MDCH
Physician Administered Drugs and Biologicals Database
October 2014

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
90281	Human Ig IM		M				
90283	Human Ig IV		M				
90284	Human Ig Sc		$7.08	2-124			
90287	Botulinum Antitoxin		M				Coverage End-dated effective 09/30/2014
90288	Botulism Ig IV		M				Coverage End-dated effective 09/30/2014
90291	Cmv Ig IV		M				Coverage End-dated effective 09/30/2014
90296	Diphtheria Antitoxin		M				
90371	Hep B Ig IM		$117.38				
90375	Rabies Ig IM/Sc		$247.57				
90376	Rabies Ig Heat Treated		$237.82				
90378	Rsv Mab Im 50mg		$1,138.31	0-2			
90384	Rh Ig Full-Dose IM		$107.22	9-56			
90385	Rh Ig Minidose IM		$34.66	16-56			
90386	Rh Ig IV		M				Coverage End-dated effective 09/30/2014
90389	Tetanus Ig IM		$107.10				Coverage End-dated effective 09/30/2014
90396	Varicella-Zoster Ig IM		M				
90399	Immune Globulin		M				Documentation Required
90460	Im Admin 1st/Only Component		$7.00	0-18			
90461	Im Admin Each Addl Component		$0.00	0-18			
90471	Immunization Admin		$7.00				
90472	Immunization Admin Each Add		$7.00				
90473	Immune Admin Oral/Nasal		$3.00				
90474	Immune Admin Oral/Nasal Addl		$3.00				
90632	Hep A Vaccine Adult IM		$49.54	19-124			
90633	Hep A Vacc Ped/Adol 2 Dose		$0.00	1-18			
90636	Hep A/Hep B Vacc Adult IM		$95.24	18-124			
90644	Meningoccl Hib Vac 4 Dose IM		$0.00	6 weeks-17 months			
90647	Hib Vaccine Prp-Omp IM		$0.00	2 months-4			
90648	Hib Vaccine Prp-T IM		$0.00	2 months-4			
90649	Hpv Vaccine 4 Valent IM		$0.00	9-18			
90649	Hpv Vaccine 4 Valent IM		$138.09	19-26			
90650	Hpv Vaccine 2 Valent IM		$0.00	9-18			VFC coverage end-dated effective 09/30/2014
90650	Hpv Vaccine 2 Valent IM		$135.68	9-25			
90654	Flu Vaccine No Preserv, Id		$18.92	18-124			
90655	Flu Vac No Prsv 3 Val 6-35 M		$0.00	6-35 months			
90656	Flu Vaccine No Preserv 3 & >		$0.00	3-18			
90656	Flu Vaccine No Preserv 3 & >		$14.10	19-124			
90657	Flu Vaccine 3 Yrs IM		$0.00	6-35 months			
90658	Flu Vaccine 3 Yrs & > IM		$0.00	3-18			
90658	Flu Vaccine 3 Yrs & > IM		$11.37	19-124			
90660	Flu Vaccine Nasal		$0.00	2-18			Coverage end-dated 03/31/2014
90660	Flu Vaccine Nasal		$23.46	19-49			Coverage end-dated 03/31/2014
90661	Flu Vacc Cell Cult Prsv Free		$21.67	18-124			
90662	Flu Vacc Prsv Free Inc Antig		$33.37	65-124			
90670	Pneumococcal Vacc 13 Val IM		$0.00	6 weeks-18			
90670	Pneumococcal Vacc 13 Val IM		$153.96	19-124			
90672	Flu Vaccine 4 Valent Nasal		$0.00	2-18			
90672	Flu Vaccine 4 Valent Nasal		$25.74	19-49			
90673	Flu Vacc Riv3 No Preserv		$36.48	18-49			
90675	Rabies Vaccine IM		$223.78				
90676	Rabies Vaccine Id		M				Documentation Required
90680	Rotavirus Vacc 3 Dose Oral		$0.00	6-31 weeks			
90681	Rotavirus Vacc 2 Dose Oral		$0.00	6-23 weeks			
90685	Flu Vac No Prsv 4 Val 6-35M		$0.00	6-35 months			
90686	Flu Vac No Prsv 4 Val 3 Yrs+		$0.00	3-18			
90686	Flu Vac No Prsv 4 Val 3 Yrs+		$17.98	19-124			
90687	Flu Vaccine 4 Val 6-35 Mo IM		$0.00	6-35 months			Effective as of 01/01/2014
90688	Flu Vacc 4 Val 3 Yrs Plus IM		$0.00	3-18			Effective as of 01/01/2014 Fluzone Only
90688	Flu Vacc 4 Val 3 Yrs Plus IM		$16.84	19-124			Fluzone Only
90691	Typhoid Vaccine IM		$68.55	2-124			
90692	Typhoid Vaccine H-P Sc/Id		$9.11	1-124			
90696	Dtap-Ipv Vacc 4-6 Yr IM		$0.00	4-6			
90698	Dtap-Hib-Ip Vaccine IM		$0.00	6 weeks-4			

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
90700	Dtap Vaccine < 7 Yrs IM		$0.00	0-6			
90702	Dt Vaccine < 7 Yrs IM		$0.00	0-6			
90707	Mmr Vaccine Sc		$0.00	1-18			
90707	Mmr Vaccine Sc		$53.17	19-124			
90710	Mmrv Vaccine Sc		$0.00	1-12			
90713	Poliovirus Ipv Sc/IM		$0.00	6 weeks-18			
90713	Poliovirus Ipv Sc/IM		$28.14	19-124			
90714	Td Vaccine No Prsrv 7/> IM		$0.00	7-18			
90714	Td Vaccine No Prsrv 7/> IM		$21.96	19-124			
90715	Tdap Vaccine 7 Yrs/> IM		$0.00	7-18			
90715	Tdap Vaccine 7 Yrs/> IM		$33.32	19-124			
90716	Chicken Pox Vaccine Sc		$0.00	1-18			
90716	Chicken Pox Vaccine Sc		$88.10	19-124			
90717	Yellow Fever Vaccine Sc		$75.06				Documentation Required
90723	Dtap-Hep B-Ipv Vaccine IM		$0.00	0-6			
90732	Pneumococcal Vaccine		$0.00	2-18			
90732	Pneumococcal Vaccine		$77.85	19-124			
90733	Meningococcal Vaccine Sc		$106.49	2-124			
90734	Meningococcal Vaccine IM		$0.00	2 months-18			
90734	Meningococcal Vaccine IM		$82.66	19-55			
90735	Encephalitis Vaccine Sc		$102.08		Y		
90736	Zoster Vacc Sc		$175.62	50-124			
90740	Hepb Vacc Ill Pat 3 Dose IM		$119.42			042, 584.5-584.9, 585.1-585.9, V02.60-V02.69, V05.3	
90744	Hepb Vacc Ped/Adol 3 Dose IM		$0.00	0-18			
90744	Hepb Vacc Ped/Adol 3 Dose IM		$24.22	19			
90746	Hep B Vacc Adult 3 Dose IM		$59.71	20-124			
90747	Hepb Vacc Ill Pat 4 Dose IM		$119.42	20-124		042, 584.5-584.9, 585.1-585.9, V02.60-V02.69, V05.3	
90748	Hep B/Hib Vaccine IM		$0.00	0-6			
90749	Vaccine Toxoid		M				Documentation Required
A4641	Radiopharm Dx Agent Noc		M				
A4642	In111 Satumomab		$1,591.25				
A9500	Tc99m Sestamibi		$121.70				
A9502	Tc99m Tetrofosmin		$115.29				
A9503	Tc99m Medronate		$39.90				
A9504	Tc99m Apcitide		$475.00				
A9505	TL201 Thallium		$34.20				
A9507	In111 Capromab		$3,568.78				
A9508	I131 Iodobenguate, Dx		$421.31				
A9509	Iodine I-123 Sod Iodide Mil		$103.47	19-124			
A9510	Tc99m Disofenin		$39.90				
A9512	Tc99m Pertechnetate		$13.52				
A9516	Iodine I-123 Sod Iodide Mic		$103.47				
A9517	I131 Iodide Cap, Rx		$201.88				
A9520	Tc99 Tilmanocept Diag 0.5mci		M	18-124		172.0-172.9, 174.0-175.9	
A9521	Tc99m Exametazime		$655.93				
A9524	I131 Serum Albumin, Dx		$61.75				
A9526	Nitrogen N-13 Ammonia		$162.63				
A9527	Iodine I-125 Sodium Iodide		M				
A9528	Iodine I-131 Iodide Cap, Dx		$5.48				
A9529	I131 Iodide Sol, Dx		M				
A9530	I131 Iodide Sol, Rx		M				
A9531	I131 Max 100uci		M				Documentation Required
A9532	I125 Serum Albumin, Dx		$178.60				
A9536	Tc99m Depreotide		$760.00	19-124			
A9537	Tc99m Mebrofenin		$63.06	19-124			
A9538	Tc99m Pyrophosphate		$40.81	19-124			
A9539	Tc99m Pentetate		$13.68	19-124			
A9540	Tc99m MAA		$20.52				
A9541	Tc99m Sulfur Colloid		$57.00				
A9542	In111 Ibritumomab, Dx		$2,769.63				
A9543	Y90 Ibritumomab, Rx		$23,976.91				
A9544	I131 Tositumomab, Dx		$2,495.18	19-124			
A9545	I131 Tositumomab, Rx		$22,896.90	19-124			
A9546	Co57/58		M				Documentation Required
A9547	In111 Oxyquinoline		$280.35	19-124			
A9548	In111 Pentetate		$480.59				
A9550	Tc99m Gluceptate		M	19-124			Documentation Required
A9551	Tc99m Succimer		$142.22				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
A9552	F18 Fdg		$51.35				
A9553	Cr51 Chromate		$257.07	19-124			
A9554	I125 Iothalamate, Dx		$21.35				
A9555	Rb82 Rubidium		$35,025.31				
A9556	Ga67 Gallium		$32.04	19-124			
A9557	Tc99m Bicisate		$424.18				
A9558	Xe133 Xenon 10mci		$38.96	19-124			
A9559	Co57 Cyano		$83.52	19-124			
A9560	Tc99m Labeled Rbc		$106.48	19-124			
A9561	Tc99m Oxidronate		$50.16				
A9562	Tc99m Mertiatide		$588.24				
A9563	P32 Na Phosphate		$116.43				
A9564	P32 Chromic Phosphate		$248.35				
A9567	Technetium TC-99m Aerosol		M				Documentation Required
A9569	Technetium TC-99m Auto WBC		$655.93	19-124			
A9570	Indium In-111 Auto WBC		M	19-124			
A9571	Indium IN-111 Auto Platelet		M	19-124			
A9572	Indium In-111 Pentetreotide		$3,225.06				
A9575	Inj Gadoterate Meglumi 0.1ml		$0.36				
A9579	Gad-Base MR Contrast NOS,1ml		$2.01				
A9581	Gadoxetate Disodium Inj		$14.04	18-124			
A9582	Iodine I-123 Iobenguane		$2,090.00	1 month-124			
A9583	Gadofosveset Trisodium Inj		$12.14	18-124			
A9584	Iodine I-123 Ioflupane		M				
A9585	Gadobutrol Injection		$0.41	2-124			
A9599	Radiopha Dx Beta Amyloid Pet		$2,756.00	18-124		331.0	
A9600	Sr89 Strontium		$882.79				
A9604	Sm 153 Lexidronam		$5,078.98	15-124			
A9698	Non-Rad Contrast Materialnoc		M				Documentation Required
A9699	Radiopharm Rx Agent Noc		M				
A9700	Echocardiography Contrast		M				
G0008	Admin Influenza Virus Vac		$7.00				
G0009	Admin Pneumococcal Vaccine		$7.00				
G0010	Admin Hepatitis B Vaccine		$7.00				
J0129	Abatacept Injection		$32.25	6-124		714.0-714.9	
J0130	Abciximab Injection		$739.17				
J0131	Acetaminophen Injection		M	2-124			
J0132	Acetylcysteine Injection		$2.19				
J0133	Acyclovir Injection		$0.06				
J0135	Adalimumab Injection		$570.94	18-124			
J0150	Injection Adenosine 6 MG		$5.72				
J0151	Inj Adenosine Diag 1mg		$2.13	18-124			
J0171	Adrenalin Epinephrine Inject		$0.13				
J0178	Aflibercept Injection		$980.50			362.07, 362.35, 362.50, 362.52	
J0180	Agalsidase Beta Injection		$152.35	18-124			
J0205	Alglucerase Injection		$42.03				Coverage End-dated effective 09/30/2014
J0207	Amifostine		$310.72				
J0215	Alefacept		$41.64	18-124			
J0220	Alglucosidase Alfa Injection		$206.63		Y	271.0	By Pass PA with Diagnosis
J0221	Lumizyme Injection		$153.64		Y	271.0	By Pass PA with Diagnosis
J0256	Alpha 1 Proteinase Inhibitor		$4.11				
J0257	Glassia Injection		$3.98			273.4	
J0278	Amikacin Sulfate Injection		$1.27				
J0280	Aminophyllin 250 MG Inj		$3.98				
J0282	Amiodarone Hcl		$0.13				
J0285	Amphotericin B		$16.22				
J0287	Amphotericin B Lipid Complex		$10.41				
J0288	Ampho B Cholesteryl Sulfate		$14.00				
J0289	Amphotericin B Liposome Inj		$16.83				
J0290	Ampicillin 500 MG Inj		$1.25				
J0295	Ampicillin Sodium Per 1.5 Gm		$1.82				
J0300	Amobarbital 125 MG Inj		$6.33				
J0348	Anidulafungin Injection		$0.69				
J0350	Injection Anistreplase 30 U		$2,268.46				Coverage End-dated effective 09/30/2014
J0360	Hydralazine Hcl Injection		$2.98				
J0364	Apomorphine Hydrochloride		$32.69	18-124		332.0-333.6	
J0380	Inj Metaraminol Bitartrate		$1.15				
J0400	Aripiprazole Injection		$0.65				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J0401	Inj Aripiprazole Ext Rel 1mg		$3.87	18-124			
J0456	Azithromycin		$2.34				
J0461	Atropine Sulfate Injection		$0.05				
J0470	Dimecaprol Injection		$29.38				
J0475	Baclofen 10 MG Injection		$162.80				
J0476	Baclofen Intrathecal Trial		$76.29				
J0480	Basiliximab		$2,716.18				
J0485	Belatacept Injection		$3.81			V42.0	
J0490	Belimumab Injection		$39.48	18-124		710.0	
J0500	Dicyclomine Injection		$41.28				
J0515	Inj Benztropine Mesylate		$20.38				
J0520	Bethanechol Chloride Inject		$4.49				
J0558	Peng Benzathine/Procaine Inj		$4.92				
J0561	Penicillin G Benzathine Inj		$6.29				
J0583	Bivalirudin		$3.42	18-124			
J0585	Injection,Onabotulinumtoxina		$5.56		Y	332.0, 333.1, 333.3, 333.6-333.89, 334.1, 340-344.5, 346.70-346.73, 351.8, 374.03, 374.13, 378.00-378.9, 438.0, 438.20-438.32, 438.41-438.42, 438.50-438.53, 478.30-478.34, 478.75, 527.2, 527.7, 530.0, 596.54-596.55, 596.59, 705.21, 723.5, 728.85, 729.89, 754.1, 780.8, 781.0, 784.40-784.51, 784.59, 788.31, 788.41	By Pass PA with Diagnosis
J0586	Abobotulinumtoxina		$7.43	18-124	Y	332.0, 333.1, 333.3, 333.6-333.89, 334.1, 340-344.5, 351.8, 374.03, 374.13, 378.00-378.9, 438.0, 438.20-438.32, 438.41-438.42, 438.50-438.53, 478.30-478.34, 478.75, 527.2, 527.7, 530.0, 596.54-596.55, 596.59, 705.21, 723.5, 728.85, 729.89, 754.1, 780.8, 781.0, 784.40-784.51, 784.59, 788.31, 788.41	By Pass PA with Diagnosis
J0587	Inj, Rimabotulinumtoxinb		$11.30		Y	332.0, 333.1, 333.3, 333.6-333.89, 334.1, 340-344.5, 351.8, 374.03, 374.13, 378.00-378.9, 438.0, 438.20-438.32, 438.41-438.42, 438.50-438.53, 478.30-478.34, 478.75, 527.2, 527.7, 530.0, 596.54-596.55, 596.59, 705.21, 723.5, 728.85, 729.89, 754.1, 780.8, 781.0, 784.40-784.51, 784.59, 788.31, 788.41	By Pass PA with Diagnosis
J0588	Incobotulinumtoxin A		$4.48	18-124		333.81, 333.83, 333.85	
J0592	Buprenorphine Hydrochloride		$3.06				
J0594	Busulfan Injection		$28.94				
J0595	Butorphanol Tartrate 1 Mg		$1.76	18-124			
J0597	C-1 Esterase, Berinert		$37.64	13-124			
J0598	C-1 Esterase, Cinryze		$51.86	13-124			
J0600	Edetate Calcium Disodium Inj		$3,477.51				
J0610	Calcium Gluconate Injection		$1.27				
J0620	Calcium Glycer & Lact/10 ML+B242		$8.96				
J0630	Calcitonin Salmon Injection		$69.29				
J0636	Inj Calcitriol Per 0.1 Mcg		$0.39				
J0637	Caspofungin Acetate		$11.84				
J0638	Canakinumab Injection		$90.96	4-124			
J0640	Leucovorin Calcium Injection		$3.74				
J0641	Levoleucovorin Injection		$1.77				
J0690	Cefazolin Sodium Injection		$1.19				
J0692	Cefepime Hcl For Injection		$2.40				
J0694	Cefoxitin Sodium Injection		$4.99				
J0696	Ceftriaxone Sodium Injection		$0.70				
J0697	Sterile Cefuroxime Injection		$2.79				
J0698	Cefotaxime Sodium Injection		$1.81				
J0702	Betamethasone Acet&Sod Phosp		$5.71				
J0706	Caffeine Citrate Injection		$0.55	0-1			
J0710	Cephapirin Sodium Injection		$1.56				
J0712	Ceftaroline Fosamil Inj		$1.13	18-124			
J0713	Inj Ceftazidime Per 500 Mg		$2.10				
J0715	Ceftizoxime Sodium / 500 Mg+B280		$5.24				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J0717	Certolizumab Pegol Inj 1mg	P	$6.17	18-124		555.0-555.9, 696.0, 714.0-714.9, 720.0	
J0725	Chorionic Gonadotropin/1000u		$18.07				
J0735	Clonidine Hydrochloride		$19.17				
J0740	Cidofovir Injection		$588.10				
J0743	Cilastatin Sodium Injection		$4.83				
J0744	Ciprofloxacin IV		$1.10				
J0745	Inj Codeine Phosphate /30 Mg		$1.35				
J0760	Colchicine Injection		$6.57				
J0770	Colistimethate Sodium Inj		$11.50				
J0775	Collagenase, Clost Hist Inj		$38.48	18-124	Y	728.6	By Pass PA with Diagnosis
J0780	Prochlorperazine Injection		$9.36				
J0795	Corticorelin Ovine Triflutal		$7.72				
J0800	Corticotropin Injection		$3,324.92	0-1			
J0833	Cosyntropin Injection Nos		$52.30				
J0834	Cosyntropin Cortrosyn Inj		$51.36				
J0840	Crotalidae Poly Immune Fab		$2,493.12	15-124		989.5	
J0878	Daptomycin Injection		$0.67				
J0881	Darbepoetin Alfa, Non-Esrd		$3.76				
J0882	Darbepoetin Alfa, Esrd Use		$3.76			285.21	
J0885	Epoetin Alfa, Non-Esrd		$11.65				
J0886	Epoetin Alfa 1000 Units ESRD		$11.65			285.21	
J0894	Decitabine Injection		$28.25	18-124		238.72-238.76, 205.00-205.10, 205.12	
J0895	Deferoxamine Mesylate Inj		$8.66				
J0897	Denosumab Injection		$14.45	18-124		170.0-170.9, 174.0-174.9, 185, 198.5, 233.0, 233.4, 236.5, 238.3, 239.3, 239.5, 733.00-733.09	
J0900	Testosterone Enanthate Inj		$1.38	18-124			
J0945	Brompheniramine Maleate Inj		$0.80				
J1000	Depo-Estradiol Cypionate Inj		$10.35				
J1020	Methylprednisolone 20 Mg Inj		$3.48				
J1030	Methylprednisolone 40 Mg Inj		$3.25				
J1040	Methylprednisolone 80 Mg Inj		$6.24				
J1050	Medroxyprogesterone Acetate		$0.28				
J1060	Testosterone Cypionate 1 ML		$4.14				
J1070	Testosterone Cypionat 100 Mg		$4.94				
J1080	Testosterone Cypionat 200 Mg		$4.97				
J1094	Inj Dexamethasone Acetate		$0.23				
J1100	Dexamethasone Sodium Phos		$0.14				
J1110	Inj Dihydroergotamine Mesylt		$65.27				
J1120	Acetazolamid Sodium Injectio		$22.39				
J1160	Digoxin Injection		$5.54				
J1162	Digoxin Immune Fab (Ovine)		$2,051.63				
J1165	Phenytoin Sodium Injection		$0.53				
J1170	Hydromorphone Injection		$1.83				
J1180	Dyphylline Injection		$8.05				Coverage End-dated effective 09/30/2014
J1190	Dexrazoxane Hcl Injection		$144.86				
J1200	Diphenhydramine Hcl Injectio		$0.53				
J1212	Dimethyl Sulfoxide 50% 50 ML		$83.54				
J1240	Dimenhydrinate Injection		$5.32				
J1245	Dipyridamole Injection		$0.82				
J1250	Inj Dobutamine HCL/250 Mg		$5.30				
J1260	Dolasetron Mesylate		$6.19				
J1265	Dopamine Injection		$0.57				
J1267	Doripenem Injection		$0.63	18-124			
J1270	Injection, Doxercalciferol		$1.46				
J1290	Ecallantide Injection		$375.64	16-124			
J1300	Eculizumab Injection		$206.14				
J1320	Amitriptyline Injection		$2.24				
J1324	Enfuvirtide Injection		$22.91				
J1325	Epoprostenol Injection		$15.46				
J1327	Eptifibatide Injection		$27.58				
J1330	Ergonovine Maleate Injection		$3.67				
J1335	Ertapenem Injection		$35.28	3 months-124			
J1364	Erythro Lactobionate /500 Mg		$45.01				
J1380	Estradiol Valerate 10 MG Inj		$9.55				
J1410	Inj Estrogen Conjugate 25 Mg		$180.14				
J1435	Injection Estrone Per 1 Mg		$0.24				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J1436	Etidronate Disodium Inj		$71.41				
J1438	Etanercept Injection		$285.27				
J1442	Inj, Filgrastim G-Csf 1mcg		$0.99			238.72-238.77, 288.00-288.09, 995.20, 995.29, V42.81-V42.82, V42.9, V58.11, V47058, V59.8	
J1450	Fluconazole		$4.22				
J1451	Fomepizole, 15 Mg		$6.70				
J1452	Intraocular Fomivirsen Na		$212.00				
J1453	Fosaprepitant Injection		$1.73				
J1455	Foscarnet Sodium Injection		$3.50				
J1457	Gallium Nitrate Injection		$2.08	18-124			
J1458	Galsulfase Injection		$359.12	5-29		277.5	
J1459	Inj IVIg Privigen 500 Mg		$37.03			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1460	Gamma Globulin 1 CC Inj		$28.77				
J1556	Inj, Imm Glob Bivigam, 500mg		$36.21	6-124		279.00-279.09	
J1557	Gammaplex Injection		$35.84			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1559	Hizentra Injection		$7.94			042, 055.71-055.9, 279.00-279.09, 279.12, 279.2	
J1560	Gamma Globulin > 10 CC Inj		$287.67				
J1561	Gamunex Injection		$40.02			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1562	Vivaglobin, Inj		$7.25				
J1566	Immune Globulin, Powder		$26.75			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1568	Octagam Injection		$36.92			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1569	Gammagard Liquid Injection		$39.36			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 287.41-287.49, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1570	Ganciclovir Sodium Injection		$72.11				
J1571	Hepagam B Im Injection		$53.70				
J1572	Flebogamma Injection		$37.76			042, 204.10-204.12, 279.00-279.09, 279.12, 279.2, 283.11, 287.30-287.31, 287.33-287.39, 333.91, 356.9-357.0, 357.81-358.1, 446.1, 694.4-694.8, 710.3-710.4, 773.2, 776.1, 996.81-996.87, V42.81-V42.82	
J1573	Hepagam B Intravenous, Inj		$51.29				
J1580	Garamycin Gentamicin Inj		$1.23				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J1590	Gatifloxacin Injection		$0.80				
J1599	IVIg Non-Lyophilized, Nos		$60.42				
J1600	Gold Sodium Thiomaleate Inj		$30.15				
J1602	Golimumab For Iv Use 1mg		$24.16	18-124		556.0-556.9, 557.0, 696.0, 714.0-714.9, 720.0	
J1610	Glucagon Hydrochloride/1 Mg		$146.07				
J1620	Gonadorelin Hydroch/ 100 Mcg		$180.30	12-124			
J1626	Granisetron Hcl Injection		$0.25				
J1630	Haloperidol Injection		$1.98				
J1631	Haloperidol Decanoate Inj		$18.98				
J1640	Hemin, 1 Mg		$20.73				
J1645	Dalteparin Sodium		$14.22				
J1650	Inj Enoxaparin Sodium		$1.47				
J1652	Fondaparinux Sodium		$3.93				
J1655	Tinzaparin Sodium Injection		$3.49				
J1670	Tetanus Immune Globulin Inj		$326.32				
J1675	Histrelin Acetate		M				Documentation Required
J1700	Hydrocortisone Acetate Inj		$0.66				
J1710	Hydrocortisone Sodium Ph Inj		$4.69				
J1720	Hydrocortisone Sodium Succ I		$6.08				
J1725	Hydroxyprogesterone Caproate		M	12-55		640.00-640.03, 644.00-644.03, V23.41	
J1740	Ibandronate Sodium Injection		$151.80	18-124		733.01	
J1741	Ibuprofen Injection		M				
J1742	Ibutilide Fumarate Injection		$112.30				
J1743	Idursulfase Injection		$483.05				
J1744	Icatibant Injection		M			277.6	
J1745	Infliximab Injection		$74.34			555.0-556.3, 556.5-556.9, 696.0-696.1, 714.0-714.9, 720.0	
J1750	Inj Iron Dextran		$12.16				
J1756	Iron Sucrose Injection		$0.28				
J1786	Imuglucerase Injection		$42.01	2-124			
J1800	Propranolol Injection		$2.42				
J1815	Insulin Injection		$0.43				
J1826	Interferon Beta-1a Inj		$765.32	18-124			
J1830	Interferon Beta-1b / .25 Mg		$119.30				
J1835	Itraconazole Injection		$42.28				Coverage End-dated effective 09/30/2014
J1840	Kanamycin Sulfate 500 Mg Inj		$7.69				
J1850	Kanamycin Sulfate 75 Mg Inj		$1.15				
J1885	Ketorolac Tromethamine Inj		$0.29				
J1890	Cephalothin Sodium Injection		$8.64				
J1930	Lanreotide Injection		$41.40				
J1931	Laronidase Injection		$29.45				
J1940	Furosemide Injection		$5.33				
J1945	Lepirudin		$570.54				
J1950	Leuprolide Acetate /3.75 Mg		$829.72			218.0-218.9, 617.0-617.9	
J1953	Levetiracetam Injection		$0.12				
J1955	Inj Levocarnitine Per 1 Gm		$8.00				
J1956	Levofloxacin Injection		$2.34				
J1960	Levorphanol Tartrate Inj		$3.17				
J1980	Hyoscyamine Sulfate Inj		$18.53				
J1990	Chlordiazepoxide Injection		$21.05				
J2010	Lincomycin Injection		$9.05				
J2020	Linezolid Injection		$45.66				
J2060	Lorazepam Injection		$0.71				
J2150	Mannitol Injection		$2.10				
J2170	Mecasermin Injection		$2.12	2-18			
J2175	Meperidine Hydrochl /100 Mg		$4.98				
J2180	Meperidine/Promethazine Inj		$3.79				
J2185	Meropenem		$1.14				
J2212	Methylnaltrexone Injection		M				
J2248	Micafungin Sodium Injection		$0.98	18-124			
J2260	Inj Milrinone Lactate / 5 Mg		$3.78				
J2265	Minocycline Hydrochloride		M	8-124			
J2270	Morphine Sulfate Injection		$1.32				
J2271	Morphine So4 Injection 100mg		$0.87				
J2275	Morphine Sulfate Injection		$10.14				
J2278	Ziconotide Injection		$6.87				
J2280	Inj, Moxifloxacin 100 Mg		$5.33	18-124			

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J2300	Inj Nalbuphine Hydrochloride		$2.49				
J2310	Inj Naloxone Hydrochloride		$42.75				
J2315	Naltrexone, Depot Form		$2.88	18-124			
J2320	Nandrolone Decanoate 50 Mg		$3.75				
J2323	Natalizumab Injection		$14.91	19-124			
J2325	Nesiritide Injection		$60.25	19-124			
J2353	Octreotide Injection, Depot		$141.87			157.0, 157.2, 157.4, 157.9, 164.0, 194.3, 196.2, 196.9, 197.0, 197.7, 209.00-209.30, 209.63, 209.70, 211.1, 211.7, 212.6, 227.3, 235.5, 242.80-242.81, 251.1, 251.4-251.8, 253.0, 258.01, 259.2, 259.9, 377.51, V10.09, V10.88-V10.89, V10.91	
J2354	Octreotide Inj, Non-Depot		$1.14				
J2355	Oprelvekin Injection		$321.88				
J2357	Omalizumab Injection		$27.85	12-124			
J2358	Olanzapine Long-Acting Inj		$2.75	18-124			
J2360	Orphenadrine Injection		$6.49				
J2405	Ondansetron Hcl Injection		$0.08				
J2410	Oxymorphone Hcl Injection		$2.90				
J2425	Palifermin Injection		$14.85				
J2426	Paliperidone Palmitate Inj		$7.91	18-124			
J2430	Pamidronate Disodium /30 Mg		$11.36				
J2460	Oxytetracycline Injection		$0.94				Coverage End-dated effective 09/30/2014
J2469	Palonosetron Hcl		$20.01				
J2501	Paricalcitol		$1.79				
J2503	Pegaptanib Sodium Injection		$1,034.02			362.01, 362.52	
J2504	Pegademase Bovine, 25 Iu		$281.40				
J2505	Injection, Pegfilgrastim 6 Mg		$3,387.93				
J2507	Pegloticase Injection		$856.64	18-124			
J2510	Penicillin G Procaine Inj		$17.06				
J2513	Pentastarch 10% Solution		$12.58	19-124			
J2540	Penicillin G Potassium Inj		$0.74				
J2543	Piperacillin/Tazobactam		$1.48				
J2545	Pentamidine Non-Comp Unit		$93.25				
J2550	Promethazine Hcl Injection		$1.57	2-124			
J2560	Phenobarbital Sodium Inj		$21.14				
J2562	Plerixafor Injection		$301.20	18-124			
J2597	Inj Desmopressin Acetate		$5.08				
J2650	Prednisolone Acetate Inj		$0.52				
J2675	Inj Progesterone Per 50 Mg		$0.92				
J2680	Fluphenazine Decanoate 25 Mg		$24.00				
J2700	Oxacillin Sodium Injection		$1.76				
J2724	Protein C Concentrate		$14.52				
J2725	Inj Protirelin Per 250 Mcg		$21.78				Coverage End-dated effective 09/30/2014
J2765	Metoclopramide Hcl Injection		$0.70				
J2770	Quinupristin/Dalfopristin		$245.22				
J2778	Ranibizumab Injection		$396.43	19-124		362.07, 362.30, 362.35-362.36, 362.52, 362.83	
J2780	Ranitidine Hydrochloride Inj		$1.15				
J2783	Rasburicase		$218.75				
J2785	Regadenoson Injection		$52.75				
J2788	Rho D Immune Globulin 50 Mcg		$25.46				
J2791	Rhophylac Injection		$4.80				
J2792	Rho(D) Immune Globulin H, Sd		$18.85				
J2793	Rilonacept Injection		$109.09	12-124			
J2794	Risperidone, Long Acting		$6.16				
J2796	Romiplostim Injection		$53.63	18-124			
J2820	Sargramostim Injection		$30.13				
J2910	Aurothioglucose Injection		$24.50				
J2916	Na Ferric Gluconate Complex		$2.56				
J2920	Methylprednisolone Injection		$1.94				
J2930	Methylprednisolone Injection		$2.87				
J2940	Somatrem Injection		$42.30				Coverage End-dated effective 09/30/2014
J2941	Somatropin Injection		$51.96				
J2950	Promazine Hcl Injection		$0.38				
J2993	Reteplase Injection		$2,301.91				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J2995	Inj Streptokinase /250000 IU		$79.50				
J2997	Alteplase Recombinant		$64.30				
J3000	Streptomycin Injection		$12.90				
J3030	Sumatriptan Succinate / 6 Mg		$51.89				
J3060	Inj, Taliglucerace Alfa 10 U		$31.94	18-124		272.7	
J3070	Pentazocine Injection		$140.12				
J3095	Televancin Injection		$4.52	18-124			
J3105	Terbutaline Sulfate Inj		$4.09				
J3110	Teriparatide Injection		$7.55	18-124			Coverage End-dated effective 09/30/2014
J3120	Testosterone Enanthate Inj		$7.20				
J3130	Testosterone Enanthate Inj		$8.91				
J3140	Testosterone Suspension Inj		$0.56				
J3150	Testosteron Propionate Inj		$0.79				
J3230	Chlorpromazine Hcl Injection		$23.02				
J3240	Thyrotropin Injection		$1,430.43	16-124			
J3243	Tigecycline Injection		$2.00	18-124			
J3246	Tirofiban Hcl		$9.31				
J3250	Trimethobenzamide Hcl Inj		$19.70				
J3260	Tobramycin Sulfate Injection		$2.46				
J3262	Tocilizumab Injection		$3.68	2-124		714.0-714.9	
J3265	Injection Torsemide 10 Mg/Ml		$2.19				
J3280	Thiethylperazine Maleate Inj		$4.76				
J3285	Treprostinil Injection		$61.24				
J3300	Triamcinolone A Inj PRS-Free		$3.73				
J3301	Triamcinolone Acet Inj NOS		$1.77				
J3302	Triamcinolone Diacetate Inj		$0.28				
J3303	Triamcinolone Hexacetonl Inj		$2.39				
J3305	Inj Trimetrexate Glucoronate		$149.71				
J3310	Perphenazine Injection		$6.39				
J3315	Triptorelin Pamoate		$170.77			185, 218.0-218.9, 253.3, 256.4, 259.1, 617.0-617.3, 617.8-617.9, V10.46	
J3320	Spectinomycn Di-Hcl Inj		$30.08				
J3357	Ustekinumab Injection		$162.29	18-124		696.1	
J3360	Diazepam Injection		$4.79				
J3364	Urokinase 5000 IU Injection		$9.16				
J3365	Urokinase 250,000 IU Inj		$457.73				Coverage End-dated effective 09/30/2014
J3370	Vancomycin Hcl Injection		$2.18				
J3385	Velaglucerase Alfa		$353.35	4-124			
J3396	Verteporfin Injection		$10.79	18-124			
J3410	Hydroxyzine Hcl Injection		$0.45				
J3411	Thiamine Hcl 100 Mg		$3.45				
J3415	Pyridoxine Hcl 100 Mg		$6.99				
J3420	Vitamin B12 Injection		$1.82			262, 263.0-263.1, 265.1, 266.0, 266.2, 281.0-281.1, 281.3, 281.8, 291.0-291.2, 356.2, 356.8-356.9, 555.0-555.9, 564.2, 579.0, 579.2-579.3, 579.8-579.9, V07.39, V45.3, V45.75, V58.49, V58.69	
J3430	Vitamin K Phytonadione Inj		$1.23				
J3465	Injection, Voriconazole		$3.97	12-124			
J3471	Ovine, Up To 999 USP Units		$0.25				
J3472	Ovine, 1000 USP Units		$137.80				
J3473	Hyaluronidase Recombinant		$0.33				
J3475	Inj Magnesium Sulfate		$0.19				
J3480	Inj Potassium Chloride		$0.12				
J3485	Zidovudine		$1.50				
J3486	Ziprasidone Mesylate		$11.73	18-124			
J3489	Zoledronic Acid 1mg		$47.48	18-124		157.4, 162.0-162.9, 174.0-175.9, 185, 193, 198.5. 203.00, 203.02, 203.10, 203.12, 203.80, 203.82, 209.00-209.30, 209.73, 211.7, 238.6, 259.2, 275.42, 728.10-728.12, 731.0, 733.00-733.09, 733.90, 958.6, V10.09, V10.79, V10.89, V10.91	
J3490	Drugs Unclassified Injection		M				
J3590	Unclassified Biologics		M				
J7030	Normal Saline Solution Infus		$1.35				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J7040	Normal Saline Solution Infus		$0.68				
J7042	5% Dextrose/Normal Saline		$0.60				
J7050	Normal Saline Solution Infus		$0.34				
J7060	5% Dextrose/Water		$1.18				
J7070	D5w Infusion		$2.32				
J7100	Dextran 40 Infusion		$21.59				
J7110	Dextran 75 Infusion		$14.52				
J7120	Ringers Lactate Infusion		$1.16				
J7131	Hypertonic Saline Sol		M				
J7180	Factor XIII Anti-hem Factor		$6.74				
J7183	Wilate Injection		$0.95			286.4	
J7185	Xyntha Inj		$1.17	5-124			
J7186	Antihemophilic Viii/Vwf Comp		$0.94				
J7187	Humate-P, Inj		$0.95				
J7189	Factor Viia		$1.73				
J7190	Factor Viii		$0.93				
J7191	Factor VIII (Porcine)		$1.86				
J7192	Factor Viii Recombinant Nos		$1.14				
J7193	Factor IX Non-Recombinant		$1.01				
J7194	Factor Ix Complex		$1.12				
J7195	Factor IX Recombinant		$1.35				
J7196	Antithrombin Recombinant		$2.93	18-124			
J7197	Antithrombin Iii Injection		$3.27				
J7198	Anti-Inhibitor		$1.70				
J7199	Hemophilia Clot Factor Noc		M				
J7300	Intraut Copper Contraceptive		$633.88	17-56			
J7301	Skyla 13.5mg		$689.33	9-56			
J7302	Levonorgestrel Iu Contracept		$819.00	9-56			
J7304	Contraceptive Hormone Patch		$35.44	9-56			
J7307	Etonogestrel Implant System		$698.99	12-56			
J7308	Aminolevulinic Acid Hcl Top		$242.30				
J7309	Methyl Aminolevulinate, Top		$83.69	18-124			
J7312	Dexamethasone Intra Implant		$201.31	18-124		250.50-250.53, 362.01-362.07, 362.35-362.36, 362.53, 362.83	
J7315	Opthalmic Mitomycin		M				
J7316	Inj, Ocriplasmin, 0.125 Mg		$1,046.75	18-124		379.27	
J7321	Hyalgan/Supartz Inj Per Dose		$90.81			715.16, 715.26, 715.36, 715.96	
J7323	Euflexxa Inj Per Dose		$161.12			715.16, 715.26, 715.36, 715.96	
J7324	Orthovisc Inj Per Dose		$186.89			715.16, 715.26, 715.36, 715.96	
J7325	Synvisc Or Synvisc-One		$12.50	18-124		715.16, 715.26, 715.36, 715.96	
J7326	Gel-one		$562.08	6-124		715.16, 715.26, 715.36, 715.96	
J7335	Capsaicin 8% Patch		$26.50	18-124			
J7501	Azathioprine Parenteral		$217.30				
J7504	Lymphocyte Immune Globulin		$852.69				
J7511	Antithymocyte Globuln Rabbit		$594.74				
J7513	Daclizumab, Parenteral		$526.34				
J7516	Cyclosporin Parenteral 250mg		$33.84				
J7525	Tacrolimus Injection		$141.10				
J7608	Acetylcysteine Non-Comp Unit		$3.70				
J7648	Isoetharine Non-Comp Con		$0.14				
J7649	Isoetharine Non-Comp Unit		$0.16				
J7658	Isoproterenol Non-Comp Con		$2.07				
J7659	Isoproterenol Non-Comp Unit		$2.07				
J7674	Methacholine Chloride, Neb		$0.52	5-124			
J9000	Doxorubicin Hcl Injection		$3.00				
J9010	Alemtuzumab Injection		$623.63				
J9015	Aldesleukin Injection		$2,110.63				
J9017	Arsenic Trioxide Injection		$53.58	5-124			
J9019	Erwinaze Injection		$354.76			204.00-204.02	
J9020	Asparaginase Injection		$64.56				
J9025	Azacitidine Injection		$3.92				
J9027	Clofarabine Injection		$134.10				
J9031	Bcg Live Intravesical Vac		$121.96				
J9033	Bendamustine Injection		$22.21				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J9035	Bevacizumab Injection		$66.65			153.0-154.1, 154.8, 158.0-158.9, 162.0-162.9, 171.0-171.9, 174.0-175.9, 183.0-183.9, 189.0-189.1, 191.0-191.9, 192.8, 197.0, 197.6-197.7, 237.5, 239.2, 362.02, 362.07, 362.50, 362.52-362.53, 362.83, V10.05, V10.11, V10.3, V10.43, V10.52, V10.85	
J9040	Bleomycin Sulfate Injection		$20.72				
J9041	Bortezomib Injection		$46.08	18-124		200.30-200.48, 200.60-200.68, 200.80-200.88, 202.00-202.28, 202.70-202.88, 203.00-203.02, 203.10, 203.12, 203.80-203.82, 238.6, 273.3, 277.30, V10.79	
J9042	Brentuximab Vedotin Inj		$110.82			201.90-201.98, 996.88	
J9043	Cabazitaxel Injection		$142.42	18-124			
J9045	Carboplatin Injection		$3.45				
J9047	Injection, Carfilzomib, 1 Mg		$29.81	18-124		203.00, 203.02	
J9050	Carmustine Injection		$1,861.12				
J9055	Cetuximab Injection		$53.29	18-124		140.0-149.9, 153.0-154.1, 154.8, 160.2-160.3, 161.0-162.9, 173.00-173.09, 173.12, 173.22, 173.32, 173.42, 173.52, 173.62, 173.72, 173.82, 173.92, 195.0, 196.0, 197.0, 197.6-197.7, 235.1, 235.6, 235.9, V10.01-V10.02, V10.05, V10.11, V10.21-V10.22, V10.83	
J9060	Cisplatin 10 Mg Injection		$2.04				
J9065	Inj Cladribine Per 1 Mg		$21.21				
J9070	Cyclophosphamide 100 Mg Inj		$63.16				
J9098	Cytarabine Liposome Inj		$561.39				
J9100	Cytarabine Hcl 100 Mg Inj		$0.94				
J9120	Dactinomycin Injection		$807.19				
J9130	Dacarbazine 100 Mg Inj		$3.64				
J9150	Daunorubicin Injection		$22.56				
J9151	Daunorubicin Citrate Inj		$57.66	18-124			
J9155	Degarelix Injection		$3.55	18-124		185, V10.46	
J9160	Denileukin Diftitox Inj		$1,646.18	18-124			
J9165	Diethylstilbestrol Injection		$12.14				
J9171	Docetaxel Injection		$4.59	18-124		140.0-142.0, 143.0-146.2, 146.6-151.9, 158.0-158.9, 159.9, 160.2-160.3, 161.0-162.9, 170.0-171.9, 173.00-173.09, 174.0-175.9, 179, 182.0-183.9, 185, 187.1-187.4, 187.8-188.9, 189.1-189.2, 195.0, 196.0, 197.0, 198.3, 198.5, 198.89, 199.0-199.1, 233.7, 235.1-235.2, 235.5-235.6, 235.9, 238.1, 239.0-239.2, 239.6, 239.89-239.9, V10.00-V10.04, V10.11, V10.21-V10.22, V10.3, V10.43, V10.46, V10.81	
J9178	Inj, Epirubicin Hcl, 2 Mg		$1.35	18-124			
J9179	Eribulin Mesylate Injection		$99.01	18-124			
J9181	Etoposide Injection		$0.68				
J9185	Fludarabine Phosphate Inj		$70.98				
J9190	Fluorouracil Injection		$2.06				
J9200	Floxuridine Injection		$55.65	18-124			
J9201	Gemcitabine Hcl Injection		$6.66				
J9202	Goserelin Acetate Implant		$225.02	18-124		174.0-175.9, 185, 218.0-218.9, 617.0-617.9, 626.8, V10.3, V10.46	
J9206	Irinotecan Injection		$4.20				
J9207	Ixabepilone Injection		$70.21				
J9208	Ifosfamide Injection		$33.41				
J9209	Mesna Injection		$2.84				
J9211	Idarubicin Hcl Injection		$49.11				
J9212	Interferon Alfacon-1 Inj		$6.55	18-124			
J9213	Interferon Alfa-2a Inj		$40.53				
J9214	Interferon Alfa-2b Inj		$21.17	18-124			
J9215	Interferon Alfa-N3 Inj		$8.60	18-124			
J9216	Interferon Gamma 1-B Inj		$430.93	1-124			

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
J9217	Leuprolide Acetate Suspnsion		$229.26			158.8-158.9, 183.0-183.9, 185, 255.2, 256.0-256.1, 257.0, 259.1, 259.8, V10.43, V10.46	
J9219	Leuprolide Acetate Implant		$4,819.82				
J9225	Vantas Implant		$3,001.59			185, V10.46	
J9226	Supprelin LA Implant		$18,317.24	2-18	Y		
J9228	Ipilimumab Injection		$133.61			172.0-172.9	
J9230	Mechlorethamine Hcl Inj		$189.63				
J9245	Inj Melphalan Hydrochl 50 Mg		$1,226.63				
J9250	Methotrexate Sodium Inj		$0.21				
J9260	Methotrexate Sodium Inj		$2.11				
J9261	Nelarabine Injection		$138.87				
J9262	Inj, Omacetaxine Mep, 0.01mg		$2.53	18-124		205.10, 205.12	
J9263	Oxaliplatin		$0.58			150.0-154.1, 154.8, 155.1, 156.0-157.3, 157.8-157.9, 158.8-158.9, 183.0-183.9, 186.0-186.9, 197.0, 197.6-197.7, 200.10-200.18, 200.30-200.48, 200.60-200.88, 202.00-202.18, 202.70-202.88, 204.10, 204.12, 235.2, 235.5, V10.00, V10.03-V10.05, V10.43, V10.47, V10.79	
J9264	Paclitaxel Protein Bound		$9.70			157.0-157.9, 158.8-158.9, 162.0-162.9, 174.0-175.9, 183.0-183.9, V10.11, V10.3, V10.43	
J9265	Paclitaxel Injection		$3.82				
J9266	Pegaspargase Injection		$6,220.80				
J9268	Pentostatin Injection		$1,483.27				
J9280	Mitomycin 5 Mg Inj		$20.88				
J9293	Mitoxantrone Hydrochl / 5 Mg		$32.34				
J9300	Gemtuzumab Ozogamicin Inj		$2,742.59	11-124			
J9302	Ofatumumab Injection		$47.76	18-124			
J9303	Panitumumab Injection		$94.79			153.0-154.1, 154.8, 187.1-187.4, 187.8-187.9, 197.0, 197.6-197.7, V10.05	
J9305	Pemetrexed Injection		$60.27			158.8-158.9, 162.0-164.0, 183.0-183.9, 185, 188.0-188.9, 189.1-189.2, 212.6, 233.7, V10.11, V10.43	
J9306	Injection, Pertuzumab, 1 Mg		$10.22	18-124		174.0-175.9	
J9307	Pralatrexate Injection		$197.12	18-124			
J9310	Rituximab Injection		$708.68			191.0-192.9, 198.4, 200.00-200.51, 200.70-200.88, 201.40-201.48, 202.00-202.08, 202.40-202.48, 200.80-202.88, 204.10-204.12, 238.77, 273.3, 287.30-287.39, 446.20, 446.4, 694.4, 714.0-714.2, V10.72, V10.79	
J9315	Romidepsin Injection		$270.64	18-124			
J9320	Streptozocin Injection		$335.28	18-124			
J9328	Temozolomide Injection		$5.68	18-124			
J9330	Temsirolimus Injection		$58.83				
J9340	Thiotepa Injection		$630.70				
J9351	Topotecan Injection		$1.83	18-124		158.8-158.9, 162.0-162.9, 170.0-170.9, 173.00-173.99, 180.0-180.9, 183.0-183.9, 197.0, 198.3-198.5, 200.50-200.51, 209.31-209.36, 209.75, 239.2, V10.11, V10.43, V10.81, V10.91, V16.49	
J9354	Inj, Ado-Trastuzumab Emt 1mg		$29.14	18-124		174.0-175.9	
J9355	Trastuzumab Injection		$82.49			150.0-151.9, 174.0-175.9, 235.2, 235.5, V10.3	
J9357	Valrubicin Injection		$1,085.29				
J9360	Vinblastine Sulfate Inj		$2.71				
J9370	Vincristine Sulfate 1 Mg Inj		$4.91				
J9371	Inj, Vincristine Sul Lip 1mg		$2,148.20	18-124		204.00, 204.02	
J9390	Vinorelbine Tartrate Inj		$10.87	18-124			
J9395	Injection, Fulvestrant		$91.27	18-124		174.0-174.9	
J9400	Inj, Ziv-Aflibercept, 1mg		$8.12	18-124		153.0-153.9	
J9600	Porfimer Sodium Injection		$3,004.74	18-124			
J9999	Chemotherapy Drug		M				Documentation Required
L8603	Collagen Imp Urinary 2.5 Ml		$310.00				

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Non-Fac Fee	Age	PA	Diagnosis	Comments
L8604	Dextranomer/Hyaluronic Acid		$1,107.70				
L8605	Inj Bulking Agent Anal Canal		M				
Q0138	Ferumoxytol, Non-Esrd		$0.74	18-124			
Q0139	Ferumoxytol, Esrd Use		$0.74	18-124			
Q0515	Sermorelin Acetate Injection		$1.80				
Q2017	Teniposide, 50 Mg		$346.95				
Q2026	Radiesse Injection		$16.72	18-124	Y		
Q2034	Agriflu Vaccine		M	18-124			
Q2035	Afluria Vacc, 3 Yrs & >, IM		$11.89	5-124			
Q2036	Flulaval Vacc, 3 Yrs & >, IM		$8.58	18-124			
Q2037	Fluvirin Vacc, 3 Yrs & >, IM		$15.40	4-124			
Q2038	Fluzone Vacc, 3 Yrs & >, IM		$12.04	3-124			
Q2039	Nos Flu Vacc, 3 Yrs & >, IM		M	3-124			
Q2043	Sipleucel-T Auto CD54+		$35,094.12			185, V10.46	
Q2049	Imported Liposox Inj		$508.43	18-124		174.0-174.9, 176.0-176.9, 183.0, 199.1	
Q2050	Doxorubicin Inj 10Mg		$490.49			042, 176.0-176.9, 183.0, 183.8-183.9, 198.6, 203.00-203.82, V10.43	
Q3027	Inj Beta Interferon Im 1 Mcg		$36.37	18-64			
Q4081	Epoetin Alfa, 100 Units ESRD		$1.17			285.21, 403.01, 403.11, 403.91, 404.02-404.03, 404.12-404.13, 404.92-404.93, 585.6	
Q4101	Apligraf		$33.61				
Q4102	Oasis Wound Matrix		$8.87				
Q4106	Dermagraft		$38.60	18-124			
Q4107	Graftjacket		$99.28				
Q4110	Primatrix		$37.22				
Q4121	Theraskin		$32.42				
Q4131	Epifix		$219.52				
Q9951	LOCM >= 400 Mg/Ml Iodine,1ml		M				
Q9953	Inj Fe-Based MR Contrast,1ml		$62.05				
Q9955	Inj Perflexane Lip Micros,Ml		$13.25				
Q9956	Inj Octafluoropropane Mic,Ml		$37.24				
Q9957	Inj Perflutren Lip Micros,Ml		$55.86				
Q9965	LOCM 100-199mg/Ml Iodine,1ml		$1.12				
Q9966	LOCM 200-299mg/Ml Iodine,1ml		$0.21				
Q9967	LOCM 300-399mg/Ml Iodine,1ml		$0.24				
Q9970	Inj Ferric Carboxymaltos 1mg		$1.05	18-124		280.9, 285.21, 585.1-585.4, 585.9	
S0030	Injection, Metronidazole		$1.21				
S0032	Injection, Nafcillin Sodium		$16.12				
S0074	Injection, Cefotetan Disodiu		$2.17	18-124			
S0077	Injection, Clindamycin Phosp		$3.30				
S0080	Injection, Pentamidine Iseth		$44.63				
S0145	Peg Interferon Alfa-2A/180		$356.64	18-124			
S0148	Peg Interferon Alfa-2b/10		$97.31	3-124		070.54, 070.70	
S0164	Injection Pantroprazole		$4.51				
S0166	Inj Olanzapine 2.5mg		$7.61				
S0171	Bumetanide 0.5 Mg		$0.35				
S0189	Testosterone Pellet 75 Mg		$63.60			257.2-257.9	
S0190	Mifepristone, Oral, 200 Mg		M	12-56			Consent/Cert. Form Required
S0191	Misoprostol, Oral, 200 Mcg		M	12-56			Consent/Cert. Form Required

CPT codes, descriptions and two-digit modifiers are Copyright by the American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.