CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	90284		**	0-999	N/F		$17.14	$17.14	$17.14	$17.14	0.00%
1	90287		**	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	90291		**	0-999	N/F		$26.21	$26.21	$26.21	$26.21	0.00%
1	90371		**	0-999	N/F		$95.21	$95.21	$95.21	$95.21	0.00%
1	90375		**	0-999	N/F		$215.47	$215.47	$226.86	$226.86	5.29%
1	90376		**	0-999	N/F		$235.48	$235.48	$249.33	$249.33	5.88%
1	90460		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
S	90460		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90461		**	0-20	N/F		$3.92	$3.92	$3.92	$3.92	0.00%
S	90461		**	0-20	N/F		$3.92	$3.92	$3.92	$3.92	0.00%
1	90471		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90471		**	21-999	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
S	90471		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90472		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90472		**	21-999	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
S	90472		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90473		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
S	90473		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90474		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
S	90474		**	0-20	N/F		$7.84	$7.84	$7.84	$7.84	0.00%
1	90585		**	0-999	N/F		$115.17	$115.17	$118.85	$118.85	3.20%
1	90586		**	0-999	N/F		$115.17	$115.17	$118.85	$118.85	3.20%
1	90620		**	19-999	N/F		$172.51	$172.51	$172.51	$172.51	0.00%
S	90620		**	19-20	N/F		$172.51	$172.51	$172.51	$172.51	0.00%
1	90621		**	19-999	N/F		$131.59	$131.59	$131.59	$131.59	0.00%
S	90621		**	19-20	N/F		$131.59	$131.59	$131.59	$131.59	0.00%
1	90630		**	19-999	N/F		$19.16	$19.16	$19.16	$19.16	0.00%
S	90630		**	19-999	N/F		$19.16	$19.16	$19.16	$19.16	0.00%
1	90632		**	19-20	N/F		$49.21	$49.21	$45.99	$45.99	-6.54%
1	90632		**	21-999	N/F		$49.21	$49.21	$45.99	$45.99	-6.54%
S	90632		**	19-20	N/F		$49.21	$49.21	$45.99	$45.99	-6.54%
1	90633		**	19-20	N/F		$33.18	$33.18	$33.18	$33.18	0.00%
S	90633		**	19-20	N/F		$33.18	$33.18	$33.18	$33.18	0.00%
1	90636		**	19-20	N/F		$105.09	$105.09	$105.09	$105.09	0.00%
1	90636		**	21-999	N/F		$105.09	$105.09	$105.09	$105.09	0.00%
S	90636		**	19-20	N/F		$105.09	$105.09	$105.09	$105.09	0.00%
1	90648		**	19-20	N/F		$16.78	$16.78	$16.78	$16.78	0.00%
S	90648		**	19-20	N/F		$16.78	$16.78	$16.78	$16.78	0.00%
1	90651		**	19-999	N/F		$207.83	$207.83	$219.89	$219.89	5.80%
S	90651		**	19-20	N/F		$207.83	$207.83	$219.89	$219.89	5.80%
1	90654		**	19-999	N/F		$22.70	$22.70	$22.69	$22.69	-0.04%
S	90654		**	19-999	N/F		$22.70	$22.70	$22.69	$22.69	-0.04%
1	90656		**	0-999	N/F		$16.69	$16.69	$18.14	$18.14	8.69%
1	90656	U1	**	0-999	N/F		$16.69	$16.69	$18.14	$18.14	8.69%
1	90656		**	19-20	N/F		$16.69	$16.69	$18.14	$18.14	8.69%
S	90656		**	19-20	N/F		$16.69	$16.69	$18.14	$18.14	8.69%
1	90658		**	19-20	N/F		$16.16	$16.16	$16.66	$16.66	3.09%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	90658		**	21-999	N/F		$16.16	$16.16	$16.66	$16.66	3.09%
S	90658		**	19-20	N/F		$16.16	$16.16	$16.66	$16.66	3.09%
1	90660		**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
S	90660		**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
1	90661		**	18-999	N/F		$21.00	$21.00	$21.47	$21.47	2.24%
S	90661		**	18-20	N/F		$21.00	$21.00	$21.47	$21.47	2.24%
1	90662		**	60-999	N/F		$40.25	$40.25	$46.19	$46.19	14.76%
1	90670		**	19-999	N/F		$181.49	$181.49	$181.49	$181.49	0.00%
1	90672	U1	**	0-18	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
1	90672		**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
1	90672	U1	**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
S	90672	U1	**	0-18	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
S	90672		**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
S	90672	U1	**	19-20	N/F		$25.32	$25.32	$24.65	$24.65	-2.65%
1	90673		**	19-999	N/F		$38.26	$38.26	$38.26	$38.26	0.00%
S	90673		**	19-999	N/F		$38.26	$38.26	$38.26	$38.26	0.00%
1	90674		**	0-999	N/F		$21.61	$21.61	$22.66	$22.66	4.86%
1	90674	U1	**	0-999	N/F		$21.61	$21.61	$22.66	$22.66	4.86%
S	90674		**	0-999	N/F		$21.61	$21.61	$22.66	$22.66	4.86%
S	90674	U1	**	0-999	N/F		$21.61	$21.61	$22.66	$22.66	4.86%
1	90675		**	0-999	N/F		$253.30	$253.30	$255.06	$255.06	0.69%
1	90680		**	19-20	N/F		$87.16	$87.16	$88.89	$88.89	1.98%
S	90680		**	19-20	N/F		$87.16	$87.16	$88.89	$88.89	1.98%
1	90681	U1	**	0-999	N/F		$123.59	$123.59	$123.59	$123.59	0.00%
1	90681		**	19-20	N/F		$123.59	$123.59	$123.59	$123.59	0.00%
S	90681	U1	**	0-999	N/F		$123.59	$123.59	$123.59	$123.59	0.00%
S	90681		**	19-20	N/F		$123.59	$123.59	$123.59	$123.59	0.00%
1	90682		**	0-999	N/F		$38.26	$38.26	$43.63	$43.63	14.04%
S	90682		**	0-999	N/F		$38.26	$38.26	$43.63	$43.63	14.04%
1	90685	U1	**	0-999	N/F		$24.75	$24.75	$19.97	$19.97	-19.31%
S	90685	U1	**	0-999	N/F		$24.75	$24.75	$19.97	$19.97	-19.31%
1	90686		**	19-999	N/F		$17.93	$17.93	$17.93	$17.93	0.00%
S	90686		**	19-20	N/F		$17.93	$17.93	$17.93	$17.93	0.00%
1	90687	U1	**	0-999	N/F		$8.86	$8.86	$8.86	$8.86	0.00%
S	90687	U1	**	0-999	N/F		$8.86	$8.86	$8.86	$8.86	0.00%
1	90688	U1	**	0-18	N/F		$16.81	$16.81	$16.81	$16.81	0.00%
1	90688		**	19-999	N/F		$16.81	$16.81	$16.81	$16.81	0.00%
S	90688	U1	**	0-18	N/F		$16.81	$16.81	$16.81	$16.81	0.00%
S	90688		**	19-20	N/F		$16.81	$16.81	$16.81	$16.81	0.00%
1	90696		**	19-20	N/F		$52.46	$52.46	$52.46	$52.46	0.00%
S	90696		**	19-20	N/F		$52.46	$52.46	$52.46	$52.46	0.00%
1	90707		**	19-20	N/F		$71.59	$71.59	$75.76	$75.76	5.82%
1	90707		**	21-999	N/F		$71.59	$71.59	$75.76	$75.76	5.82%
S	90707		**	19-20	N/F		$71.59	$71.59	$75.76	$75.76	5.82%
1	90710		**	19-20	N/F		$204.72	$204.72	$216.94	$216.94	5.97%
S	90710		**	19-20	N/F		$204.72	$204.72	$216.94	$216.94	5.97%
1	90713		**	19-20	N/F		$33.22	$33.22	$33.22	$33.22	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
S	90713		**	19-20	N/F		$33.22	$33.22	$33.22	$33.22	0.00%
1	90714		**	19-20	N/F		$19.28	$19.28	$23.09	$23.09	19.76%
1	90714		**	21-999	N/F		$19.28	$19.28	$23.09	$23.09	19.76%
S	90714		**	19-20	N/F		$19.28	$19.28	$23.09	$23.09	19.76%
1	90715		**	19-20	N/F		$26.94	$26.94	$27.71	$27.71	2.86%
1	90715		**	21-999	N/F		$26.94	$26.94	$27.71	$27.71	2.86%
S	90715		**	19-20	N/F		$26.94	$26.94	$27.71	$27.71	2.86%
1	90716		**	19-20	N/F		$132.15	$132.15	$132.15	$132.15	0.00%
S	90716		**	19-20	N/F		$132.15	$132.15	$132.15	$132.15	0.00%
1	90723		**	19-20	N/F		$79.66	$79.66	$79.66	$79.66	0.00%
S	90723		**	19-20	N/F		$79.66	$79.66	$79.66	$79.66	0.00%
1	90732		**	19-20	N/F		$93.13	$93.13	$93.13	$93.13	0.00%
1	90732		**	21-999	N/F		$93.13	$93.13	$93.13	$93.13	0.00%
S	90732		**	19-20	N/F		$93.13	$93.13	$93.13	$93.13	0.00%
1	90733		**	19-20	N/F		$132.15	$132.15	$132.15	$132.15	0.00%
S	90733		**	19-20	N/F		$132.15	$132.15	$132.15	$132.15	0.00%
1	90734		**	19-20	N/F		$121.16	$121.16	$121.15	$121.15	-0.01%
S	90734		**	19-20	N/F		$121.16	$121.16	$121.15	$121.15	-0.01%
1	90736		**	60-999	N/F		$228.40	$228.40	$228.40	$228.40	0.00%
1	90740		**	19-20	N/F		$119.27	$119.27	$119.27	$119.27	0.00%
1	90740		**	21-999	N/F		$119.27	$119.27	$119.27	$119.27	0.00%
1	90743		**	19-20	N/F		$24.63	$24.63	$24.62	$24.62	-0.04%
S	90743		**	19-20	N/F		$24.63	$24.63	$24.62	$24.62	-0.04%
1	90744		**	19-20	N/F		$24.63	$24.63	$24.63	$24.63	0.00%
S	90744		**	19-20	N/F		$24.63	$24.63	$24.63	$24.63	0.00%
1	90746		**	19-20	N/F		$59.64	$59.64	$59.64	$59.64	0.00%
1	90746		**	21-999	N/F		$59.64	$59.64	$59.64	$59.64	0.00%
S	90746		**	19-20	N/F		$59.64	$59.64	$59.64	$59.64	0.00%
1	90747		**	19-999	N/F	72	$119.27	$119.27	$119.27	$119.27	0.00%
1	90747		**	19-20	N/F		$119.27	$119.27	$119.27	$119.27	0.00%
1	90747		**	21-999	N/F		$119.27	$119.27	$119.27	$119.27	0.00%
1	90748		**	19-20	N/F		$45.17	$45.17	$45.17	$45.17	0.00%
S	90748		**	19-20	N/F		$45.17	$45.17	$45.17	$45.17	0.00%
1	C9132		prothrombin complex concentrate (human), kcentra, per iu of factor ix activity	0-999	N/F		$2.37	$2.37	$2.35	$2.35	-0.84%
1	J7210		injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 iu	0-999	N/F		$1.68	$1.68	$1.68	$1.68	0.00%
1	C9250		human plasma fibrin sealant, vapor-heated, solvent-detergent (artiss), 2 ml	0-999	N/F		$214.61	$214.61	$214.61	$214.61	0.00%
1	C9254		injection, lacosamide, 1 mg	0-999	F		$0.34	$0.34	$0.34	$0.34	0.00%
1	C9257		injection, bevacizumab, 0.25 mg	0-999	N/F		$1.90	$1.90	$1.93	$1.93	1.58%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	C9275		injection, hexaminolevulinate hcl, 100 mg, per study dose	0-999	N/F		$816.20	$816.20	$816.20	$816.20	0.00%
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os osteoconductive scaffold putty), per 0.5 cc	0-999	F	52	$140.25	$140.25	$150.09	$150.09	7.02%
9	C9359		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold putty, integra os osteoconductive scaffold putty), per 0.5 cc	0-999	F	51	$140.25	$140.25	$150.09	$150.09	7.02%
9	C9360		dermal substitute, native, nondenatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 sq cm	0-999	N/F	52	$18.48	$18.48	$18.48	$18.48	0.00%
9	C9360		dermal substitute, native, nondenatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 sq cm	0-999	N/F		$18.48	$18.48	$18.48	$18.48	0.00%
9	C9360		dermal substitute, native, nondenatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 sq cm	0-999	N/F	51	$18.48	$18.48	$18.48	$18.48	0.00%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 cm length	0-999	N/F	52	$208.90	$208.90	$215.12	$215.12	2.98%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 cm length	0-999	N/F		$208.90	$208.90	$215.12	$215.12	2.98%
9	C9361		collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 cm length	0-999	N/F	51	$208.90	$208.90	$215.12	$215.12	2.98%
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	52	$140.25	$140.25	$150.09	$150.09	7.02%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F		$140.25	$140.25	$150.09	$150.09	7.02%
9	C9362		porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	0-999	N/F	51	$140.25	$140.25	$150.09	$150.09	7.02%
9	C9367		skin substitute, endoform dermal template, per square centimeter	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	C9460		injection, cangrelor, 1 mg	0-999	N/F		$15.28	$15.28	$15.28	$15.28	0.00%
1	C9482		injection, sotalol hydrochloride, 1 mg	0-999	N/F		$9.61	$9.61	$9.61	$9.61	0.00%
1	J9022		injection, atezolizumab, 10 mg	0-999	N/F		$75.60	$75.60	$75.60	$75.60	0.00%
1	J1428		injection, eteplirsen, 10 mg	0-999	N/F		$171.84	$171.84	$163.20	$163.20	-5.03%
1	J9285		injection, olaratumab, 10 mg	0-999	N/F		$56.64	$56.64	49.95	49.95	-11.81%
1	J1627		injection, granisetron extended release, 0.1 mg	0-999	N/F		$5.94	$5.94	$4.88	$4.88	-17.85%
1	J2326		injection, nusinersen, 0.1 mg	0-999	N/F		$1,118.75	$1,118.75	$1,062.50	$1,062.50	-5.03%
1	J0565		injection, bezlotoxumab, 10 mg	0-999	N/F		$40.81	$40.81	$38.76	$38.76	-5.02%
1	G9018		zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a medicare-approved demonstration project)	0-999	N		$6.02	$6.02	$6.02	$6.02	0.00%
1	G9019		oseltamivir phosphate, oral, per 75 mg (for use in a medicare-approved demonstration project)	0-999	N		$14.61	$14.61	$15.49	$15.49	6.02%
1	J0120		injection, tetracycline, up to 250 mg	0-999	N/F		$1.25	$1.25	$1.25	$1.25	0.00%
1	J0130		injection abciximab, 10 mg	0-999	N/F		$926.60	$926.60	$926.60	$926.60	0.00%
1	J0132		injection, acetylcysteine, 100 mg	0-999	N/F		$1.26	$1.26	$1.22	$1.22	-3.17%
1	J0133		injection, acyclovir, 5 mg	0-999	N/F		$0.06	$0.06	$0.06	$0.06	0.00%
1	J0135		injection, adalimumab, 20 mg	0-999	N/F		$1,132.51	$1,132.51	$1,132.51	$1,132.51	0.00%
1	J0178		injection, aflibercept, 1 mg	0-999	N/F		$960.89	$960.89	$960.89	$960.89	0.00%
1	J0180		injection, agalsidase beta, 1 mg	0-999	N/F		$133.49	$133.49	$133.49	$133.49	0.00%
1	J0202		injection, alemtuzumab, 1 mg	0-999	N/F		$1,720.72	$1,720.72	$1,720.72	$1,720.72	0.00%
1	J0210		injection, methyldopate hcl, up to 250 mg	0-999	N/F		$40.80	$40.80	$40.80	$40.80	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J0215		injection, alefacept, 0.5 mg	0-999	N/F		$40.07	$40.07	$40.07	$40.07	0.00%
1	J0220		injection, alglucosidase alfa, 10 mg, not otherwise specified	0-999	N/F		$153.82	$153.82	$156.89	$156.89	2.00%
1	J0221		injection, alglucosidase alfa, (lumizyme), 10 mg	0-999	N/F		$142.80	$142.80	$142.80	$142.80	0.00%
1	J0256		injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	0-999	N/F		$3.69	$3.69	$3.69	$3.69	0.00%
1	J0257		injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	0-999	N/F		$3.84	$3.84	$3.84	$3.84	0.00%
1	J0278		injection, amikacin sulfate, 100 mg	0-999	N/F		$1.35	$1.35	$1.35	$1.35	0.00%
D	J0278		injection, amikacin sulfate, 100 mg	0-999	N		$1.35	$1.35	$1.35	$1.35	0.00%
1	J0280		injection, aminophyllin, up to 250 mg	0-999	N/F		$6.69	$6.69	$6.69	$6.69	0.00%
1	J0282		injection, amiodarone hcl, 30 mg	0-999	N/F		$0.28	$0.28	$0.28	$0.28	0.00%
1	J0285		injection, amphotericin b, 50 mg	0-999	N/F		$24.44	$24.44	$24.75	$24.75	1.27%
1	J0287		injection, amphotericin b lipid complex, 10 mg	0-999	N/F		$10.87	$10.87	$11.19	$11.19	2.94%
1	J0289		injection, amphotericin b liposome, 10 mg	0-999	N/F		$15.86	$15.86	$16.14	$16.14	1.77%
1	J0290		injection, ampicillin sodium, 500 mg	0-999	N/F		$1.15	$1.15	$1.15	$1.15	0.00%
1	J0295		injection, ampicillin sodium/sulbactam sodium, per 1.5 g	0-999	N/F		$2.78	$2.78	$2.64	$2.64	-5.04%
1	J0300		injection, amobarbital, up to 125 mg	0-999	N/F		$186.93	$186.93	$186.93	$186.93	0.00%
1	J0330		injection, succinylcholine chloride, up to 20 mg	0-999	N/F		$0.95	$0.95	$0.95	$0.95	0.00%
1	J0348		injection, anidulafungin, 1 mg	0-999	N/F		$0.50	$0.50	$0.50	$0.50	0.00%
1	J0360		injection, hydralazine hcl, up to 20 mg	0-999	N/F		$3.30	$3.30	$3.17	$3.17	-3.94%
1	J0364		injection, apomorphine hcl, 1 mg	0-999	N/F		$34.27	$34.27	$34.27	$34.27	0.00%
1	J0400		injection, aripiprazole, intramuscular, 0.25 mg	0-999	N/F		$0.73	$0.73	$0.73	$0.73	0.00%
1	J0401		injection, aripiprazole, extended release, 1 mg	0-999	N/F		$3.87	$3.87	$3.87	$3.87	0.00%
1	J0456		injection, azithromycin, 500 mg	0-999	N/F		$3.26	$3.26	$3.26	$3.26	0.00%
1	J0470		injection, dimercaprol, per 100 mg	0-999	N/F		$35.47	$35.47	$38.43	$38.43	8.35%
1	J0475		injection, baclofen, 10 mg	0-999	N/F		$146.85	$146.85	$146.85	$146.85	0.00%
1	J0476		injection, baclofen, 50 mcg for intrathecal trial	0-999	N/F		$67.98	$67.98	$42.88	$42.88	-36.92%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J0480		injection, basiliximab, 20 mg	0-999	N/F		$2,567.98	$2,567.98	$2,660.13	$2,660.13	3.59%
1	J0485		injection, belatacept, 1 mg	0-999	N/F		$3.80	$3.80	$3.80	$3.80	0.00%
1	J0490		injection, belimumab, 10 mg	0-999	N/F		$39.79	$39.79	$39.79	$39.79	0.00%
1	J0500		injection, dicyclomine hcl, up to 20 mg	0-999	N/F		$56.09	$56.09	$56.42	$56.42	0.59%
1	J0515		injection, benztropine mesylate, per 1 mg	0-999	N/F		$19.60	$19.60	$19.60	$19.60	0.00%
1	J0558		injection, penicillin g benzathine and penicillin g procaine, 100,000 units	0-999	N/F		$6.98	$6.98	$7.53	$7.53	7.88%
1	J0561		injection, penicillin g benzathine, 100,000 units	0-999	N/F		$8.59	$8.59	$9.61	$9.61	11.87%
1	J0570		buprenorphine implant, 74.2 mg	0-999	N/F		$1,088.44	$1,088.44	$1,088.44	$1,088.44	0.00%
1	J0583		injection, bivalirudin, 1 mg	0-999	N/F		$1.33	$1.33	$1.14	$1.14	-14.29%
1	J0585		injection, onabotulinumtoxina, 1 unit	0-999	N/F		$5.79	$5.79	$5.93	$5.93	2.42%
1	J0586		injection, abobotulinumtoxina, 5 units	0-999	N/F		$7.60	$7.60	$7.88	$7.88	3.68%
1	J0587		injection, rimabotulinumtoxinb, 100 units	0-999	N/F		$10.13	$10.13	$10.13	$10.13	0.00%
1	J0588		injection, incobotulinumtoxina, 1 unit	0-999	N/F		$4.38	$4.38	$4.38	$4.38	0.00%
1	J0592		injection, buprenorphine hcl, 0.1 mg	0-999	N/F		$2.64	$2.64	$2.64	$2.64	0.00%
1	J0594		injection, busulfan, 1 mg	0-999	N/F		$27.96	$27.96	$27.96	$27.96	0.00%
1	J0595		injection, butorphanol tartrate, 1 mg	0-999	N/F		$2.03	$2.03	$2.03	$2.03	0.00%
1	J0596		injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	0-999	N/F		$27.73	$27.73	$27.73	$27.73	0.00%
1	J0598		injection, c-1 esterase inhibitor (human), cinryze, 10 units	0-999	N/F		$42.32	$42.32	$42.88	$42.88	1.32%
1	J0620		injection, calcium glycerophosphate and calcium lactate, per 10 ml	0-999	N/F		$13.09	$13.09	$13.09	$13.09	0.00%
1	J0636		injection, calcitriol, 0.1 mcg	0-999	N/F		$0.47	$0.47	$0.47	$0.47	0.00%
1	J0637		injection, caspofungin acetate, 5 mg	0-999	N/F		$11.36	$11.36	$13.60	$13.60	19.72%
1	J0638		injection, canakinumab, 1 mg	0-999	N/F		$87.36	$87.36	$87.36	$87.36	0.00%
1	J0670		injection, mepivacaine hcl, per 10 ml	0-999	N/F		$2.06	$2.06	$2.06	$2.06	0.00%
1	J0690		injection, cefazolin sodium, 500 mg	0-999	N/F		$0.76	$0.76	$0.76	$0.76	0.00%
1	J0694		injection, cefoxitin sodium, 1 g	0-999	N/F		$4.32	$4.32	$4.39	$4.39	1.62%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J0695		injection, ceftolozane 50 mg and tazobactam 25 mg	0-999	N/F		$5.15	$5.15	$6.83	$6.83	32.62%
1	J0697		injection, sterile cefuroxime sodium, per 750 mg	0-999	N/F		$2.64	$2.64	$2.07	$2.07	-21.59%
1	J0698		injection, cefotaxime sodium, per g	0-999	N/F		$2.24	$2.24	$2.24	$2.24	0.00%
1	J0702		injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	0-999	N/F		$5.51	$5.51	$5.73	$5.73	3.99%
1	J0706		injection, caffeine citrate, 5 mg	0-999	N/F		$0.69	$0.69	$0.69	$0.69	0.00%
1	J0710		injection, cephapirin sodium, up to 1 g	0-999	N/F		$1.44	$1.44	$1.44	$1.44	0.00%
1	J0714		injection, ceftazidime and avibactam, 0.5 g/0.125 g	0-999	N/F		$80.35	$80.35	$76.31	$76.31	-5.03%
1	J0715		injection, ceftizoxime sodium, per 500 mg	0-999	N/F		$5.14	$5.14	$5.14	$5.14	0.00%
1	J0716		injection, centruroides immune f(ab)2, up to 120 mg	0-999	N/F		$4,378.32	$4,378.32	$4,378.32	$4,378.32	0.00%
1	J0717		injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	0-999	N/F		$5.78	$5.78	$5.95	$5.95	2.94%
1	J0720		injection, chloramphenicol sodium succinate, up to 1 g	0-999	N/F		$30.95	$30.95	$30.95	$30.95	0.00%
1	J0725		injection, chorionic gonadotropin, per 1,000 usp units	0-999	N/F		$18.03	$18.03	$18.03	$18.03	0.00%
1	J0735		injection, clonidine hcl, 1 mg	0-999	N/F		$11.55	$11.55	$11.55	$11.55	0.00%
1	J0740		injection, cidofovir, 375 mg	0-999	N/F		$488.40	$488.40	$465.88	$465.88	-4.61%
1	J0770		injection, colistimethate sodium, up to 150 mg	0-999	N/F		$10.40	$10.40	$11.60	$11.60	11.54%
1	J0775		injection, collagenase, clostridium histolyticum, 0.01 mg	0-999	N/F		$36.76	$36.76	$36.76	$36.76	0.00%
1	J0795		injection, corticorelin ovine triflutate, 1 mcg	0-999	N/F		$6.19	$6.19	$6.46	$6.46	4.36%
1	J0800		injection, corticotropin, up to 40 units	0-999	N/F		$2,777.54	$2,777.54	$2,823.21	$2,823.21	1.64%
1	J0833		injection, cosyntropin, not otherwise specified, 0.25 mg	0-999	N/F		$89.94	$89.94	$89.94	$89.94	0.00%
1	J0834		injection, cosyntropin (cortrosyn), 0.25 mg	0-999	N/F		$38.43	$38.43	$37.24	$37.24	-3.10%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J0850		injection, cytomegalovirus immune globulin intravenous (human), per vial	0-999	N/F		$861.25	$861.25	$861.25	$861.25	0.00%
1	J0875		injection, dalbavancin, 5 mg	0-999	N/F		$12.40	$12.40	$12.40	$12.40	0.00%
1	J0878		injection, daptomycin, 1 mg	0-999	N/F	72	$0.67	$0.67	$0.50	$0.50	-25.37%
1	J0878		injection, daptomycin, 1 mg	0-999	N/F		$0.67	$0.67	$0.50	$0.50	-25.37%
1	J0882		injection, darbepoetin alfa, 1 mcg (for esrd on dialysis)	0-999	N/F		$3.11	$3.11	$3.11	$3.11	0.00%
1	J0883		injection, argatroban, 1 mg (for non-esrd use)	0-999	N/F		$2.75	$2.75	$2.75	$2.75	0.00%
1	J0884		injection, argatroban, 1 mg (for esrd on dialysis)	0-999	N/F		$2.75	$2.75	$2.75	$2.75	0.00%
1	J0945		injection, brompheniramine maleate, per 10 mg	0-999	N/F		$0.83	$0.83	$0.83	$0.83	0.00%
1	J1020		injection, methylprednisolone acetate, 20 mg	0-999	N/F		$4.05	$4.05	$4.47	$4.47	10.37%
1	J1071		injection, testosterone cypionate, 1 mg	0-999	N/F		$0.03	$0.03	$0.02	$0.02	-33.33%
1	J1094		injection, dexamethasone acetate, 1 mg	0-999	N/F		$0.24	$0.24	$0.24	$0.24	0.00%
1	J1110		injection, dihydroergotamine mesylate, per 1 mg	0-999	N/F		$83.01	$83.01	$83.01	$83.01	0.00%
1	J1130		injection, diclofenac sodium, 0.5 mg	0-999	N/F		$0.21	$0.21	$0.21	$0.21	0.00%
1	J1160		injection, digoxin, up to 0.5 mg	0-999	N/F		$5.62	$5.62	$8.42	$8.42	49.82%
1	J1165		injection, phenytoin sodium, per 50 mg	0-999	N/F		$0.50	$0.50	$0.50	$0.50	0.00%
1	J1205		injection, chlorothiazide sodium, per 500 mg	0-999	N/F		$66.42	$66.42	$61.49	$61.49	-7.42%
1	J1212		injection, dmso, dimethyl sulfoxide, 50%, 50 ml	0-999	N/F		$415.07	$415.07	$415.93	$415.93	0.21%
1	J1230		injection, methadone hcl, up to 10 mg	0-999	N/F		$14.45	$14.45	$14.54	$14.54	0.62%
1	J1240		injection, dimenhydrinate, up to 50 mg	0-999	N/F		$5.66	$5.66	$6.06	$6.06	7.07%
1	J1245		injection, dipyridamole, per 10 mg	0-999	N/F		$0.78	$0.78	$0.76	$0.76	-2.56%
1	J1250		injection, dobutamine hcl, per 250 mg	0-999	N/F		$5.33	$5.33	$5.33	$5.33	0.00%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	52	$0.49	$0.49	$0.49	$0.49	0.00%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F		$0.49	$0.49	$0.49	$0.49	0.00%
1	J1265		injection, dopamine hcl, 40 mg	0-999	N/F	51	$0.49	$0.49	$0.49	$0.49	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J1267		injection, doripenem, 10 mg	0-999	N/F		$0.60	$0.60	$0.60	$0.60	0.00%
1	J1270		injection, doxercalciferol, 1 mcg	0-999	N/F		$0.43	$0.43	$0.43	$0.43	0.00%
1	J1322		injection, elosulfase alfa, 1 mg	0-999	N/F		$226.64	$226.64	$226.64	$226.64	0.00%
1	J1324		injection, enfuvirtide, 1 mg	0-999	N/F		$0.68	$0.68	$0.68	$0.68	0.00%
1	J1325		injection, epoprostenol, 0.5 mg	0-999	N/F		$13.81	$13.81	$13.81	$13.81	0.00%
1	J1327		injection, eptifibatide, 5 mg	0-999	N/F		$44.33	$44.33	$44.33	$44.33	0.00%
1	J1335		injection, ertapenem sodium, 500 mg	0-999	N/F		$39.26	$39.26	$41.66	$41.66	6.11%
1	J1364		injection, erythromycin lactobionate, per 500 mg	0-999	N/F		$46.82	$46.82	$54.27	$54.27	15.91%
1	J1380		injection, estradiol valerate, up to 10 mg	0-999	N/F		$7.32	$7.32	$7.32	$7.32	0.00%
1	J1430		injection, ethanolamine oleate, 100 mg	0-999	N/F		$333.08	$333.08	$333.08	$333.08	0.00%
1	J1438		injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	0-999	N/F		$566.36	$566.36	$566.36	$566.36	0.00%
1	J1439		injection, ferric carboxymaltose, 1 mg	0-999	N/F		$1.05	$1.05	$1.05	$1.05	0.00%
1	J1447		injection, tbo-filgrastim, 1 microgram	0-999	N/F		$0.65	$0.65	$0.61	$0.61	-6.15%
1	J1450		injection, fluconazole, 200 mg	0-999	N/F		$3.76	$3.76	$3.76	$3.76	0.00%
1	J1451		injection, fomepizole, 15 mg	0-999	N/F		$10.97	$10.97	$10.97	$10.97	0.00%
1	J1458		injection, galsulfase, 1 mg	0-999	N/F		$331.62	$331.62	$331.62	$331.62	0.00%
1	J1460		injection, gamma globulin, intramuscular, 1 cc	0-999	N/F		$27.28	$27.28	$27.28	$27.28	0.00%
1	J1556		injection, immune globulin (bivigam), 500 mg	0-999	N/F		$37.14	$37.14	$52.89	$52.89	42.41%
1	J1557		injection, immune globulin, (gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	0-999	N/F		$35.92	$35.92	$35.92	$35.92	0.00%
1	J1559		injection, immune globulin (hizentra), 100 mg	0-999	N/F		$7.38	$7.38	$7.38	$7.38	0.00%
1	J1560		injection, gamma globulin, intramuscular, over 10 cc	0-999	N/F		$272.75	$272.75	$272.75	$272.75	0.00%
1	J1570		injection, ganciclovir sodium, 500 mg	0-999	N/F		$58.12	$58.12	$58.12	$58.12	0.00%
1	J1571		injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	0-999	N/F		$47.20	$47.20	$47.20	$47.20	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J1573		injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	0-999	N/F		$75.11	$75.11	$71.33	$71.33	-5.03%
1	J1575		injection, immune globulin/hyaluronidase, 100 mg immuneglobulin	0-999	N/F		$9.75	$9.75	$10.55	$10.55	8.21%
1	J1580		injection, garamycin, gentamicin, up to 80 mg	0-999	N/F		$1.16	$1.16	$1.19	$1.19	2.59%
1	J1595		injection, glatiramer acetate, 20 mg	0-999	N/F		$241.88	$241.88	$241.88	$241.88	0.00%
1	J1599		injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J1602		injection, golimumab, 1 mg, for intravenous use	0-999	N/F		$23.52	$23.52	$23.52	$23.52	0.00%
1	J1610		injection, glucagon hcl, per 1 mg	0-999	N/F		$161.90	$161.90	$164.36	$164.36	1.52%
1	J1631		injection, haloperidol decanoate, per 50 mg	0-999	N/F		$15.22	$15.22	$15.22	$15.22	0.00%
1	J1640		injection, hemin, 1 mg	0-20	N/F		$17.80	$17.80	$17.80	$17.80	0.00%
1	J1670		injection, tetanus immune globulin, human, up to 250 units	0-999	N/F		$316.53	$316.53	$364.20	$364.20	15.06%
1	J1700		injection, hydrocortisone acetate, up to 25 mg	0-999	N/F		$0.30	$0.30	$0.30	$0.30	0.00%
1	J1710		injection, hydrocortisone sodium phosphate, up to 50 mg	0-999	N/F		$4.90	$4.90	$4.90	$4.90	0.00%
1	J1730		injection, diazoxide, up to 300 mg	0-999	N/F		$109.61	$109.61	$109.61	$109.61	0.00%
1	J1741		injection, ibuprofen, 100 mg	0-999	N/F		$1.96	$1.96	$1.96	$1.96	0.00%
1	J1742		injection, ibutilide fumarate, 1 mg	0-999	N/F		$65.75	$65.75	$150.04	$150.04	128.20%
1	J1743		injection, idursulfase, 1 mg	0-999	N/F		$445.93	$445.93	$445.93	$445.93	0.00%
1	J1745		injection, infliximab, excludes biosimilar, 10 mg	0-999	N/F		$76.89	$76.89	$76.89	$76.89	0.00%
1	J1786		injection, imiglucerase, 10 units	0-999	N/F		$41.15	$41.15	$41.15	$41.15	0.00%
1	J1800		injection, propranolol hcl, up to 1 mg	0-999	N/F		$1.66	$1.66	$1.66	$1.66	0.00%
1	J1826		injection, interferon beta-1a, 30 mcg	0-999	N/F		$1,484.36	$1,484.36	$1,484.36	$1,484.36	0.00%
1	J1830		injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	0-999	N/F		$404.42	$404.42	$404.42	$404.42	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J1833		injection, isavuconazonium, 1 mg	0-999	N/F		$0.75	$0.75	$0.75	$0.75	0.00%
1	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N/F		$7.71	$7.71	$7.71	$7.71	0.00%
D	J1840		injection, kanamycin sulfate, up to 500 mg	0-999	N		$7.71	$7.71	$7.71	$7.71	0.00%
1	J1850		injection, kanamycin sulfate, up to 75 mg	0-999	N/F		$1.16	$1.16	$1.16	$1.16	0.00%
1	J1885		injection, ketorolac tromethamine, per 15 mg	0-999	N/F		$0.59	$0.59	$0.59	$0.59	0.00%
1	J1890		injection, cephalothin sodium, up to 1 g	0-999	N/F		$9.51	$9.51	$9.51	$9.51	0.00%
1	J1931		injection, laronidase, 0.1 mg	0-999	N/F		$25.05	$25.05	$25.05	$25.05	0.00%
1	J1942		injection, aripiprazole lauroxil, 1 mg	0-999	N/F		$2.36	$2.36	$2.36	$2.36	0.00%
1	J1950		injection, leuprolide acetate (for depot suspension), per 3.75 mg	0-999	N/F		$773.67	$773.67	$815.59	$815.59	5.42%
1	J1953		injection, levetiracetam, 10 mg	0-999	N/F		$0.13	$0.13	$0.09	$0.09	-30.77%
1	J1955		injection, levocarnitine, per 1 g	0-999	N/F		$15.67	$15.67	$18.75	$18.75	19.66%
1	J1980		injection, hyoscyamine sulfate, up to 0.25 mg	0-999	N/F		$20.75	$20.75	$20.75	$20.75	0.00%
1	J1990		injection, chlordiazepoxide hcl, up to 100 mg	0-999	N/F		$20.63	$20.63	$20.63	$20.63	0.00%
1	J2010		injection, lincomycin hcl, up to 300 mg	0-999	N/F		$9.64	$9.64	$10.05	$10.05	4.25%
D	J2020		injection, linezolid, 200 mg	0-999	N		$15.27	$15.27	$13.01	$13.01	-14.80%
1	J2180		injection, meperidine and promethazine hcl, up to 50 mg	0-999	N/F		$3.71	$3.71	$3.71	$3.71	0.00%
1	J2182		injection, mepolizumab, 1 mg	0-999	N/F		$27.32	$27.32	$28.41	$28.41	3.99%
1	J2185		injection, meropenem, 100 mg	0-999	N/F		$1.14	$1.14	$1.00	$1.00	-12.28%
1	J2210		injection, methylergonovine maleate, up to 0.2 mg	0-999	N/F		$13.22	$13.22	$13.22	$13.22	0.00%
1	J2248		injection, micafungin sodium, 1 mg	0-999	N/F		$0.73	$0.73	$0.73	$0.73	0.00%
1	J2260		injection, milrinone lactate, 5 mg	0-999	N/F		$1.75	$1.75	$1.60	$1.60	-8.57%
1	J2278		injection, ziconotide, 1 mcg	0-999	N/F		$6.28	$6.28	$6.28	$6.28	0.00%
D	J2280		injection, moxifloxacin, 100 mg	0-999	N		$7.05	$7.05	$7.05	$7.05	0.00%
1	J2300		injection, nalbuphine hcl, per 10 mg	0-999	N/F		$1.92	$1.92	$1.96	$1.96	2.08%
1	J2315		injection, naltrexone, depot form, 1 mg	0-999	N/F		$3.18	$3.18	$3.18	$3.18	0.00%
1	J2323		injection, natalizumab, 1 mg	0-999	N/F		$19.43	$19.43	$19.42	$19.42	-0.05%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J2325		injection, nesiritide, 0.1 mg	0-999	N/F		$71.98	$71.98	$71.98	$71.98	0.00%
1	J2353		injection, octreotide, depot form for intramuscular injection, 1 mg	0-999	N/F		$143.32	$143.32	$143.32	$143.32	0.00%
1	J2357		injection, omalizumab, 5 mg	0-999	N/F		$33.09	$33.09	$33.19	$33.19	0.30%
1	J2358		injection, olanzapine, long-acting, 1 mg	0-999	N/F		$2.70	$2.70	$2.70	$2.70	0.00%
1	J2360		injection, orphenadrine citrate, up to 60 mg	0-999	N/F		$4.53	$4.53	$5.86	$5.86	29.36%
1	J2370		injection, phenylephrine hcl, up to 1 ml	0-999	N/F		$12.24	$12.24	$12.24	$12.24	0.00%
1	J2400		injection, chloroprocaine hcl, per 30 ml	0-999	N/F		$20.58	$20.58	$20.58	$20.58	0.00%
1	J2407		injection, oritavancin, 10 mg	0-999	N/F		$21.77	$21.77	$21.77	$21.77	0.00%
1	J2410		injection, oxymorphone hcl, up to 1 mg	0-999	N/F		$2.19	$2.19	$2.19	$2.19	0.00%
1	J2425		injection, palifermin, 50 mcg	0-999	N/F		$14.37	$14.37	$14.37	$14.37	0.00%
1	J2426		injection, paliperidone palmitate extended release, 1 mg	0-999	N/F		$7.47	$7.47	$7.78	$7.78	4.15%
1	J2440		injection, papaverine hcl, up to 60 mg	0-999	N/F		$2.75	$2.75	$2.75	$2.75	0.00%
1	J2460		injection, oxytetracycline hcl, up to 50 mg	0-999	N/F		$0.92	$0.92	$0.92	$0.92	0.00%
1	J2501		injection, paricalcitol, 1 mcg	0-999	N/F	72	$1.07	$1.07	$0.79	$0.79	-26.17%
1	J2501		injection, paricalcitol, 1 mcg	0-999	N/F		$1.07	$1.07	$0.79	$0.79	-26.17%
1	J2502		injection, pasireotide long acting, 1 mg	0-999	N/F		$190.40	$190.40	$190.40	$190.40	0.00%
1	J2503		injection, pegaptanib sodium, 0.3 mg	0-999	N/F		$1,001.05	$1,001.05	$721.25	$721.25	-27.95%
1	J2504		injection, pegademase bovine, 25 iu	0-999	N/F		$258.92	$258.92	$269.25	$269.25	3.99%
1	J2507		injection, pegloticase, 1 mg	0-999	N/F		$1,499.14	$1,499.14	$1,545.36	$1,545.36	3.08%
1	J2510		injection, penicillin g procaine, aqueous, up to 600,000 units	0-999	N/F		$21.03	$21.03	$21.97	$21.97	4.47%
1	J2515		injection, pentobarbital sodium, per 50 mg	0-999	N/F		$37.08	$37.08	$38.40	$38.40	3.56%
1	J2540		injection, penicillin g potassium, up to 600,000 units	0-999	N/F		$0.80	$0.80	$0.80	$0.80	0.00%
1	J2543		injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	0-999	N/F		$2.21	$2.21	$2.21	$2.21	0.00%
1	J2547		injection, peramivir, 1 mg	0-999	N/F		$1.70	$1.70	$1.62	$1.62	-4.71%
1	J2560		injection, phenobarbital sodium, up to 120 mg	0-999	N/F		$27.10	$27.10	$27.96	$27.96	3.17%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J2562		injection, plerixafor, 1 mg	0-999	N/F		$263.35	$263.35	$263.35	$263.35	0.00%
1	J2590		injection, oxytocin, up to 10 units	0-999	N/F		$1.08	$1.08	$1.08	$1.08	0.00%
1	J2650		injection, prednisolone acetate, up to 1 ml	0-999	N/F		$0.18	$0.18	$0.18	$0.18	0.00%
1	J2675		injection, progesterone, per 50 mg	0-999	N/F		$1.10	$1.10	$1.10	$1.10	0.00%
1	J2680		injection, fluphenazine decanoate, up to 25 mg	0-999	N/F		$17.95	$17.95	$16.34	$16.34	-8.97%
1	J2690		injection, procainamide hcl, up to 1 g	0-999	N/F		$49.89	$49.89	$53.16	$53.16	6.55%
1	J2700		injection, oxacillin sodium, up to 250 mg	0-999	N/F		$1.52	$1.52	$1.49	$1.49	-1.97%
1	J2710		injection, neostigmine methylsulfate, up to 0.5 mg	0-999	N/F		$3.57	$3.57	$3.57	$3.57	0.00%
1	J2720		injection, protamine sulfate, per 10 mg	0-999	N/F		$0.88	$0.88	$0.88	$0.88	0.00%
1	J2724		injection, protein c concentrate, intravenous, human, 10 iu	0-999	N/F		$12.85	$12.85	$12.85	$12.85	0.00%
1	J2730		injection, pralidoxime chloride, up to 1 g	0-999	N/F		$88.43	$88.43	$88.43	$88.43	0.00%
1	J2760		injection, phentolamine mesylate, up to 5 mg	0-999	N/F		$433.50	$433.50	$433.50	$433.50	0.00%
1	J2770		injection, quinupristin/dalfopristin, 500 mg (150/350)	0-999	N/F		$328.73	$328.73	$328.73	$328.73	0.00%
1	J2778		injection, ranibizumab, 0.1 mg	0-999	N/F		$380.22	$380.22	$380.22	$380.22	0.00%
1	J2785		injection, regadenoson, 0.1 mg	0-999	N/F		$49.72	$49.72	$49.72	$49.72	0.00%
1	J2786		injection, reslizumab, 1 mg	0-999	N/F		$8.52	$8.52	$8.77	$8.77	2.93%
1	J2788		injection, rho d immune globulin, human, minidose, 50 mcg (250 i.u.)	0-999	N/F		$19.65	$19.65	$20.25	$20.25	3.05%
1	J2790		injection, rho d immune globulin, human, full dose, 300 mcg (1500 i.u.)	0-999	N/F		$75.92	$75.92	$75.92	$75.92	0.00%
1	J2791		injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	0-999	N/F		$4.72	$4.72	$4.72	$4.72	0.00%
1	J2793		injection, rilonacept, 1 mg	0-999	N/F		$23.18	$23.18	$23.18	$23.18	0.00%
1	J2794		injection, risperidone, long acting, 0.5 mg	0-999	N/F		$6.41	$6.41	$6.72	$6.72	4.84%
1	J2795		injection, ropivacaine hcl, 1 mg	0-999	N/F		$0.07	$0.07	$0.07	$0.07	0.00%
1	J2800		injection, methocarbamol, up to 10 ml	0-999	N/F		$36.39	$36.39	$33.92	$33.92	-6.79%
1	J2810		injection, theophylline, per 40 mg	0-999	N/F		$0.24	$0.24	$0.24	$0.24	0.00%
1	J2840		injection, sebelipase alfa, 1 mg	0-999	N/F		$510.00	$510.00	$510.00	$510.00	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J2860		injection, siltuximab, 10 mg	0-999	N/F		$90.14	$90.14	$90.14	$90.14	0.00%
1	J3000		injection, streptomycin, up to 1 g	0-999	N/F		$10.12	$10.12	$18.09	$18.09	78.75%
D	J3000		injection, streptomycin, up to 1 g	0-999	N		$10.12	$10.12	$18.09	$18.09	78.75%
1	J3030		injection, sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	0-999	N/F		$78.37	$78.37	$78.37	$78.37	0.00%
1	J3060		injection, taliglucerace alfa, 10 units	0-999	N/F		$30.90	$30.90	$30.90	$30.90	0.00%
1	J3070		injection, pentazocine, 30 mg	0-999	N/F		$74.13	$74.13	$66.37	$66.37	-10.47%
1	J3090		injection, tedizolid phosphate, 1 mg	0-999	N/F		$1.27	$1.27	$1.27	$1.27	0.00%
1	J3101		injection, tenecteplase, 1 mg	0-999	N/F		$82.53	$82.53	$83.67	$83.67	1.38%
1	J3105		injection, terbutaline sulfate, up to 1 mg	0-999	N/F		$2.45	$2.45	$1.92	$1.92	-21.63%
1	J3110		injection, teriparatide, 10 mcg	0-999	N/F		$50.96	$50.96	$50.96	$50.96	0.00%
1	J3121		injection, testosterone enanthate, 1 mg	0-999	N/F		$0.04	$0.04	$0.04	$0.04	0.00%
1	J3145		injection, testosterone undecanoate, 1 mg	0-999	N/F		$1.32	$1.32	$1.38	$1.38	4.55%
1	J3230		injection, chlorpromazine hcl, up to 50 mg	0-999	N/F		$20.78	$20.78	$21.42	$21.42	3.08%
1	J3243		injection, tigecycline, 1 mg	0-999	N/F		$2.45	$2.45	$2.45	$2.45	0.00%
1	J3246		injection, tirofiban hcl, 0.25 mg	0-999	N/F		$15.13	$15.13	$15.13	$15.13	0.00%
1	J3250		injection, trimethobenzamide hcl, up to 200 mg	0-999	N/F		$22.10	$22.10	$22.71	$22.71	2.76%
1	J3260		injection, tobramycin sulfate, up to 80 mg	0-999	N/F		$1.87	$1.87	$2.25	$2.25	20.32%
1	J3262		injection, tocilizumab, 1 mg	0-999	N/F		$3.65	$3.65	$3.65	$3.65	0.00%
1	J3285		injection, treprostinil, 1 mg	0-999	N/F		$54.77	$54.77	$54.77	$54.77	0.00%
1	J3300		injection, triamcinolone acetonide, preservative free, 1 mg	0-999	N/F		$3.16	$3.16	$3.16	$3.16	0.00%
1	J3301		injection, triamcinolone acetonide, not otherwise specified, 10 mg	0-999	N/F		$1.52	$1.52	$1.52	$1.52	0.00%
1	J3302		injection, triamcinolone diacetate, per 5 mg	0-999	N/F		$0.27	$0.27	$0.27	$0.27	0.00%
1	J3303		injection, triamcinolone hexacetonide, per 5 mg	0-999	N/F		$3.62	$3.62	$3.62	$3.62	0.00%
1	J3310		injection, perphenazine, up to 5 mg	0-999	N/F		$6.05	$6.05	$6.05	$6.05	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J3320		injection, spectinomycin dihydrochloride, up to 2 g	0-999	N/F		$30.95	$30.95	$30.95	$30.95	0.00%
1	J3357		ustekinumab, for subcutaneous injection, 1 mg	0-999	N/F		$137.44	$137.44	$140.34	$140.34	2.11%
1	J3380		injection, vedolizumab, 1 mg	0-999	N/F		$16.38	$16.38	$16.38	$16.38	0.00%
1	J3385		injection, velaglucerase alfa, 100 units	0-999	N/F		$342.19	$342.19	$342.19	$342.19	0.00%
1	J3396		injection, verteporfin, 0.1 mg	0-999	N/F		$9.31	$9.31	$9.31	$9.31	0.00%
1	J3410		injection, hydroxyzine hcl, up to 25 mg	0-999	N/F		$1.64	$1.64	$5.01	$5.01	205.49%
1	J3411		injection, thiamine hcl, 100 mg	0-999	N/F		$3.05	$3.05	$2.98	$2.98	-2.30%
1	J3415		injection, pyridoxine hcl, 100 mg	0-999	N/F		$9.00	$9.00	$8.38	$8.38	-6.89%
1	J3465		injection, voriconazole, 10 mg	0-999	N/F		$3.26	$3.26	$2.24	$2.24	-31.29%
1	J3471		injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	0-999	N/F		$0.30	$0.30	$0.30	$0.30	0.00%
1	J3472		injection, hyaluronidase, ovine, preservative free, per 1,000 usp units	0-999	N/F		$269.53	$269.53	$379.56	$379.56	40.82%
1	J3473		injection, hyaluronidase, recombinant, 1 usp unit	0-999	N/F		$0.31	$0.31	$0.31	$0.31	0.00%
1	J3485		injection, zidovudine, 10 mg	0-999	N/F		$1.28	$1.28	$1.28	$1.28	0.00%
1	J3486		injection, ziprasidone mesylate, 10 mg	0-999	N/F		$16.26	$16.26	$17.48	$17.48	7.50%
1	J3489		injection, zoledronic acid, 1 mg	0-999	N/F		$12.03	$12.03	$12.03	$12.03	0.00%
1	J3520		edetate disodium, per 150 mg	0-999	N/F		$1.27	$1.27	$1.27	$1.27	0.00%
1	J3535		drug administered through a metered dose inhaler	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J3590		unclassified biologics	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7030		infusion, normal saline solution, 1,000 cc	0-20	N		$1.81	$1.81	$1.81	$1.81	0.00%
1	J7120		ringers lactate infusion, up to 1,000 cc	0-20	N		$1.80	$1.80	$2.04	$2.04	13.33%
1	J7175		injection, factor x, (human), 1 iu	0-999	N/F		$8.30	$8.30	$8.30	$8.30	0.00%
1	J7178		injection, human fibrinogen concentrate, 1 mg	0-999	N/F		$0.01	$0.01	$0.01	$0.01	0.00%
1	J7179		injection, von willebrand factor (recombinant), (vonvendi), 1 iu vwf:rco	0-999	N/F		$2.02	$2.02	$2.02	$2.02	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J7180		injection, factor xiii (antihemophilic factor, human), 1 iu	0-999	N/F		$7.06	$7.06	$7.06	$7.06	0.00%
1	J7181		injection, factor xiii a-subunit, (recombinant), per iu	0-999	N/F		$0.01	$0.01	$0.01	$0.01	0.00%
1	J7182		injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	0-999	N/F		$1.12	$1.12	$1.12	$1.12	0.00%
1	J7183		injection, von willebrand factor complex (human), wilate, 1 iu vwf:rco	0-999	N/F		$0.80	$0.80	$0.80	$0.80	0.00%
1	J7185		injection, factor viii (antihemophilic factor, recombinant) (xyntha), per iu	0-999	N/F		$0.95	$0.95	$0.96	$0.96	1.05%
1	J7186		injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	0-999	N/F		$0.89	$0.89	$0.89	$0.89	0.00%
1	J7188		injection, factor viii (antihemophilic factor, recombinant), per iu	0-999	N/F		$0.01	$0.01	$0.01	$0.01	0.00%
1	J7189		factor viia (antihemophilic factor, recombinant), per 1 mcg	0-999	N/F		$1.48	$1.48	$1.50	$1.50	1.35%
1	J7190		factor viii (antihemophilic factor, human) per i.u.	0-999	N/F		$0.98	$0.98	$0.98	$0.98	0.00%
1	J7191		factor viii (antihemophilic factor (porcine)), per iu	0-999	N/F		$1.09	$1.09	$1.09	$1.09	0.00%
1	J7192		factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	0-999	N/F		$1.20	$1.20	$1.20	$1.20	0.00%
1	J7193		factor ix (antihemophilic factor, purified, nonrecombinant) per iu	0-999	N/F		$0.88	$0.88	$0.88	$0.88	0.00%
1	J7194		factor ix complex, per iu	0-999	N/F		$1.05	$1.05	$1.06	$1.06	0.95%
1	J7195		injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	0-999	N/F		$1.50	$1.50	$1.50	$1.50	0.00%
1	J7197		antithrombin iii (human), per iu	0-999	N/F		$2.72	$2.72	$2.80	$2.80	2.94%
1	J7198		antiinhibitor, per iu	0-999	N/F		$1.52	$1.52	$1.52	$1.52	0.00%
1	J7199		hemophilia clotting factor, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7200		injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	0-999	N/F		$1.24	$1.24	$1.24	$1.24	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J7201		injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 iu	0-999	N/F		$2.81	$2.81	$2.81	$2.81	0.00%
1	J7202		injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 iu	0-999	N/F		$4.34	$4.34	$0.02	$0.02	-99.54%
1	J7205		injection, factor viii fc fusion protein (recombinant), per iu	0-999	N/F		$1.52	$1.52	$1.52	$1.52	0.00%
1	J7207		injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 iu	0-999	N/F		$2.02	$2.02	$2.02	$2.02	0.00%
1	J7209		injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 iu	0-999	N/F		$1.73	$1.73	$1.73	$1.73	0.00%
1	J7311		fluocinolone acetonide, intravitreal implant	0-999	N/F		$18,958.10	$18,958.10	$18,958.10	$18,958.10	0.00%
1	J7312		injection, dexamethasone, intravitreal implant, 0.1 mg	0-999	N/F		$190.43	$190.43	$190.43	$190.43	0.00%
1	J7313		injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	0-999	N/F		$490.95	$490.95	$490.48	$490.48	-0.10%
1	J7316		injection, ocriplasmin, 0.125 mg	0-999	N/F		$1,046.75	$1,046.75	$1,046.75	$1,046.75	0.00%
1	J7320		hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	0-999	N/F		$6.80	$6.80	$6.42	$6.42	-5.59%
1	J7321		hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	0-999	N/F		$85.54	$85.54	$85.21	$85.21	-0.39%
1	J7322		hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	0-999	N/F		$17.00	$17.00	$18.53	$18.53	9.00%
1	J7323		hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	0-999	N/F		$121.41	$121.41	$121.41	$121.41	0.00%
1	J7324		hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	0-999	N/F		$142.72	$142.72	$140.11	$140.11	-1.83%
1	J7325		hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	0-999	N/F		$11.51	$11.51	$11.51	$11.51	0.00%
1	J7326		hyaluronan or derivative, gel-one, for intra-articular injection, per dose	0-999	N/F		$461.18	$461.18	$461.18	$461.18	0.00%
1	J7328		hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	0-999	N/F		$2.09	$2.09	$2.09	$2.09	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J7340		carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	0-999	2		$2.06	$2.06	$2.06	$2.06	0.00%
1	J7501		azathioprine, parenteral, 100 mg	0-999	N/F		$255.00	$255.00	$255.00	$255.00	0.00%
1	J7504		lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	0-999	N/F		$1,316.00	$1,316.00	$1,457.09	$1,457.09	10.72%
1	J7505		muromonab-cd3, parenteral, 5 mg	0-999	N/F		$1,112.45	$1,112.45	$1,112.45	$1,112.45	0.00%
1	J7511		lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	0-999	N/F		$529.60	$529.60	$534.15	$534.15	0.86%
1	J7513		daclizumab, parenteral, 25 mg	0-999	N/F		$506.48	$506.48	$506.48	$506.48	0.00%
1	J7516		cyclosporine, parenteral, 250 mg	0-999	N/F		$32.87	$32.87	$32.87	$32.87	0.00%
1	J7525		tacrolimus, parenteral, 5 mg	0-999	N/F		$138.93	$138.93	$140.88	$140.88	1.40%
1	J7599		immunosuppressive drug, not otherwise classified	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7605		arformoterol, inhalation solution, fda approved final product, noncompounded, administered through dme, unit dose form, 15 mcg	0-999	N/F		$6.97	$6.97	$7.10	$7.10	1.87%
1	J7608		acetylcysteine, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per g	0-999	N/F		$4.02	$4.02	$4.11	$4.11	2.24%
1	J7611		albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 1 mg	0-999	N/F		$0.11	$0.11	$0.11	$0.11	0.00%
1	J7612		levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, concentrated form, 0.5 mg	0-999	N/F		$0.18	$0.18	$0.18	$0.18	0.00%
1	J7613		albuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 1 mg	0-999	N/F		$0.05	$0.05	$0.05	$0.05	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J7614		levalbuterol, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose, 0.5 mg	0-999	N/F		$0.06	$0.06	$0.06	$0.06	0.00%
1	J7620		albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, noncompounded, administered through dme	0-999	N/F		$0.14	$0.14	$0.12	$0.12	-14.29%
1	J7622		beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per mg	0-999	N/F		$0.02	$0.02	$0.02	$0.02	0.00%
1	J7626		budesonide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, up to 0.5 mg	0-999	N/F		$2.75	$2.75	$2.75	$2.75	0.00%
1	J7631		cromolyn sodium, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per 10 mg	0-999	N/F		$0.63	$0.63	$0.63	$0.63	0.00%
1	J7639		dornase alfa, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	0-999	N/F		$33.82	$33.82	$34.10	$34.10	0.83%
1	J7644		ipratropium bromide, inhalation solution, fda-approved final product, noncompounded, administered through dme, unit dose form, per mg	0-999	N/F		$0.21	$0.21	$0.21	$0.21	0.00%
1	J7665		mannitol, administered through an inhaler, 5 mg	0-999	N/F		$0.64	$0.64	$0.64	$0.64	0.00%
1	J7674		methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	0-999	N/F		$0.45	$0.45	$0.45	$0.45	0.00%
1	J7682		tobramycin, inhalation solution, fda-approved final product, noncompounded, unit dose form, administered through dme, per 300 mg	0-999	N/F		$44.16	$44.16	$39.70	$39.70	-10.10%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	J7699		noc drugs, inhalation solution administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J7799		noc drugs, other than inhalation drugs, administered through dme	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J8999		prescription drug, oral, chemotherapeutic, nos	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	J9027		injection, clofarabine, 1 mg	0-999	N/F		$114.32	$114.32	$114.32	$114.32	0.00%
1	J9039		injection, blinatumomab, 1 microgram	0-999	N/F		$97.17	$97.17	$97.17	$97.17	0.00%
1	J9175		injection, elliotts' b solution, 1 ml	0-20	N/F		$8.67	$8.67	$8.67	$8.67	0.00%
1	J9212		injection, interferon alfacon-1, recombinant, 1 mcg	0-999	N/F		$16.41	$16.41	$16.41	$16.41	0.00%
1	J9213		injection, interferon, alfa-2a, recombinant, 3 million units	0-999	N/F		$37.06	$37.06	$37.06	$37.06	0.00%
1	J9215		injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	0-999	N/F		$30.72	$30.72	$30.72	$30.72	0.00%
1	J9216		injection, interferon, gamma 1-b, 3 million units	0-999	N/F		$6,070.09	$6,070.09	$6,070.09	$6,070.09	0.00%
1	J9219		leuprolide acetate implant, 65 mg	0-999	N/F		$4,723.42	$4,723.42	$4,723.42	$4,723.42	0.00%
1	J9225		histrelin implant (vantas), 50 mg	0-999	N/F		$2,859.43	$2,859.43	$2,859.43	$2,859.43	0.00%
1	J9226		histrelin implant (supprelin la), 50 mg	0-999	N/F		$20,821.83	$20,821.83	$21,732.51	$21,732.51	4.37%
1	J9261		injection, nelarabine, 50 mg	0-999	N/F		$114.06	$114.06	$114.06	$114.06	0.00%
1	J9308		injection, ramucirumab, 5 mg	0-999	N/F		$52.02	$52.02	$52.02	$52.02	0.00%
1	J9600		injection, porfimer sodium, 75 mg	0-999	N/F		$20,835.54	$20,835.54	$20,835.54	$20,835.54	0.00%
1	J9999		not otherwise classified, antineoplastic drugs	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q0139		injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	0-999	N/F		$0.67	$0.67	$0.70	$0.70	4.48%
1	Q0163		diphenhydramine hcl, 50 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	0-20	N/F		$0.21	$0.21	$0.21	$0.21	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	Q0164		prochlorperazine maleate, 5 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		$0.04	$0.04	$0.04	$0.04	0.00%
1	Q0166		granisetron hcl, 1 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	0-20	N/F		$2.36	$2.36	$2.00	$2.00	-15.25%
1	Q0167		dronabinol, 2.5 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		$4.16	$4.16	$2.34	$2.34	-43.75%
1	Q0169		promethazine hcl, 12.5 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		$0.03	$0.03	$0.02	$0.02	-33.33%
1	Q0173		trimethobenzamide hcl, 250 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		$3.22	$3.22	$3.53	$3.53	9.63%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	Q0175		perphenazine, 4 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	0-20	N/F		$2.03	$2.03	$2.03	$2.03	0.00%
1	Q0177		hydroxyzine pamoate, 25 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		$2.51	$2.51	$2.51	$2.51	0.00%
1	Q0180		dolasetron mesylate, 100 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	0-20	N/F		$97.42	$97.42	$97.42	$97.42	0.00%
1	Q0181		unspecified oral dosage form, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	0-20	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q2009		injection, fosphenytoin, 50 mg phenytoin equivalent	0-999	F		$1.56	$1.56	$1.56	$1.56	0.00%
1	Q2017		injection, teniposide, 50 mg	0-999	N/F		$2,545.87	$2,545.87	$2,545.87	$2,545.87	0.00%
1	Q2026		injection, radiesse, 0.1 ml	0-999	N/F		$23.46	$23.46	$23.46	$23.46	0.00%
1	Q3027		injection, interferon beta-1a, 1 mcg for intramuscular use	0-999	N/F		$37.70	$37.70	$37.70	$37.70	0.00%
1	Q3028		injection, interferon beta-1a, 1 mcg for subcutaneous use	0-999	N/F		$25.61	$25.61	$26.56	$26.56	3.71%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	72	$1.04	$1.04	$1.04	$1.04	0.00%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F	73	$1.04	$1.04	$1.04	$1.04	0.00%
1	Q4081		injection, epoetin alfa, 100 units (for esrd on dialysis)	0-999	N/F		$1.04	$1.04	$1.04	$1.04	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	Q4100		skin substitute, not otherwise specified	0-999	N		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	Q4101		apligraf, per sq cm	0-999	N/F		$30.87	$30.87	$30.87	$30.87	0.00%
1	Q4102		oasis wound matrix, per sq cm	0-999	N/F		$8.26	$8.26	$8.26	$8.26	0.00%
1	Q4103		oasis burn matrix, per sq cm	0-999	N/F		$7.27	$7.27	$7.27	$7.27	0.00%
1	Q4104		integra bilayer matrix wound dressing (bmwd), per sq cm	0-999	N/F		$45.28	$45.28	$44.46	$44.46	-1.81%
1	Q4105		integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per sq cm	0-999	N/F		$36.51	$36.51	$127.50	$127.50	249.22%
1	Q4106		dermagraft, per sq cm	0-999	N/F		$32.78	$32.78	$32.78	$32.78	0.00%
1	Q4107		graftjacket, per sq cm	0-999	N/F		$88.20	$88.20	$88.20	$88.20	0.00%
1	Q4108		integra matrix, per sq cm	0-999	N/F		$39.67	$39.67	$31.19	$31.19	-21.38%
1	Q4110		primatrix, per sq cm	0-999	N/F		$83.70	$83.70	$96.20	$96.20	14.93%
1	Q4111		gammagraft, per sq cm	0-999	N/F		$6.78	$6.78	$6.78	$6.78	0.00%
1	Q4112		cymetra, injectable, 1 cc	0-999	N/F		$200.05	$200.05	$188.51	$188.51	-5.77%
1	Q4113		graftjacket xpress, injectable, 1cc	0-999	N/F		$200.05	$200.05	$188.51	$188.51	-5.77%
1	Q4114		integra flowable wound matrix, injectable, 1 cc	0-999	N/F		$1,918.28	$1,918.28	$1,918.28	$1,918.28	0.00%
1	Q4115		alloskin, per sq cm	0-999	N/F		$7.54	$7.54	$7.54	$7.54	0.00%
1	Q4116		alloderm, per sq cm	0-999	N/F		$31.08	$31.08	$31.03	$31.03	-0.16%
1	Q4121		theraskin, per sq cm	0-999	N/F		$32.51	$32.51	$32.97	$32.97	1.41%
1	Q4122		dermacell, per sq cm	0-999	N/F		$100.79	$100.79	$100.79	$100.79	0.00%
1	Q4123		alloskin rt, per sq cm	0-999	N/F		$24.33	$24.33	$24.33	$24.33	0.00%
1	Q4124		oasis ultra tri-layer wound matrix, per sq cm	0-999	N/F		$12.48	$12.48	$12.48	$12.48	0.00%
1	Q4126		memoderm, dermaspan, tranzgraft or integuply, per sq cm	0-999	N/F		$109.05	$109.05	$109.05	$109.05	0.00%
1	Q4127		talymed, per sq cm	0-999	N/F		$36.83	$36.83	$36.83	$36.83	0.00%
1	Q4128		flexhd, allopatchhd, or matrix hd, per sq cm	0-999	N/F		$23.20	$23.20	$22.19	$22.19	-4.35%
1	Q4130		strattice tm, per sq cm	0-999	N/F		$36.44	$36.44	$37.54	$37.54	3.02%
1	Q4131		epifix or epicord, per sq cm	0-999	N/F		$161.50	$161.50	$161.50	$161.50	0.00%
1	Q4134		hmatrix, per sq cm	0-999	N/F		$21.42	$21.42	$21.42	$21.42	0.00%
1	Q4135		mediskin, per sq cm	0-999	N/F		$2.06	$2.06	$2.05	$2.05	-0.49%
1	Q4136		e-z derm, per sq cm	0-999	N/F		$2.03	$2.03	$2.03	$2.03	0.00%
1	Q4137		amnioexcel or biodexcel, per sq cm	0-999	N/F		$119.53	$119.53	$119.53	$119.53	0.00%
1	Q4138		biodfence dryflex, per sq cm	0-999	N/F		$166.79	$166.79	$166.79	$166.79	0.00%
1	Q4140		biodfence, per sq cm	0-999	N/F		$140.78	$140.78	$140.78	$140.78	0.00%
1	Q4142		xcm biologic tissue matrix, per sq cm	0-999	N/F		$36.76	$36.76	$36.76	$36.76	0.00%
1	Q4143		repriza, per sq cm	0-999	N/F		$21.91	$21.91	$17.85	$17.85	-18.53%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
1	Q4146		tensix, per sq cm	0-999	N/F		$118.24	$118.24	$118.24	$118.24	0.00%
1	Q4147		architect, architect px, or architect fx, extracellular matrix, per sq cm	0-999	N/F		$119.71	$119.71	$119.71	$119.71	0.00%
1	Q4148		neox 1k, per sq cm	0-999	N/F		$223.98	$223.98	$223.98	$223.98	0.00%
1	Q4149		excellagen, 0.1 cc	0-999	N/F		$43.35	$43.35	$43.35	$43.35	0.00%
1	Q5101		injection, filgrastim (g-csf), biosimilar, 1 microgram	0-999	N/F		$0.73	$0.73	$0.69	$0.69	-5.48%
1	Q5102		injection, infliximab, biosimilar, 10 mg	0-999	N/F		$68.16	$68.16	$68.16	$68.16	0.00%
1	Q9956		injection, octafluoropropane microspheres, per ml	0-20	N/F		$34.14	$34.14	$33.65	$33.65	-1.44%
1	Q9957		injection, perflutren lipid microspheres, per ml	0-20	N/F		$51.22	$51.22	$50.48	$50.48	-1.44%
1	J3358		ustekinumab, for intravenous injection, 1 mg	0-999	N/F		$12.55	$12.55	$12.55	$12.55	0.00%
1	S0017		injection, aminocaproic acid, 5 g	0-20	F		$4.11	$4.11	$4.11	$4.11	0.00%
1	S0020		injection, bupivicaine hcl, 30 ml	0-999	N/F		$2.34	$2.34	$2.34	$2.34	0.00%
1	S0021		injection, cefoperazone sodium, 1 g	0-999	N/F		$16.05	$16.05	$16.05	$16.05	0.00%
1	S0023		injection, cimetidine hcl, 300 mg	0-999	N/F		$1.42	$1.42	$1.42	$1.42	0.00%
1	S0028		injection, famotidine, 20 mg	0-20	N/F		$0.69	$0.69	$0.69	$0.69	0.00%
1	S0142		colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	0-999	N/F		Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	S0145		injection, pegylated interferon alfa-2a, 180 mcg per ml	0-999	N/F		$1,011.58	$1,011.58	$1,011.58	$1,011.58	0.00%
1	S0148		injection, pegylated interferon alfa-2b, 10 mcg	0-999	N/F		$153.44	$153.44	$153.44	$153.44	0.00%
1	S0164		injection, pantoprazole sodium, 40 mg	0-999	N/F		$5.10	$5.10	$5.10	$5.10	0.00%
1	S0166		injection, olanzapine, 2.5 mg	0-20	N/F		$8.77	$8.77	$8.77	$8.77	0.00%
1	S0189		testosterone pellet, 75 mg	0-20	N/F		$90.32	$90.32	$95.64	$95.64	5.89%
1	S5010		5% dextrose and 0.45% normal saline, 1000 ml	0-20	N/F		$1.99	$1.99	$4.28	$4.28	115.08%
1	S5550		insulin, rapid onset, 5 units	0-20	N		$0.76	$0.76	$0.76	$0.76	0.00%
1	S5551		insulin, most rapid onset (lispro or aspart); 5 units	0-20	N/F		$1.68	$1.68	$1.68	$1.68	0.00%
1	S5552		insulin, intermediate acting (nph or lente); 5 units	0-20	N/F		$0.76	$0.76	$0.76	$0.76	0.00%
1	S5553		insulin, long acting; 5 units	0-20	N/F		$1.37	$1.37	$1.37	$1.37	0.00%

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee

CFR ATTACHMENT 6 - PHYSICIAN ADMINISTERED DRUGS - NON ONCOLOGY (Proposed to be effective April 1, 2018)

							CURRENT		PROPOSED		
TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee

***Type of Service (TOS)**	
1	Medical Services
9	Other Medical Items or Services
D	Tuberculosis Clinic
S	Texas Health Steps - Medical
Modifier	
U1	Vaccine(s)/toxoid(s) privately purchased by provider when Texas Vaccines for Children vaccine/toxoid is unavailable
***Provider Type/Provider Specialty**	
51	Ambulatory Surgical Center - Freestanding/Independent
52	Ambulatory Surgical Center - Hospital Based
72	Nephrology (Hemodialysis, Renal Dialysis)
73	Renal Dialysis Facility

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2018 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.