

CFR Attachment A(28) - Physician Administered Drugs NDCX (Proposed to be effective March 1, 2022)

| TOS* | Procedure Code | Long Description  | Age Range | Non-Facility (N)/ Facility (F) | CURRENT              |                               | 3/1/2022              |                                | Percent Change from Current Medicaid Fee |
|------|----------------|---|-----------|--------------------------------|----------------------|-------------------------------|-----------------------|--------------------------------|--|
|      |                |   |           |                                | Current Medicaid Fee | Current Adjusted Medicaid Fee | Proposed Medicaid Fee | Proposed Adjusted Medicaid Fee |  |
| 1    | J0130          | injection abcximab, 10 mg   | 0-999     | N/F                            | \$1,375.15           | \$1,375.15                    | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J0400          | injection, aripiprazole, intramuscular, 0.25 mg   | 0-999     | N/F                            | \$1.50               | \$1.50                        | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J0884          | injection, argatroban, 1 mg (for esrd on dialysis)  | 0-999     | N/F                            | \$2.08               | \$2.08                        | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J1560          | injection, gamma globulin, intramuscular, 1 cc  | 0-999     | N/F                            | \$362.89             | \$362.89                      | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J1599          | injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg | 0-999     | N/F                            | Manually Priced      | Manually Priced               | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| D    | J1840          | injection, kanamycin sulfate, up to 500 mg  | 0-999     | N                              | \$7.71               | \$7.71                        | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J2503          | injection, pegaptanib sodium, 0.3 mg  | 0-999     | N/F                            | \$720.91             | \$720.91                      | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J2515          | injection, pentobarbital sodium, per 50 mg  | 0-999     | N/F                            | \$35.52              | \$35.52                       | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J2547          | injection, peramivir, 1 mg  | 0-999     | N/F                            | \$1.62               | \$1.62                        | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J2810          | injection, theophylline, per 40 mg  | 0-999     | N/F                            | \$0.40               | \$0.40                        | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J2860          | injection, siltuximab, 10 mg  | 0-999     | N/F                            | \$109.29             | \$109.29                      | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J7316          | injection, ocriplasmin, 0.125 mg  | 0-999     | N/F                            | \$1,007.42           | \$1,007.42                    | Not a Benefit         | Not a Benefit                  | -100.00%                                 |
| 1    | J9015          | injection, aldesleukin, per single use vial   | 0-999     | N/F                            | \$5,620.32           | \$5,620.32                    | Not a Benefit         | Not a Benefit                  | -100.00%                                 |

**\*Type of Service (TOS)**

|   |                     |
|---|---------------------|
| 1 | Medical Services    |
| D | Tuberculosis Clinic |

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