



# Provider Newsletter

Spring 2009

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For provider questions, please call **1-800-291-0396** or visit our website at **www.bravohealth.com**.

## Bravo Health Launches New Web Portal

Bravo Health is pleased to announce the launch of our real-time transaction web portal on February 16, 2009.

The portal is a web-based solution that will allow you to verify member eligibility and claim status from our website.

You can access the web portal by visiting [www.bravohealth.com](http://www.bravohealth.com) and clicking on the 'Provider' link. You will then have the option to 'Check Claim Status' or 'Check Eligibility Status.' Users can also go directly to the site through the following link:

<https://office.emdeon.com/vendorfiles/Bravo.html>

A tutorial is available on the Provider section of [www.bravohealth.com](http://www.bravohealth.com), which will provide step-by-step user instructions on how to navigate the portal.

Any questions regarding the web portal can be directed to a toll-free user support number, Monday through Friday from 8 am to 8 pm Eastern Time at **1-877-469-3263** (choose option 6 and then option 3 to reach a help desk analyst).





## Bravo Health's Mission, Vision, and Values

Every year, Bravo Health reviews its progress in living up to our Mission, Vision, and Values:

### Mission

The mission of Bravo Health is to be a leading health services company that creates extraordinary value for our customers. Through our commitment to service and quality, we will be the preferred health care choice in each of the communities we serve.

### Vision

Our vision is to be a diversified, high growth company with no limits to our success by anticipating and fulfilling the health care needs of our customers.

### Values

- SERVICE – Customers are at the center of everything we do. Our purpose is to serve our customers.
- TRUST – Trust is the foundation of strong relationships. By acting with

integrity in all facets of our business and by being completely transparent in all our interactions, we earn the trust of our partners and customers.

- DISCIPLINE – Discipline is essential for achieving consistently high performance. We are diligent in our effort and take accountability for executing on our commitments.
- INNOVATION – We continuously improve performance by encouraging creativity, fostering a sense of ownership, and empowering people to make decisions.
- TEAMWORK – We achieve success by working collaboratively with each other and with our external partners.

*If you would like a hard copy of the above information, please e-mail your request to [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com).*

## ■ Provider Referrals

One role of the primary care physician is to refer Bravo Health members to appropriate contracted providers.

If the member is enrolled in a traditional HMO benefit plan, the member must be referred to a contracted provider unless the services are urgent and the Bravo Health network is not available or the services are for out-of-area dialysis. Referral to a non-contracted provider requires pre-approval from Bravo Health. You can obtain pre-approval by calling our Pre-Certification Department at [1-888-454-0013](tel:1-888-454-0013).

If you refer an HMO member to a non-contracted provider and you did not obtain pre-approval of the service from Bravo Health, you must inform the member in advance in writing:

- 1. of the service(s) to be performed,*
- 2. that Bravo Health will not pay for or be liable for said service(s), and*
- 3. that the member will be financially liable for such services. Please review your referral network for compliance with this benefit requirement.*

Please refer to the Provider Directory and Ancillary Guide located at [www.bravohealth.com/providers](http://www.bravohealth.com/providers) for a complete list of participating providers and ancillary vendors.

## ■ Advance Directives

In 2008, Bravo Health conducted a medical records documentation audit of some of our providers. This effort revealed that 100% of those medical records audited lacked an Advance Directive or documentation of a conversation about Advance Directives.

Bravo Health believes that the right of the patient to participate in their health care decisions is a fundamental element of their well-being. As a result, we work diligently to supply our members and participating providers with information they can use in making important health care decisions, including decisions about withholding resuscitative services or declining/withdrawing life sustaining treatment.

It is important that you, as a Bravo Health provider, engage our members in communication about Advance Directives and encourage them to document their health care preferences and values. This communication will guide you and other providers in making appropriate health care decisions in the event the member becomes incapacitated.

In accordance with guidelines established by the Centers for Medicare and Medicaid Services (CMS), HEDIS requirements, and our own policies and procedures, Bravo Health requires all participating providers to have a process in place pursuant to the intent of the Patient Self-Determination Act. This process should include the following:

- An inquiry regarding any existing Advance Directives, or inquiry regarding the member's interest in obtaining more information about Advance Directives;
- Providing information about Advance Directives to members; and
- Providing information regarding the member's right to appeal a provider's decision not to implement the member's wishes as specified in an Advance Directive.

For additional information regarding Advance Directives, please contact Deena Hillis-Sindler, Director of Quality Outcomes, at 443-573-1947 or via e-mail at [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com). For state-specific information about Advance Directives, please visit [www.uslivingwillregistry.com/forms.shtm](http://www.uslivingwillregistry.com/forms.shtm).



*Los Angeles Times  
Photo by Ken Hively*

## Bravo Health Member Is World's Oldest

April 7, 2009, marked another milestone for Bravo Health member Gertrude Baines. A PDP member living in Los Angeles, California, Gertrude turned 115 years old, thus continuing to hold the title of the "world's oldest person."

*(Ms. Baines became the world's oldest person on January 2, 2009, when 115 year old Maria de Jesus of Portugal died.)*

A resident of Western Convalescent Hospital, Gertrude has witnessed numerous historic events since her birth in 1894 such as:

- 21 Presidents
- 2 World Wars, Cold War, and Post-Cold War Eras
- Addition of 6 states to the Union
- Civil Rights Movement
- Voting Rights for Women
- The fall of the Berlin wall
- The invention of television and computers
- Advent of modern automotive, air, and space travel
- World population grew from 1,650 million to 6,707 million

On her birthday, Ms. Baines was featured in the media highlighting her new milestone. Please join us in wishing Ms. Baines a happy birthday!

## HEDIS® Initiatives

We have been tracking our Health Care Effectiveness Data and Information Set (HEDIS) rates internally on a monthly basis and have made progress, but more improvement is needed to continue our progress.

Throughout the last couple months of 2008, Bravo Health went to extraordinary lengths to make health care more convenient for our members with certain HEDIS-related needs through a targeted intervention program.

Vision screenings for glaucoma and diabetic retinopathy were performed by optometrists who called our members and personally went to their homes to conduct eye exams. Similarly, phlebotomists made house calls to diabetics to draw blood for diabetic HbA1c and LDL-C, and care coordinators scheduled mammograms and transported members to and from their screenings. We also placed reminder calls to members who needed breast or colon cancer screenings, were diabetic, or were diagnosed with hypertension to encourage them to schedule the necessary appointments with their doctors.

Additionally, Bravo Health nurses reached out to members with Rheumatoid Arthritis and those with cardiovascular disease who needed LDL-C screenings, as well as women who had suffered a fracture and needed a bone density test or drug therapy for osteoporosis.

As part of our calling regimen, individualized letters were sent to members with their specific needs. In fact, during many calls, members advised us that they were showing the letters to their doctors. This demonstrates that our members are following our advice and getting the recommended screenings and tests they need to stay healthy.

As we continue through 2009, we have new initiatives to support the efforts that you have been making with our members. Each new initiative has been reviewed and approved by

practicing physicians in all of our markets, and we are excited that everyone is on-board.

This year, our focus is to improve the following HEDIS measures:

- Diabetic HgbA1c testing at least once every year and result below 9%
- Diabetic LDL-Cholesterol Screening every year and result below 100mg/DL
- Monitoring for Diabetic Nephropathy every year
- Diabetic Retinal Eye Exam every year
- Glaucoma Screening every two years
- Breast Cancer Screening every two years
- Cardiac LDL-Cholesterol Screening every year
- Monitoring of Members on Diuretics every year
- Monitoring of Members on ACE and ARBs every year
- Outpatient visit to the PCP at least once every year
- Colorectal Cancer Screening
  - every year if Fecal Occult Blood Test (iFOBT recommended)
  - every five years if flexible sigmoidoscopy
  - every ten years if colonoscopy
- Flu Shot every year
- Pneumonia vaccine every ten years
- Smoking cessation discussion with smokers every year

Research has shown that a physician has the most influence on members when discussing health care. With your help, we can work to

ensure that your Bravo Health patients schedule an appointment at least once a year to see you. This important visit will help you address their chronic and preventive care needs translating into better health care for the patient. If the patient happens to come in due to an acute problem, make the most of the visit by not missing the opportunity to address non-acute needs as well. Together with the 2009 HEDIS

measures, we can achieve better health for all Bravo Health members.

For additional information on the 2009 HEDIS Initiatives, please contact Deena Hillis-Sindler, Bravo Health's Director of Quality Outcomes, at 443-573-1947 or via e-mail at [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com).

## HEDIS® 2009 Medical Record Review

HEDIS is a standard set of performance measures that enables consumers to compare the performance of health plans.

Bravo Health has contracted with MedAssurant, a medical record vendor, who will collect medical record data from each provider's office. This medical data collection is necessary for us to comply with the reporting requirements of the Centers for Medicare and Medicaid (CMS). Each year, all health plans must submit performance measures to the National Committee for Quality Assurance (NCQA) by June 30th. Such measures include preventive services, screening tests, management of chronic diseases, and member satisfaction.

Bravo Health is working closely with MedAssurant to ensure that the data collection process runs smoothly and that all possible HEDIS data is captured. We ask you to please provide all chart documentation to MedAssurant for review.

If you have any questions or concerns about our 2009 medical record review, please call Deena Hillis-Sindler, Bravo Health's Director of Quality Outcomes, at 443-573-1947 or via e-mail at [deena.hillis@bravohealth.com](mailto:deena.hillis@bravohealth.com).

## Clinical Guidelines REMINDER

Bravo Health supports and recommends the use of evidence-based clinical practice guidelines for all members which are based on, but are not limited to, the following resources:

[www.americanheart.org](http://www.americanheart.org)

[www.ama-assn.org](http://www.ama-assn.org)

[www.professional.diabetes.org](http://www.professional.diabetes.org)

[www.goldcopd.com](http://www.goldcopd.com)

Please note that our clinical practice guidelines have also been updated and are available on our website at [www.bravohealth.com/providers](http://www.bravohealth.com/providers) in the Provider Resources section. You may request a paper copy of the guidelines by contacting your Provider Network Representative.



\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Claim Reviews

FASTER CLAIMS PAYMENT

IMPROVED CLAIMS PAYMENT ACCURACY

DECREASED CLAIMS DENIED IN ERROR

As of November 15, 2008, the conversion of our claims transaction system was successfully completed. With the new system in place, we are now experiencing an auto-adjudication rate of over 60% for all processed claims. This increased auto-adjudication rate has resulted in faster claims payment, as well as improved claims payment accuracy and decreased claims denied as a result of error.

However, if you believe Bravo Health has paid your claim incorrectly, you may submit the claim to our Resolution Team to be considered for redetermination.

Requests must be accompanied by the following information:

- Enrollee Name
- Date(s) of Service: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
- Claim Number
- Item(s) and/or Service(s) Requested
- Why you disagree with the payment and/or your reason for the redetermination request
- Any additional material that would assist in your request, such as a copy of the claim, a copy of the denial notice (EOP), or proof of timely filing (if denied for timely filing)

The request must be submitted to:

Bravo Health, Inc.  
c/o Claims Redeterminations  
PO Box 26038  
Baltimore, Maryland 21224

The information must be submitted within ninety (90) days of the date of the original Explanation of Payment (EOP) in order for your request to be considered for a redetermination. This information is reviewed by our Resolution Team, and if our original decision is reversed in whole or in part, the claim will be reprocessed.

This process does not include a review of medical necessity decisions made and communicated by Health Services. Please refer to your contract regarding any additional appeal rights that may be available to you.

If you have any questions or concerns regarding these processes,  
please contact Bravo Health at [1-800-291-0396](tel:1-800-291-0396).

## ■ Ways to Ensure Accurate Claims Payment

Bravo Health wants to pay your claims as quickly and accurately as possible. Auto-adjudication has helped improve our ability to do this, and we're currently auto-adjudicating nearly 70% of all claims!

To ensure quick and accurate payment of claims, there are a few things you can do to help us. For example, be sure to obtain prior authorization for the limited number of services that require an authorization (only about 2% of services require prior authorization), and please be sure to include the authorization number on the claim. We also encourage you to:

- Bill electronically and with correct NPIs
- Use the correct Payer ID: 52192
- Obtain prior authorization for the limited number of services needing approval – we complete 90% of authorization requests within two business days
- Submit all claims within 90 days of the date of service
- Attach any additional documents or information necessary (i.e., primary payer's Explanation of Payment)

A detailed review of our Claims Submissions process is located in our 2009 Provider Manual. If you need a copy of the manual, it is available online at [www.bravohealth.com/providers](http://www.bravohealth.com/providers).

If you have any questions when filing your claims, please contact your Provider Relations Representative for assistance at [1-800-291-0396](tel:1-800-291-0396).

If you need to obtain a prior authorization for a service, please contact our Prior Authorization Department at [1-888-454-0013](tel:1-888-454-0013).

## Claim Refund Requests

As a provider, you have the right to determine which option is utilized to close out a Claim Refund Request. You can opt to request a reconsideration, refund monies, or request that the monies be retracted against future claim payments. Regardless of your decision, we must receive your response along with a copy of the refund letter. Your request must include the following information:

- The member's name, date of birth, and the member's plan identification number,
- Your name and address,
- A copy of the specific claim and/or explanation of payment document, and
- Medical documentation supporting your rationale for the reconsideration.

### Your request should be sent to:

Bravo Health  
c/o Recovery Department  
3601 O'Donnell Street  
Baltimore, Maryland 21224

If you disagree with the refund request, you are required to respond in writing, and include the medical rationale supporting the reason for the requested reconsideration. Bravo Health will review your request and notify you of the outcome.

If we do not receive a response within 45 days from the date of the letter, Bravo Health will comply with the Centers for Medicare and Medicaid (CMS) recovery guidelines, which can be found at [www.bravohealth.com/providers/resources](http://www.bravohealth.com/providers/resources).

If you have any questions or concerns regarding the above, please contact Thomas Howard, Manager of Claims Quality and Training, at **443-573-1932** or via e-mail at **[thomas.howard@bravohealth.com](mailto:thomas.howard@bravohealth.com)**.

# Bravo Health Members' Rights and Responsibilities

Bravo Health members have the following rights:

- The right to be treated with dignity, respect, and fairness
- The right to the privacy of medical records and personal health information
- The right to see network providers, get covered services, and get prescriptions filled within a reasonable period of time
- The right to know their treatment choices and participate in decisions about their health care
- The right to use Advance Directives (such as a living will or a power of attorney)
- The right to make complaints

- The right to get information in other formats
- The right to get information about Bravo Health, plan providers, health care coverage, prescription drug coverage, and costs

Along with rights, our members have responsibilities by being a member of Bravo Health. Members are responsible for the following:

- To become familiar with their Bravo Health coverage and the rules they must follow to get care as a member. Members can use their Bravo Health Evidence of Coverage and other information that Bravo Health provides them to learn about their coverage, what they have to pay, and the rules they need to follow. Members should always be encouraged to call Member Services if they have any questions or complaints.
- To advise Bravo Health if the member has other health insurance or drug coverage
- To notify providers when seeking care (unless it is an emergency) that they are enrolled with Bravo Health and present their plan membership card to the provider.
- To understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible
- To give their doctors and other providers the information they need to care for the member, and to follow the treatment plans and instructions that they and their doctors agree upon. Members must be encouraged to ask their doctors and other providers questions whenever they have them.



For more information on the rights and responsibilities of Bravo Health members, please visit [www.bravohealth.com](http://www.bravohealth.com).



- To act in a way that supports the care given to other patients and helps the smooth running of their doctor's office, hospitals, and other offices.
- To pay their plan premiums and any copayments they may have for the covered services they receive. Members must also meet their other financial responsibilities that are described in their Evidence of Coverage.
- To let Bravo Health know if they have any questions, concerns, problems, or suggestions regarding their rights, responsibilities, coverage and Bravo Health operations.
- To notify Bravo Health Member Services and their providers of any address and phone number changes as soon as possible.

## ■ CCS Health Solutions

Your patients' health is important to you, and it's important to us, too. That's why Bravo Health, along with CCS Medical, is offering our members a new way to get their diabetic supplies. CCS Medical is a participating provider that will deliver all testing supplies to our members' door with no delivery charges. The program is voluntary and participants may leave at any time.

**CCS Medical's Health Solutions program includes these great features:**

- Convenient home delivery of diabetic testing supplies by mail
- Regular re-order reminders so members don't run out of supplies
- Certified Diabetes Educators\* ready by phone to answer questions
- Informative educational materials to help lower the risk of diabetes complications

A member receiving their supplies from CCS Medical offers them convenience and possible cost savings. Please speak with your patients about the services offered by this provider.

Other pharmacies and durable medical equipment companies are still available in our provider network for your patients to receive their diabetic supplies. They are not required to use CCS Medical.

Members can get more information or join the Health Solutions program by calling CCS Medical at [1-800-701-5226](tel:1-800-701-5226).

For more information, members may also call our Member Services Department at [1-800-291-0396](tel:1-800-291-0396), Monday through Friday, 8 am – 8 pm. Please call TTY [1-800-964-2561](tel:1-800-964-2561) for the hearing impaired.

*\*Certified Diabetes Educators provide general diabetes information only. Certified Diabetes Educators do not give medical advice.*

## Prescription Drug Caution: SEROQUEL

As part of its ongoing clinical quality initiatives, Bravo Health routinely monitors our members' prescription drugs to ensure appropriate drug prescribing by our providers. The most recent monitoring focused on the drug quetiapine fumarate (Seroquel) prescribed in low doses (25 milligrams) for patients without an appropriate mental health diagnosis. As you may know, the Food and Drug Administration (FDA) has approved Seroquel for bipolar disorder and schizophrenia at the dosing regimens of 400 to 800 mg and 150 to 750 mg, respectively.

Currently, the FDA does not endorse Seroquel as a standard drug treatment regimen for sleep disorders or for the treatment of anxiety. In addition, recent studies show that elderly patients with dementia-related psychosis who are being treated with atypical anti-psychotic drugs, as compared to patients who are taking a placebo, are at an increased risk of death. Therefore, the use of Seroquel in these off-label instances raises safety and adherence concerns compared to safer alternative treatments.



If you have prescribed Seroquel with a dosage of 25 milligrams to one of our members without an appropriate behavioral health diagnosis, we will be contacting you by mail to request that you consider changing that member's medication to another more appropriate medication. If you have prescribed Seroquel with a dosage of 25 milligrams to one of our members with a bipolar, schizophrenia, or any other behavioral health diagnosis, we have instructed LifeSynch, our behavioral health vendor, to contact you for further dialogue on correct dosing and possible psychiatric consultation, if appropriate.

If you have any questions about Seroquel and the appropriate use of the drug, please contact Josh Bennett, M. D. via e-mail at [josh.bennett@bravohealth.com](mailto:josh.bennett@bravohealth.com).

## Coming Summer of 2009:

Bravo Health's New and Innovative Plan to Help PCPs Improve Quality of Care and Reimbursement Levels

Bravo Health is providing select PCPs with an opportunity to earn additional dollars above and beyond their fee-for-service reimbursement amount and incentives.

Just by seeing their Bravo Health patients, capturing their true clinical picture, and ordering the appropriate test for these patients, these PCPs will:

- Reflect the true quality of care provided to the patient through complete and accurate coding
- Improve HEDIS measures, which could improve NQIP payout potential
- Improve their MCR through patient management and proper diagnoses capture
- Produce a physical record that may be used for care planning
- Have the necessary information to assist them in meeting CMS compliance standards

## Annual Physical Exams Covered by Bravo Health

In order to better serve our members, Bravo Health offers benefits above and beyond what Original Medicare offers. One such example is the benefit of a yearly physical exam to all of our members. This annual physical exam is not a Medicare benefit since Medicare offers a physical exam only once in a lifetime as part of the Welcome to Medicare package.

As we value our relationship with our primary care providers, Bravo Health has decided to expand the billing codes we will accept with regard to annual physical exams.

The expanded billing codes include:

- New Patient Physical Exam: 99381 through 99387
- Established Patient Physical Exam: 99391 through 99397

Please note, we have re-processed any claims with a date of service from November 1, 2008, and forward that had been denied as a non-covered benefit (i.e. for using the above codes).

On behalf of our members and your patients, we appreciate the services you provide and look forward to continuing to work with you to serve their needs.

All inquiries regarding the above can be directed to your Bravo Health Provider Relations Representative at [1-800-291-0396](tel:1-800-291-0396).



## Has Your Contact Information Changed?

Have there been any recent changes?  
Please let us know.

- Tax ID Number
- Group Name
- Billing Location
- Service Location
- Phone and/or Fax Numbers
- Addition and/or Deletion of Providers to the Group



Please call Bravo Health with any updated information at **1-800-291-0396**. In the event that there are changes to your tax ID number and/or group name, a new W-9 is required. When you call, please have a phone number and contact person that we can contact if we have any questions about your new information.

Bravo Health  
ADVANCED CARE CENTER 

### ATTENTION: Philadelphia Providers

The Bravo Health  
Advanced Care Center  
will be opening mid-summer  
in North Philadelphia.

To learn more, visit:

[www.bravohealth.com/bhacc](http://www.bravohealth.com/bhacc)

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Spring 2009

Provider Newsletter



3601 O'Donnell Street  
Baltimore, MD 21224

bravo HEALTH 

PRSRRT STD  
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# Medicare Part B Benefit

We've had some providers inform us that the list of drugs that require authorization under the Medicare Part B Benefit that was included in the Provider Manual may be incomplete in some versions. The following is a complete list of Medicines and Injectibles that require authorization under the Medicare Part B Benefit. Please update your records accordingly.



HCPCS Code	Short Description	HCPCS Code	Short Description	HCPCS Code	Short Description	HCPCS Code	Short Description
J0129	Abatacept, inj	J0735	Clonidine hydrochloride	Q2009	Fosphenytoin, 50 mg	J9230	Mechlorethamine hcl inj
J0130	Abciximab injection	J0770	Colistimethate sodium inj	J1458	Galsulfase, inj	J7669	Metaproterenol non-comp unit dose
J7608	Acetylcysteine inh sol u	J0800	Corticotropin injection	J1560	Gamma globulin > 10 CC inj	J7674	Methacholine chloride, neb
J0132	Acetylcysteine injection	J7631	Cromolyn sodium inh sol u d	J1460	Gamma globulin 1 CC inj	J7505	Monoclonal antibodies
J0135	Adalimumab injection	J7330	Cultured chondrocytes implnt	J1550	Gamma globulin 10 CC inj	J2323	Natalizumab injection
J0180	Agalsidase beta injection	J9100	Cytarabine hcl 100 MG inj	J1470	Gamma globulin 2 CC inj	J9261	Nelarabine injection
J7609	Albuterol inh non-comp con (Initial auth only) through DME	J9110	Cytarabine hcl 500 MG inj	J1480	Gamma globulin 3 CC inj	J1568	Octagam Injection
J7610	Albuterol inh non-comp u d (Initial auth only) through DME	J9098	Cytarabine liposome	J1490	Gamma globulin 4 CC inj	J2357	Omalizumab injection
J7620	Albuterol ipratrop non-comp	J0850	Cytomegalovirus imm IV /vial	J1500	Gamma globulin 5 CC inj	J2355	Oprelvekin injection
J9015	Aldesleukin/single use vial	J9130	Dacarbazine 100 mg inj	J1510	Gamma globulin 6 CC inj	J7319	Orthovisc, inj
J0215	Alefacept	J9140	Dacarbazine 200 MG inj	J1520	Gamma globulin 7 CC inj	J9263	Oxaliplatin
J9010	Alemtuzumab injection	J7513	Daclizumab, parenteral	J1530	Gamma globulin 8 CC inj	J9265	Paclitaxel injection
J0205	Alglucerase injection	J9120	Dactinomycin actinomycin d	J1540	Gamma globulin 9 CC inj	J9264	Paclitaxel protein bound
J0256	Alpha 1 proteinase inhibitor	J1645	Dalteparin sodium	J1569	Gammagard Liquid injection	J2425	Palifermin injection
J0270	Alprostadil for injection	J0882	Darbepoetin alfa, esrd use	J1561	Gamunex injection	J2469	Palonosetron HCl
J0275	Alprostadil urethral suppos	J0881	Darbepoetin alfa, non-esrd	J7310	Ganciclovir long act implant	J2430	Pamidronate disodium /30 MG
J2997	Alteplase recombinant	J9150	Daunorubicin	J9201	Gemcitabine HCl	J2504	Pegademase bovine, 25 iu
J0207	Amifostine	J9151	Daunorubicin citrate liposom	J9300	Gemtuzumab ozogamicin	J2503	Pegaptanib sodium injection
J0288	Ampho b cholesteryl sulfate	J0894	Decitabine, inj	J9202	Goserelin acetate implant	J9266	Pegaspargase/singl dose vial
J0285	Amphotericin B	J0895	Deferoxamine mesylate inj	J1571	HepaGam B IM Injection	J9305	Pemetrexed injection
J0287	Amphotericin b lipid complex	J9160	Denileukin diftitox, 300 mcg	J9225	Histrelin implant	J9268	Pentostatin injection
J0289	Amphotericin b liposome inj	J1190	Dexrazoxane HCl injection	J7321	Hyalgan or Supartz, inj	J9600	Porfimer sodium
J0348	Anadulafungin injection	J1162	Digoxin immune fab (ovine)	J3470	Hyaluronidase injection	J2783	Rasburicase

HCPCS Code	Short Description	HCPCS Code	Short Description	HCPCS Code	Short Description	HCPCS Code	Short Description
J7198	Anti-inhibitor	J0470	Dimecaprol injection	J3473	Hyaluronidase, recombinant, inj	Q4095	Reclast injection
J7197	Antithrombin iii injection	J1212	Dimethyl sulfoxide 50% 50 ML	J1740	Ibandronate sodium, inj	J2993	Reteplase injection
J7511	Antithymocyte globuln rabbit	J9170	Docetaxel	J1742	Ibutilide fumarate injection	Q4089	Rhophylac injection
J0364	Apomorphine hcl, inj	J7639	Dornase alpha inhal sol u d	J9211	Idarubicin hcl injection	J2794	Risperidone, long acting
J0365	Aprotonin, 10,000 kiu	J9001	Doxorubicin hcl liposome inj	Q4080	Iloprost inhalation solution	J9310	Rituximab cancer treatment
J9017	Arsenic trioxide	J0600	Edetate calcium disodium inj	J1566	Immune globulin, powder	J2820	Sargramostim injection
J9020	Asparaginase injection	J0886	Epoetin alfa, esrd on dialysis	J1745	Infliximab injection	J2941	Somatropin injection
J0475	Baclofen 10 MG injection	Q4081	Epoetin alfa, for ESRD on dialysis	J9065	Inj cladribine per 1 MG	J9320	Streptozocin injection
J0476	Baclofen intrathecal trial	J0885	Epoetin alfa, non-esrd	J0835	Inj cosyntropin per 0.25 MG	J3030	Sumatriptan succinate / 6 MG
J0480	Basiliximab	J1325	Epoprostenol injection	J1650	Inj enoxaparin sodium	J7322	Synvisc, inj
J9031	Bcg live intravesical vac	J1327	Eptifibatide injection	J9245	Inj melphalan hydrochl 50 MG	J7525	Tacrolimus injection
J9035	Bevacizumab injection	J1438	Etanercept injection	J2260	Inj milrinone lactate / 5 MG	J7507	Tacrolimus oral per 1 MG
J0583	Bivalirudin	J1430	Ethanolamine oleate 100 mg	J2850	Inj secretin synthetic human	J3100	Tenecteplase injection
J9040	Bleomycin sulfate injection	J9181	Etoposide 10 MG inj	J3305	Inj trimetrexate glucuronate	Q2017	Teniposide, 50 mg
J9041	Bortezomib injection	J9182	Etoposide 100 MG inj	J7187	Inj Vonwillebrand factor IU	J9340	Thiotepa injection
J0585	Botulinum toxin a per unit	J7323	Euflexxa, inj	J9178	Inj, epirubicin hcl, 2 mg	J3240	Thyrotropin injection
J0587	Botulinum toxin type B	J7194	Factor ix complex	J1595	Injection glatiramer acetate	J1655	Tinzaparin sodium injection
J7626	Budesonide non-comp unit dose	J7193	Factor IX non-recombinant	J2505	Injection, pegfilgrastim 6mg	J7682	Tobramycin non-comp unit dose
J0594	Busulfan, inj	J7195	Factor IX recombinant	J1817	Insulin for insulin pump use	J9350	Topotecan
J9045	Carboplatin injection	J7189	Factor viia	J1830	Interferon beta-1b / .25 MG	J9355	Trastuzumab
J9050	Carmus bischl nitro inj	J7190	Factor viii	J7644	Ipratropium bromide non-comp	J3285	Treprostinil injection
J0637	Caspofungin acetate	J7192	Factor viii recombinant	J9206	Irinotecan injection	J3315	Triptorelin pamoate
J9055	Cetuximab injection	J1440	Filgrastim 300 mcg injection	J1945	Lepirudin	J3355	Urofollitropin, 75 iu
J0725	Chorionic gonadotropin/1000u	J1441	Filgrastim 480 mcg injection	J1950	Leuprolide acetate/ 3.75 MG	J3365	Urokinase 250,000 IU inj
J0740	Cidofovir injection	Q4091	Flebogamma injection	J9219	Leuprolide acetate implant	J3370	Vancomycin hcl injection
J0743	Cilastatin sodium injection	J9200	Floxuridine injection	J9218	Leuprolide acetate injeciton	J3396	Verteporfin injection
J9060	Cisplatin 10 MG injection	J9185	Fludarabine phosphate inj	J9217	Leuprolide acetate suspnsion	J1562	Vivaglobulin, injection
J9062	Cisplatin 50 MG injection	J7311	Fluocinolone acetonide implt	J2020	Linezolid injection	J3487	Zoledronic acid
J9027	Clofarabine injection	J1652	Fondaparinux sodium	J7504	Lymphocyte immune globulin		