complexity (List separately in addition to primary procedure)

#### 10.1.2 PSYCHIATRIC DIAGNOSTIC PROCEDURES

90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

#### 10.1.2.1 PSYCHOTHERAPY

90832 Psychotherapy, 30 minutes with patient

90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90834 Psychotherapy, 45 minutes with patient

90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90837 Psychotherapy, 60 minutes, with patient

90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

#### 10.1.2.2 OTHER PSYCHOTHERAPY

90846 Family psychotherapy (without the patient present), 50 minutes

90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple-family group)

#### 10.1.2.3 OTHER PSYCHIATRIC SERVICES OR PROCEDURES

90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to primary procedure)

## 11 MEDICINE/ OPHTHALMOLOGY SERVICES

### 11.1 OPHTHALMOLOGY

#### 11.1.1 SPECIAL OPHTHALMOLOGICAL SERVICES

- 92071 Fitting of contact lens for treatment of ocular surface disease
- 92072 Fitting of contact lens for management of keratoconus, initial fitting

## 12 MEDICINE/ SPECIAL OTORHINOLARYNGOLOGIC SERVICES

### 12.1 SPECIAL OTORHINOLARYNGOLOGIC SERVICES

#### 12.1.1 VESTIBULAR FUNCTION TESTS, WITH RECORDING (eg, ENG)

- 92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
- 92538           monothermal (ie, one irrigation in each ear for a total of two irrigations)
- 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
- 92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- 92542 Positional nystagmus test, minimum of 4 positions, with recording
- 92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- 92545 Oscillating tracking test, with recording
- 92546 Sinusoidal vertical axis rotational testing
- 92517 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
- 92518           Ocular (oVEMP)
- 92519           Cervical (cVEMP) and ocular (oVEMP)

#### 12.1.2 AUDIOLOGIC FUNCTION TESTS

- 92550 Tympanometry and reflex threshold measurements
- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only
- 92553           air and bone
- 92555 Speech audiometry threshold
- 92556           with speech recognition
- 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
- 92563 Tone decay test
- 92565 Stenger test, pure tone
- 92567 Tympanometry (impedance testing)
- 92568 Acoustic reflex testing; threshold
- 92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing



- 92571 Filtered speech test
- 92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
- 92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
- 92651 for hearing status determination, broadband stimuli, with interpretation and report
- 92652 for threshold estimation at multiple frequencies, with interpretation and report
- 92653 neurodiagnostic, with interpretation and report

## 13 MEDICINE/ CARDIOVASCULAR SERVICES

### 13.1 CARDIOVASCULAR

#### 13.1.1 CARDIOGRAPHY

- 93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 93010 interpretation and report only

## 14 MEDICINE/ PULMONARY SERVICES

### 14.1 PULMONARY

#### 14.1.1 PULMONARY DIAGNOSTIC TESTING, REHABILITATION, AND THERAPIES

- 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
- 94011 Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
- 94012 Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
- 94013 Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV] in an infant or child through 2 years of age
- 94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation
- 94016 physician review and interpretation only
- 94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
- 94200 Maximum breathing capacity, maximal voluntary ventilation
- 94625 Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
- 94626 with continuous oximetry monitoring (per session)
- 94644 Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
- 94645 each additional hour (List separately in addition to primary procedure)

94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (94664 can be reported one time only per day of service)

## 15 ALLERGY AND CLINICAL IMMUNOLOGY SERVICES

### 15.1 SENSITIVITY TESTING (Maximum fees include reading of test)

86580 Skin test; tuberculosis, intradermal

### 15.2 ALLERGEN IMMUNOTHERAPY

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

95117 2 or more injections

## 16 ENDOCRINOLOGY SERVICES

95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified healthcare professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording

95251 analysis, interpretation and report

## 17 MISCELLANEOUS SERVICES

93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798 with continuous ECG monitoring (per session)

95990 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed

96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family

96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

97542# Wheelchair management (eg, assessment, fitting, training), each 15 minutes (up to a maximum of 2 hours)

98960 Education and training for patient self-management by a qualified, non physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

98961 2-4 patients

98962 5-8 patients

- 99050 Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
- 99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
- 99070 Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered  
(List drugs, trays, supplies, or materials provided)
- 99091 Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
- 99170 Anogenital examination, magnified in childhood for suspected trauma, including image recording when performed
- 99188 Application of topical fluoride varnish by a physician or other qualified health care professional
- G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
- G0109       group session (2 or more), per 30 minutes
- G0372 Physician service required to establish and document the need for a power mobility device
- G2252 Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion
- G8431 Screening for clinical depression is documented as being positive and a follow-up plan is documented
- G8510 Screening for clinical depression is documented as being negative, a follow-up plan is not required
- H0049 Alcohol and/or drug screening
- H0050 Alcohol and/or drug services, brief intervention, per 15 minutes
- Q3014 Telehealth originating site facility fee
- Q5106 Injection, epoetin alfa-epbx, biosimilar; (retacrit) (for non-ESRD use), 1000 units
- S0013 Esketamine, nasal spray, 1 mg
- S0189 Testosterone pellet, 75 mg
- S9445 Patient education, not otherwise classified, non-physician provider, individual, per session. (The initial lactation counseling session should be a minimum of 45 minutes. Follow up session(s) should be a minimum of 30 minutes.)
- S9446 Patient education, not otherwise classified, non-physician provider, individual, per session. (The initial lactation counseling session should be a minimum of 45 minutes. Follow up session(s) should be a minimum of 30 minutes.)  
NYS Medicaid will provide reimbursement for separate and distinct breastfeeding services

provided by International Board Certified Lactation Consultants (IBCLCs) credentialed by the IBCLCE. For additional information see:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-03.htm#fee](http://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-03.htm#fee)

T1013 Sign language or oral interpretive services, per 15 minutes

## 18 SURGERY SERVICES

### 18.1 GENERAL INFORMATION AND RULES

- A. **FEES:** Fees for office, home and hospital visits and other medical services are listed in the section entitled MEDICINE.
- B. **FOLLOW UP (F/U) DAYS:** Listed dollar values for all surgical procedures include the surgery and the follow-up care for the period indicated in days in the column headed "F/U Days". Necessary follow-up care beyond this listed period is to be added on a fee-for-service basis. (See modifier -24)
- C. **BY REPORT:** When the value of a procedure is indicated as "By Report" (BR), an Operative Report must be submitted with the MMIS claim form for a payment determination to be made. The Operative Report must include the following information:
  1. Diagnosis (post-operative)
  2. Size, location and number of lesion(s) or procedure(s) where appropriate
  3. Major surgical procedure and supplementary procedure(s)
  4. Whenever possible, list the nearest similar procedure by number according to these studies
  5. Estimated follow-up period
  6. Operative time
  7. Failure to submit an Operative Report when billing for a "By Report" procedure will cause your claim to be denied by MMIS.
- D. **ADDITIONAL SERVICES:** Complications or other circumstances requiring additional and unusual services concurrent with the procedure(s) or during the listed period of normal follow-up care may warrant additional charges on a fee-for-service basis. (See modifiers -24, -25, -79). When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.
- E. **MULTIPLE SURGICAL PROCEDURES:**
  1. When multiple or bilateral surgical procedures, which add significant time or complexity to patient care, are performed at the same operative session, the total

dollar value shall be the value of the major procedure plus 50% of the value of the lesser procedure(s) unless otherwise specified.

2. When an incidental procedure (eg, incidental appendectomy, lysis of adhesions, excision of previous scar, puncture of ovarian cyst) is performed through the same incision, the fee will be that of the major procedure only.
- F. **ASSIST AT SURGERY:** When a physician requests a nurse practitioner or a physician's assistant to participate in the management of a specific surgical procedure in lieu of another physician, by prior agreement, the total value may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. The value may be increased by 20 percent under these circumstances. The claim for these services will be submitted by the physician using the appropriate modifier.

## **18.2 INTEGUMENTARY SYSTEM**

### **18.2.1 SKIN, SUBCUTANEOUS AND ACCESSORY TISSUES**

#### **18.2.1.1 INCISION AND DRAINAGE**

- 10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061                      complicated or multiple
- 10120 Incision and removal of foreign body, subcutaneous tissues; simple
- 10140 Incision and drainage of hematoma, seroma or fluid collection
- 10160 Puncture aspiration of abscess, hematoma, bulla, or cyst

#### **18.2.1.2 BIOPSY**

- 11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion
- 11103                      each separate/additional lesion (List separately in addition to code for primary procedure)
- 11104 Punch biopsy of skin (including simple closure, when performed); single lesion
- 11105                      each separate/additional lesion (List separately in addition to code for primary procedure)
- 11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion
- 11107                      each separate/additional lesion (List separately in addition to code for primary procedure)

#### **18.2.1.3 REMOVAL OF SKIN TAGS**

- 11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
- 11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less

## 18.2.1.4 INTRODUCTION

- 11976 Removal, implantable contraceptive capsules
- 11981 Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
- 11982 Removal, non-biodegradable drug delivery implant
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant

## 18.2.2 REPAIR (CLOSURE)

### 18.2.2.1 REPAIR-SIMPLE

- 12001 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
- 12002 2.6 cm to 7.5 cm
- 12004 7.6 cm to 12.5 cm
- 12005 12.6 cm to 20.0 cm
- 12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 12013 2.6 cm to 5.0 cm
- 12014 5.1 cm to 7.5 cm
- 12015 7.6 cm to 12.5 cm
- 12016 12.6 cm to 20.0 cm

### 18.2.2.2 BURNS, LOCAL TREATMENT

- 16000 Initial treatment, first degree burn, when no more than local treatment is required
- 16020 Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)

## 18.2.3 DESTRUCTION

### 18.2.3.1 DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS

- 17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
- 17003 second through 14 lesions, each (List separately in addition to code for first lesion)
- 17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
- 17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- 17107 10.0 to 50.0 sq cm
- 17108 over 50.0 sq cm
- 17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
- 17111 15 or more lesions
- 17250 Chemical cauterization of granulation tissue (ie, proud flesh)

## 18.3 DIGESTIVE SYSTEM

### 18.3.1 STOMACH

## 18.3.1.1 INTRODUCTION

43762 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract

## 18.4 FEMALE GENITAL SYSTEM

### 18.4.1 VULVA AND INTROITUS

#### 18.4.1.1 DESTRUCTION

56501 Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

#### 18.4.1.2 ENDOSCOPY

56820 Colposcopy of the vulva;

### 18.4.2 VAGINA

#### 18.4.2.1 INTRODUCTION

57150 Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease

#### 18.4.2.2 ENDOSCOPY/ LAPAROSCOPY

57420 Colposcopy of the entire vagina, with cervix if present

### 18.4.3 CERVIC UTERI

#### 18.4.3.1 ENDOSCOPY

57452 Colposcopy of the cervix including upper/adjacent vagina;

57454 with biopsy(s) of the cervix and endocervical curettage

57455 with biopsy(s) of the cervix

57456 with endocervical curettage

57460 with loop electrode (biopsy(s) of the cervix

57461 with loop electrode conization of the cervix

57465 Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)

### 18.4.4 CORPUS UTERI

#### 18.4.4.1 INTRODUCTION

(For materials supplied by a practitioner, see General Information)

58300 Insertion of intrauterine device (IUD)

58301 Removal of intrauterine device (IUD)

## 18.5 MATERNITY CARE AND DELIVERY

Antepartum care includes usual prenatal services (initial and subsequent history, physical examinations, recording of weight, blood pressure, fetal heart tones, routine chemical urinalysis,

maternity counseling).

Postpartum care includes hospital and office visits following vaginal or cesarean section delivery. For medical complications of pregnancy (toxemia, cardiac problems, neurological problems or other problems requiring additional or unusual services or requiring hospitalization), see services in **MEDICINE** section.

## **18.5.1 VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE**

Reimbursement amounts for the Medicaid Obstetrical and Maternal Services Program (MOMS) are noted in the **Enhanced Program Fee Schedule**. For information on the MOMS Program see Policy Guidelines.

59412 External cephalic version, with or without tocolysis

59425 Antepartum care only; 4-6 visits

59426 7 or more visits

(For 6 or less antepartum encounters, see code 59425)

**Note:** Antepartum services will no longer require prorated charges. This applies to all prenatal care providers, including those enrolled in the MOMS program. Providers should bill one unit of the appropriate antepartum code after all antepartum care has been rendered using the last antepartum visit as the date of service. Only one antepartum care code will be reimbursed per pregnancy.

59430 Postpartum care only (separate procedure)

(When inpatient postpartum care is provided, see appropriate Hospital Evaluation and Management code(s).)

## **18.6 NERVOUS SYSTEM**

### **18.6.1 SPINE AND SPINAL CORD**

#### **18.6.1.1 RESERVOIR/PUMP IMPLANTATION**

62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refilling

62368 with reprogramming

62369 with reprogramming and refill

## **18.7 AUDITORY SYSTEM**

### **18.7.1 EXTERNAL EAR**

#### **18.7.1.1 REMOVAL**

69200 Removal foreign body from external auditory canal; without general anesthesia

69210 Removal impacted cerumen requiring instrumentation (report one unit for unilateral OR bilateral procedure.)