Provider *Insider*

Alabama Medicaid Bulletin **April 2009**

The checkwrite schedule is as follows:

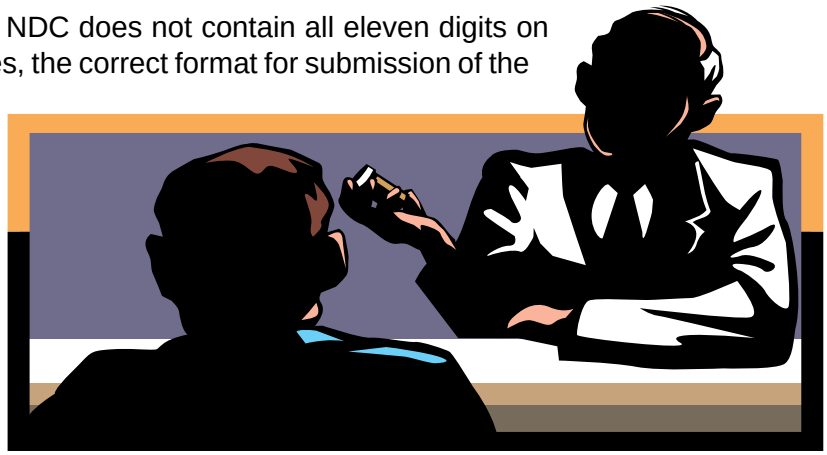
04/03/08 04/17/09 05/01/09 05/15/09 06/05/09 06/19/09

As always, the release of direct deposits and checks depends on the availability of funds.

Guidance Regarding NDC's on CMS-1500 and UB-04 Claim Forms

Effective August 2008, Alabama Medicaid mandated that the National Drug Code (NDC) number be included on the CMS-1500 and UB-04 claim form for the Top 20 physician administered drugs as defined by CMS. Alabama Medicaid would like to clarify the required format for the NDC number that is submitted on these claim forms. Medicaid requires that each submitted NDC contain 11-digits (no dashes or spaces). The first 5-digits identify the labeler code of the manufacturer of the drug. The next 4 digits identify the specific strength, dosage form, and formulation of that drug. The last 2 digits identify the package size of the drug. An example of the correct submission of an NDC on the CMS-1500 and UB04 claim form is indicated on pages 2 and 3.

There may be some instances when an NDC does not contain all eleven digits on the product's container. In the following instances, the correct format for submission of the NDC is given:



- xxxx-xxxx-xx: in this case a zero (0) would need to be added in front of the first set of numbers.

  Result: 0xxxxxxxxxx.

- xxxxx-xxx-xx: in this case a zero (0) would need to be added in front of the second set of numbers.

  Result: xxxxx0xxxxx.

- xxxxx-xxxx-x: in this case a zero (0) would need to be added in front of the third set of numbers.

  Result: xxxxxxxxx0x.

Please refer to the Food and Drug Administration (FDA) website below for more information regarding the National Drug Code, *http://www.fda.gov/cder/ndc/index.htm*. For additional questions regarding the CMS list of Top 20 physician administered drugs, please contact Pharmacy Services at (334) 242-5050.

In This Issue...

Guideance Regarding NDC's on CMS-1500and UB-04 Claim Forms 1
Instructions for Adding NDC Codes to Required Medicaid Forms - CMS-1500 2
Instructions for Adding NDC Codes to Required Medicaid Forms - UB-04 3
Medicaid Physician-Administered Multiple Source Drugs 4
Appropriate Utilization of Dispense As Written (DAW) Codes 16
Sterilization Claim and Primary Surgeon's Responsibility 17
Essure Method of Sterilization Guidelines 17
Providers Must Screen for Excluded Individuals 18
Indicating Correct NPI on Referral Forms 18
Where Providers Can Look for Excluded Parties 19
State Fiscal Year 2009-2010 Checkwrite Schedule 20
Clarification Concerning Billing NDCs for HCPCS Drug Code 20

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other* _____

Instructions for Adding NDC Codes to Required Medicaid Forms

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

CMS-1500 Instructions

Using the supplemental information in Item Number 24D, enter the identifier "N4" and the 11-digit NDC code. The identifier N4 tells the computer the following supplemental information is a NDC.

Do not enter a space between the identifier and the NDC.

Do not enter hyphens or spaces within the NDC.

This example demonstrates how the data are to be entered into the fields and is not meant to provide direction on how to code for certain services.

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIA PC
1	07	01	08	07	01	08	11	0	J9265	N4 55390031420	
2											

ID Code Qualifier

11-Digit NDC

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Instructions for Adding NDC Codes to Required Medicaid Forms

UB-04 Instructions

In Form Locator 43 (Description), enter the "N4" qualifier in the first two (2) positions, left justified; followed immediately by the 11 character NDC number (no hyphens). The identifier "N4" tells the computer the following supplemental information is a NDC.

Do not enter a space between the identifier and the NDC.

Do not enter hyphens or spaces within the NDC.

This example demonstrates how the data are to be entered into the fields and is not meant to provide direction on how to code for certain services.

Revenue Code	ID Code Qualifier	11-Digit NDC	44 HCPCS / RATE / HIPPS CODE
636	N4	55390031420	J9265

Medicaid Physician-Administered Multiple Source Drugs

In compliance with the Deficit Reduction Act, the Medicaid Physician-Administered Multiple Source Drugs listing is being updated effective May 1, 2009. The drugs identified in this listing require a NDC code.

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J0640	Leucovorin Calcium Injection	50 mg	Leucovorin Calcium	63323-0711-00	American Pharmaceutical Partners
			Leucovorin Calcium	55390-0009-01	Bedford Laboratories
			Leucovorin Calcium	55390-0051-10	Bedford Laboratories
			Leucovorin Calcium	55390-0052-10	Bedford Laboratories
			Leucovorin Calcium	55390-0053-01	Bedford Laboratories
			Leucovorin Calcium	55390-0054-01	Bedford Laboratories
			Leucovorin Calcium	55390-0818-10	Bedford Laboratories
			Leucovorin Calcium	55390-0824-01	Bedford Laboratories
			Leucovorin Calcium	55390-0825-01	Bedford Laboratories
			Leucovorin Calcium	55390-0826-01	Bedford Laboratories
			Leucovorin Calcium	00703-5140-01	SICOR
			Leucovorin Calcium	00703-5145-01	SICOR
J0696	Ceftriaxone Sodium Injection	250 mg	Ceftriaxone Sodium	63323-0344-10	American Pharmaceutical Partners
			Ceftriaxone Sodium	63323-0345-10	American Pharmaceutical Partners
			Ceftriaxone Sodium	63323-0346-10	American Pharmaceutical Partners
			Ceftriaxone Sodium	63323-0347-20	American Pharmaceutical Partners
			Ceftriaxone Sodium	63323-0348-61	American Pharmaceutical Partners
			Ceftriaxone Sodium	00517-8711-10	American Regent Laboratories
			Ceftriaxone Sodium	00517-8722-10	American Regent Laboratories
			Ceftriaxone Sodium	00517-8725-10	American Regent Laboratories
			Ceftriaxone Sodium	00517-8750-10	American Regent Laboratories
			Ceftriaxone Sodium	60505-0679-05	Apotex
			Ceftriaxone Sodium	60505-0679-08	Apotex
			Ceftriaxone Sodium	60505-0679-09	Apotex
			Ceftriaxone Sodium	60505-0750-00	Apotex
			Ceftriaxone Sodium	60505-0750-04	Apotex
			Ceftriaxone Sodium	60505-0751-00	Apotex
			Ceftriaxone Sodium	60505-0751-04	Apotex
			Ceftriaxone Sodium	60505-0753-04	Apotex
			Ceftriaxone Sodium	60505-0753-00	Apotex
			Ceftriaxone Sodium	60505-0752-04	Apotex
			Ceftriaxone Sodium	60505-0752-00	Apotex
			Ceftriaxone IN DSW	00264-3153-11	B. Braun Medical
			Ceftriaxone IN DSW	00264-3155-11	B. Braun Medical
			Ceftriaxone IN DSW	00338-5002-41	Baxter
			Ceftriaxone IN DSW	00338-5003-41	Baxter
			Ceftriaxone	10019-0098-01	Baxter
			Ceftriaxone Sodium	10019-0098-71	Baxter
			Ceftriaxone Sodium	10019-0685-01	Baxter
			Ceftriaxone Sodium	10019-0685-71	Baxter
			Ceftriaxone Sodium	10019-0686-02	Baxter
			Ceftriaxone Sodium	10019-0686-71	Baxter
			Ceftriaxone Sodium	10019-0687-03	Baxter
			Ceftriaxone Sodium	10019-0687-05	Baxter
			Ceftriaxone Sodium	10019-0687-71	Baxter
			Ceftriaxone Sodium	10019-0688-04	Baxter
			Ceftriaxone Sodium	10019-0688-27	Baxter
			Ceftriaxone Sodium	10019-0689-05	Baxter
			Ceftriaxone Sodium	10019-0689-11	Baxter
			Ceftriaxone Sodium	68330-000-101	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-110	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-201	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-210	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-301	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-310	Cephazone Pharma

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J0696	Ceftriaxone Sodium	250 mg	Ceftriaxone Sodium	68330-000-401	Cephazone Pharma
Continued	Injection		Ceftriaxone Sodium	68330-000-410	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-501	Cephazone Pharma
			Ceftriaxone Sodium	68330-000-601	Cephazone Pharma
			Rocephin	00004-1963-01	Hoffman-La Roche
			Rocephin	00004-1963-02	Hoffman-La Roche
			Rocephin	00004-1964-01	Hoffman-La Roche
			Rocephin	00004-1964-04	Hoffman-La Roche
			Ceftriaxone	00409-7332-01	Hospira
			Ceftriaxone	00409-7332-61	Hospira
			Ceftriaxone	00409-7333-04	Hospira
			Ceftriaxone	00409-7333-49	Hospira
			Ceftriaxone	00409-7334-10	Hospira
			Ceftriaxone	00409-7335-03	Hospira
			Ceftriaxone	00409-7336-04	Hospira
			Ceftriaxone	00409-7336-49	Hospira
			Ceftriaxone	00409-7337-01	Hospira
			Ceftriaxone	00409-7338-01	Hospira
			Ceftriaxone	68180-0611-01	Lupin Pharmaceuticals
			Ceftriaxone	68180-0611-10	Lupin Pharmaceuticals
			Ceftriaxone	68180-0622-01	Lupin Pharmaceuticals
			Ceftriaxone	68180-0622-10	Lupin Pharmaceuticals
			Ceftriaxone	68180-0633-01	Lupin Pharmaceuticals
			Ceftriaxone	68180-0633-10	Lupin Pharmaceuticals
			Ceftriaxone	68180-0644-01	Lupin Pharmaceuticals
			Ceftriaxone	68180-0644-10	Lupin Pharmaceuticals
			Ceftriaxone	00781-3206-95	SANDOZ
			Ceftriaxone	00781-3207-85	SANDOZ
			Ceftriaxone	00781-3207-95	SANDOZ
			Ceftriaxone	00781-3208-85	SANDOZ
			Ceftriaxone	00781-3208-95	SANDOZ
			Ceftriaxone	00781-3209-90	SANDOZ
			Ceftriaxone	00781-3209-95	SANDOZ
			Ceftriaxone	00781-3210-46	SANDOZ
			Ceftriaxone	00781-9326-95	SANDOZ
			Ceftriaxone	00781-9327-95	SANDOZ
			Ceftriaxone	00781-9328-85	SANDOZ *
			Ceftriaxone	00781-9328-95	SANDOZ
			Ceftriaxone	00781-9329-95	SANDOZ
			Ceftriaxone	00781-9330-46	SANDOZ
			Ceftriaxone	25021-0104-10	Sagent Pharmaceutical
			Ceftriaxone	25021-0105-10	Sagent Pharmaceutical
			Ceftriaxone	25021-0106-10	Sagent Pharmaceutical
			Ceftriaxone	25021-0107-20	Sagent Pharmaceutical
			Ceftriaxone Sodium	00703-0315-03	SICOR
			Ceftriaxone	00703-0325-03	SICOR
			Ceftriaxone	00703-0335-04	SICOR
			Ceftriaxone	00703-0346-03	SICOR
			Ceftriaxone	00703-0359-01	SICOR
			Ceftriaxone	00143-9856-25	West-Ward Pharmaceutical
			Ceftriaxone	00143-9857-25	West-Ward Pharmaceutical
			Ceftriaxone	00143-9858-25	West-Ward Pharmaceutical
			Ceftriaxone	00143-9859-25	West-Ward Pharmaceutical
			Ceftriaxone	64679-0701-01	Wockhardt America
			Ceftriaxone	64679-0701-02	Wockhardt America
			Ceftriaxone	64679-0701-03	Wockhardt America
			Ceftriaxone	64679-0702-01	Wockhardt America
			Ceftriaxone	64679-0702-02	Wockhardt America

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J0696 Continued	Ceftriaxone Sodium Injection	250 mg	Ceftriaxone	64679-0703-01	Wockhardt America
			Ceftriaxone	64679-0703-02	Wockhardt America
			Ceftriaxone	64679-0983-01	Wockhardt America
			Ceftriaxone	64679-0983-02	Wockhardt America
J1100	Dexamethasone Sodium Injection	1 mg	Dexamethasone Sodium	63323-0165-01	American Pharmaceutical Partners
			Dexamethasone Sodium	63323-0165-05	American Pharmaceutical Partners
			Dexamethasone Sodium	63323-0165-30	American Pharmaceutical Partners
			Dexamethasone Sodium	63323-0506-01	American Pharmaceutical Partners
			Dexamethasone Sodium	63323-0516-10	American Pharmaceutical Partners
			Dexamethasone Sodium	00517-4901-25	American Regent
			Dexamethasone Sodium	00517-4905-25	American Regent
			Dexamethasone Sodium	00517-4930-25	American Regent
			Dexamethasone Sodium	00641-0367-21	Baxter
			Dexamethasone Sodium	00641-0367-25	Baxter
			Dexamethasone Sodium	00703-3524-01	SICOR
			Dexamethasone Sodium	00703-3524-03	SICOR
J1170	Hydromorphone Injection	4 mg	Dilaudid	00074-2332-11	Abbott Laboratories
			Dilaudid	00074-2333-11	Abbott Laboratories
			Dilaudid	00074-2333-26	Abbott Laboratories
			Dilaudid	00074-2334-11	Abbott Laboratories
			Dilaudid	00074-2414-21	Abbott Laboratories
			Dilaudid	00074-2453-11	Abbott Laboratories
			Dilaudid	00074-2453-27	Abbott Laboratories
			Dilaudid	00074-2453-51	Abbott Laboratories
			Dilaudid	00074-2455-31	Abbott Laboratories
			Hydromorphone HCl	17478-0540-01	Akorn Inc
			Hydromorphone HCl	17478-0540-05	Akorn Inc
			Hydromorphone HCl	17478-0540-50	Akorn Inc
			Hydromorphone HCl	00555-1117-05	Barr Laboratories Inc
			Hydromorphone HCl	00555-1117-06	Barr Laboratories Inc
			Hydromorphone HCl	00555-1117-07	Barr Laboratories Inc
			Hydromorphone HCl	00641-0121-21	Baxter Healthcare Corporation
			Hydromorphone HCl	00641-0121-25	Baxter Healthcare Corporation
			Hydromorphone HCl	00641-2341-39	Baxter Healthcare Corporation
			Hydromorphone HCl	00641-2341-41	Baxter Healthcare Corporation
			Hydromorphone HCl	00409-1283-31	Hospira Inc
			Hydromorphone HCl	00409-1304-31	Hospira Inc
			Hydromorphone HCl	00409-1312-30	Hospira Inc
			Hydromorphone HCl	00409-2172-01	Hospira Inc
			Hydromorphone HCl	00409-2172-05	Hospira Inc
			Hydromorphone HCl	00409-2540-01	Hospira Inc
			Hydromorphone HCl	00409-2552-01	Hospira Inc
			Hydromorphone HCl	00409-2634-01	Hospira Inc
			Hydromorphone HCl	00409-2634-05	Hospira Inc
			Hydromorphone HCl	00409-2634-50	Hospira Inc
			Hydromorphone HCl	00409-3356-01	Hospira Inc
			Hydromorphone HCl	00409-3365-01	Hospira Inc
			Hydromorphone HCl	59011-0441-10	Purdue Pharma
			Hydromorphone HCl	59011-0442-10	Purdue Pharma
			Hydromorphone HCl	59011-0442-25	Purdue Pharma
			Hydromorphone HCl	59011-0444-10	Purdue Pharma
			Hydromorphone HCl	59011-0445-01	Purdue Pharma
			Hydromorphone HCl	59011-0445-05	Purdue Pharma
			Hydromorphone HCl	59011-0445-50	Purdue Pharma
			Hydromorphone HCl	59011-0446-25	Purdue Pharma
J1260	Dotasetron Mesylate	10 mg	Anzemet	00088-1208-06	Abbott
			Anzemet	00088-1208-76	Abbott
			Anzemet	00088-1206-32	Aventis Pharmaceuticals
			Anzemet	00088-1209-26	Aventis Pharmaceuticals

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J1626	Granisetron HCl Injection	100 mcg	Granisetron HCl	63323-0318-01	American Pharmaceutical Partners
			Granisetron HCl	63323-0317-01	American Pharmaceutical Partners
			Granisetron HCl	63323-0319-04	American Pharmaceutical Partners
			Granisetron HCl	60505-0692-00	Apotex Corp
			Granisetron HCl	60505-0693-00	Apotex Corp
			Granisetron HCl	60505-0764-02	Apotex Corp
			Granisetron HCl	10019-0053-03	Baxter Healthcare Corporation
			Granisetron HCl	10019-0053-14	Baxter Healthcare Corporation
			Granisetron HCl	55390-0250-10	Bedford Laboratories
			Kytril	00004-0239-09	Hoffmann-La Roche
			Kytril	00004-0240-09	Hoffmann-La Roche
			Kytril	00004-0242-08	Hoffmann-La Roche
			Granisetron HCl	66758-0035-01	Parenta Pharmaceutical
			Granisetron HCl	66758-0036-01	Parenta Pharmaceutical
			Granisetron HCl	66758-0037-02	Parenta Pharmaceutical
			Granisetron HCl	00703-7871-03	SICOR
			Granisetron HCl	00703-7891-02	SICOR
			Granisetron HCl	00703-7971-01	SICOR
			Granisetron HCl	00703-7971-03	SICOR
			Granisetron HCl	00703-7973-01	SICOR
			Granisetron HCl	64679-0661-02	Wockhardt Americas
			Granisetron HCl	64679-0661-03	Wockhardt Americas
			Granisetron HCl	64679-0662-01	Wockhardt Americas
J1631	Haloperidol Decanoate Injection	50 mg	Haloperidol Decanoate	63323-0469-01	American Pharmaceutical Partners
			Haloperidol Decanoate	63323-0469-05	American Pharmaceutical Partners
			Haloperidol Decanoate	63323-0471-01	American Pharmaceutical Partners
			Haloperidol Decanoate	63323-0471-05	American Pharmaceutical Partners
			Haloperidol Decanoate	60505-0702-01	Apotex
			Haloperidol Decanoate	60505-0703-01	Apotex
			Haloperidol Decanoate	55390-0412-01	Bedford Laboratories
			Haloperidol Decanoate	55390-0412-05	Bedford Laboratories
			Haloperidol Decanoate	55390-0413-01	Bedford Laboratories
			Haloperidol Decanoate	55390-0413-05	Bedford Laboratories
			Haloperidol Decanoate	55390-0423-01	Bedford Laboratories
			Haloperidol Decanoate	55390-0423-05	Bedford Laboratories
			Haloperidol Decanoate	00045-0253-01	McNeil Pharmaceutical
			Haloperidol Decanoate	00045-0253-03	McNeil Pharmaceutical
			Haloperidol Decanoate	00045-0254-14	McNeil Pharmaceutical
			Haloperidol Decanoate	00703-7011-03	SICOR
			Haloperidol Decanoate	00703-7013-01	SICOR
			Haloperidol Decanoate	00703-7021-03	SICOR
			Haloperidol Decanoate	00703-7023-01	SICOR
J1885	Ketorolac Tromethamine Injection	15 mg	Ketorolac Tromethamine	63323-0161-01	American Pharmaceutical Partners
			Ketorolac Tromethamine	63323-0162-01	American Pharmaceutical Partners
			Ketorolac Tromethamine	63323-0162-02	American Pharmaceutical Partners
			Ketorolac Tromethamine	00074-3796-61	Amerinet Choice
			Ketorolac Tromethamine	60505-0705-00	Apotex
			Ketorolac Tromethamine	60505-0706-00	Apotex
			Ketorolac Tromethamine	60505-0706-01	Apotex
			Ketorolac Tromethamine	60505-0710-01	Apotex
			Ketorolac Tromethamine	10019-0021-09	Baxter
			Ketorolac Tromethamine	10019-0022-09	Baxter
			Ketorolac Tromethamine	10019-0022-32	Baxter
			Ketorolac Tromethamine	10019-0029-02	Baxter
			Ketorolac Tromethamine	10019-0030-03	Baxter
			Ketorolac Tromethamine	10019-0030-04	Baxter
			Ketorolac Tromethamine	55390-0480-01	Bedford Laboratories
			Ketorolac Tromethamine	55390-0481-01	Bedford Laboratories
			Ketorolac Tromethamine	55390-0481-02	Bedford Laboratories
			Ketorolac Tromethamine	55390-0481-10	Bedford Laboratories

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J1885 Continued	Ketorolac Tromethamine Injection	15 mg	Ketorolac Tromethamine	00409-2287-21	Hospira
			Ketorolac Tromethamine	00409-2287-22	Hospira
			Ketorolac Tromethamine	00409-2287-31	Hospira
			Ketorolac Tromethamine	00409-2288-21	Hospira
			Ketorolac Tromethamine	00409-2288-61	Hospira
			Ketorolac Tromethamine	00409-2288-31	Hospira
			Ketorolac Tromethamine	00409-3793-01	Hospira
			Ketorolac Tromethamine	00409-3795-49	Hospira
			Ketorolac Tromethamine	00409-3795-01	Hospira
			Ketorolac Tromethamine	00409-3795-49	Hospira
			Ketorolac Tromethamine	00409-3795-61	Hospira
			Ketorolac Tromethamine	00409-3796-01	Hospira
			Ketorolac Tromethamine	00409-3796-49	Hospira
			Ketorolac Tromethamine	00409-3796-61	Hospira
			Ketorolac Tromethamine	64679-0757-01	Woodhardt Americas
			Ketorolac Tromethamine	64679-0757-02	Woodhardt Americas
			Ketorolac Tromethamine	64679-0758-01	Woodhardt Americas
			Ketorolac Tromethamine	64679-0758-02	Woodhardt Americas
			Ketorolac Tromethamine	64679-0758-04	Woodhardt Americas
			Ketorolac Tromethamine	64679-0758-06	Woodhardt Americas
J2405	Ondansetron HCl Injection	1 mg	Ondansetron HCl	63323-0373-02	American Pharmaceutical Partners
			Ondansetron HCl	63323-0374-20	American Pharmaceutical Partners
			Ondansetron HCl	60505-0744-01	Apotex Corp
			Ondansetron HCl	60505-0744-06	Apotex Corp
			Ondansetron HCl	00338-1762-41	Baxter Healthcare
			Ondansetron HCl	10019-0905-01	Baxter Healthcare
			Ondansetron HCl	10019-0906-03	Baxter Healthcare
			Ondansetron HCl	10019-0905-17	Baxter Healthcare
			Ondansetron HCl	10019-0906-63	Baxter Healthcare
			Ondansetron HCl	55390-0121-01	Bedford Laboratories
			Ondansetron HCl	55390-0121-10	Bedford Laboratories
			Ondansetron HCl	55390-0307-01	Bedford Laboratories
			Ondansetron HCl	55390-0307-10	Bedford Laboratories
			Zofran	00173-0442-00	Glaxosmithkline
			Zofran	00173-0442-02	Glaxosmithkline
			Zofran	00173-0461-00	Glaxosmithkline
			Ondansetron HCl	00409-1120-62	Hospira Inc
			Ondansetron HCl	00409-4755-01	Hospira Inc
			Ondansetron HCl	00409-4755-02	Hospira Inc
			Ondansetron HCl	00409-4755-03	Hospira Inc
			Ondansetron HCl	00409-4755-61	Hospira Inc
			Ondansetron HCl	00409-4755-62	Hospira Inc
			Ondansetron HCl	00409-4755-63	Hospira Inc
			Ondansetron HCl	00409-4759-01	Hospira Inc
			Ondansetron HCl	00409-4760-13	Hospira Inc
			Ondansetron HCl	61703-0244-07	Mayne Pharma
			Ondansetron HCl	61703-0245-22	Mayne Pharma
			Ondansetron HCl	00781-3010-72	Sandoz
			Ondansetron HCl	00781-3010-95	Sandoz
			Ondansetron HCl	00781-3057-14	Sandoz
			Ondansetron HCl	00781-3057-80	Sandoz
			Ondansetron HCl	00703-7221-01	Sicor
			Ondansetron HCl	00703-7221-02	Sicor
			Ondansetron HCl	00703-7221-04	Sicor
			Ondansetron HCl	00703-7226-01	Sicor
			Ondansetron HCl	00703-7226-03	Sicor
			Ondansetron HCl	00703-7239-39	Sicor
			Ondansetron HCl	62756-0181-01	Sun Pharmaceuticals
			Ondansetron HCl	62756-0182-01	Sun Pharmaceuticals
			Ondansetron HCl	00143-9771-06	West-Ward Pharmaceuticals
			Ondansetron HCl	00143-9890-01	West-Ward Pharmaceuticals
			Ondansetron HCl	00143-9891-05	West-Ward Pharmaceuticals
			Ondansetron HCl	64679-0726-01	Wockhardt Americas
			Ondansetron HCl	64679-0727-01	Wockhardt Americas

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J2430	Pamidronate Disodium	30 mg	Pamidronate Disodium	63323-0734-10	American Pharmaceutical Partners
			Pamidronate Disodium	63323-0735-10	American Pharmaceutical Partners
			Pamidronate Disodium	55390-0127-01	Bedford Laboratories
			Pamidronate Disodium	55390-0129-01	Bedford Laboratories
			Pamidronate Disodium	55390-0157-01	Bedford Laboratories
			Pamidronate Disodium	55390-0159-01	Bedford Laboratories
			Pamidronate Disodium	55390-0204-01	Bedford Laboratories
			Pamidronate Disodium	55390-0604-01	Bedford Laboratories
			Pamidronate Disodium	61703-0324-18	Mayne Pharma
			Pamidronate Disodium	61703-0326-18	Mayne Pharma
			Pamidronate Disodium	61703-0324-39	Mayne Pharma
			Pamidronate Disodium	61703-0325-18	Mayne Pharma
			Pamidronate Disodium	61703-0326-18	Mayne Pharma
			Aredia	00078-0463-91	Novartis
			Aredia	00078-0464-61	Novartis
			Pamidronate Disodium	15210-0401-11	OTN Generics
			Pamidronate Disodium	15210-0402-11	OTN Generics
			Pamidronate Disodium	00781-1314-70	SANDOZ
			Pamidronate Disodium	00781-1314-70	SANDOZ
			Pamidronate Disodium	00781-3147-70	SANDOZ
			Pamidronate Disodium	00781-3148-70	SANDOZ
			Pamidronate Disodium	00703-4075-59	SICOR
			Pamidronate Disodium	00703-4085-51	SICOR
J2550	Promethazine HCl Injection	50 mg	Promethazine Hcl	00641-0928-25	Baxter
			Promethazine Hcl	00641-0929-25	Baxter
			Promethazine Hcl	00641-0948-35	Baxter
			Promethazine Hcl	00641-0949-35	Baxter
			Promethazine Hcl	00641-0955-25	Baxter
			Promethazine Hcl	00641-0956-25	Baxter
			Promethazine Hcl	00641-1495-35	Baxter
			Promethazine Hcl	00641-1496-35	Baxter
			Promethazine Hcl	10019-0097-01	Baxter
			Phenergan	60977-0001-01	Baxter
			Promethazine Hcl	60977-0001-03	Baxter
			Phenergan	60977-0002-02	Baxter
			Promethazine Hcl	60977-0002-04	Baxter
			Promethazine Hcl	00409-2312-31	Hospira
			Promethazine Hcl	00703-2191-04	SICOR
			Promethazine Hcl	00703-2201-04	SICOR
J3010	Fentanyl Citrate Injection	0.1 mg	Fentanyl Citrate	10019-0033-39	Baxter
			Fentanyl Citrate	10019-0033-72	Baxter
			Fentanyl Citrate	10019-0034-18	Baxter
			Fentanyl Citrate	10019-0034-73	Baxter
			Fentanyl Citrate	10019-0035-39	Baxter
			Fentanyl Citrate	10019-0035-74	Baxter
			Fentanyl Citrate	10019-0036-82	Baxter
			Fentanyl Citrate	10019-0037-39	Baxter
			Fentanyl Citrate	10019-0037-83	Baxter
			Fentanyl Citrate	10019-0038-39	Baxter
			Fentanyl Citrate	10019-0038-67	Baxter
			Fentanyl Citrate	00409-1276-32	Hospira
			Fentanyl Citrate	00409-9093-32	Hospira
			Fentanyl Citrate	00409-9093-35	Hospira
			Fentanyl Citrate	00409-9093-36	Hospira
			Fentanyl Citrate	00409-9093-38	Hospira
			Fentanyl Citrate	00409-9094-22	Hospira
			Fentanyl Citrate	00409-9094-25	Hospira
			Fentanyl Citrate	00409-9094-28	Hospira
			Fentanyl Citrate	00409-9094-31	Hospira
			Fentanyl Citrate	00409-9094-61	Hospira
			Sublimaze	11098-0030-02	Taylor
			Sublimaze	11098-0030-05	Taylor
			Sublimaze	11098-0030-20	Taylor

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J3370	Vancomycin HCL Injection	500 mg	Vancomycin HCl	63323-0221-10	American Pharmaceutical Partners
			Vancomycin HCl	63323-0284-20	American Pharmaceutical Partners
			Vancomycin HCl	63323-0295-61	American Pharmaceutical Partners
			Vancomycin HCl	63323-0314-61	American Pharmaceutical Partners
			Vancomycin HCl	00338-3551-48	Baxter Healthcare
			Vancomycin HCl	00338-3552-48	Baxter Healthcare
			Vancomycin HCl	10139-0501-12	Generamedix
			Vancomycin HCl	10139-0501-20	Generamedix
			Vancomycin HCl	00409-4332-01	Hospira Inc
			Vancomycin HCl	00409-4332-49	Hospira Inc
			Vancomycin HCl	00409-6509-01	Hospira Inc
			Vancomycin HCl	00409-6509-49	Hospira Inc
			Vancomycin HCl	00409-6533-01	Hospira Inc
			Vancomycin HCl	00409-6533-49	Hospira Inc
			Vancomycin HCl	00409-6533-61	Hospira Inc
			Vancomycin HCl	00409-6534-01	Hospira Inc
			Vancomycin HCl	00409-6534-49	Hospira Inc
			Vancomycin HCl	00409-6535-01	Hospira Inc
			Vancomycin HCl	00409-6535-49	Hospira Inc
J7050	Normal Saline Solution Infusion	250 cc	Sodium Chloride	00074-7984-27	Abbott Laboratories
			Sodium Chloride	00264-1800-31	B. Braun Medical
			Sodium Chloride	00264-1800-32	B. Braun Medical
			Sodium Chloride	00264-1800-36	B. Braun Medical
			Sodium Chloride	00264-4000-55	B. Braun Medical
			Sodium Chloride	00264-4001-55	B. Braun Medical
			Sodium Chloride	00264-4002-55	B. Braun Medical
			Sodium Chloride	00264-7800-00	B. Braun Medical
			Sodium Chloride	00264-7800-10	B. Braun Medical
			Sodium Chloride	00264-7800-20	B. Braun Medical
			Sodium Chloride	00338-0044-02	Baxter
			Sodium Chloride	00338-0044-03	Baxter
			Sodium Chloride	00338-0045-11	Baxter
			Sodium Chloride	00338-0049-02	Baxter
			Sodium Chloride	00338-0049-03	Baxter
			Sodium Chloride	00338-0049-04	Baxter
			Sodium Chloride	00338-0049-11	Baxter
			Sodium Chloride	00338-0049-18	Baxter
			Sodium Chloride	00338-0049-31	Baxter
			Sodium Chloride	00338-0049-38	Baxter
			Sodium Chloride	00338-0049-41	Baxter
			Sodium Chloride	00338-0553-11	Baxter
			Sodium Chloride	00338-0553-18	Baxter
			Sodium Chloride	00338-6045-12	Baxter
			Sodium Chloride	00338-6304-02	Baxter
			Sodium Chloride	00338-6304-03	Baxter
			Sodium Chloride	00338-6304-02	Baxter
			Sodium Chloride	00409-1583-01	Hospira
			Sodium Chloride	00409-1583-02	Hospira
			Sodium Chloride	00409-1584-11	Hospira
			Sodium Chloride	00409-7101-02	Hospira
			Sodium Chloride	00409-7101-66	Hospira
			Sodium Chloride	00409-7101-67	Hospira
			Sodium Chloride	00409-7983-02	Hospira
			Sodium Chloride	00409-7983-03	Hospira
			Sodium Chloride	00409-7983-09	Hospira
			Sodium Chloride	00409-7983-30	Hospira
			Sodium Chloride	00409-7983-48	Hospira
			Sodium Chloride	00409-7983-53	Hospira
			Sodium Chloride	00409-7983-55	Hospira
			Sodium Chloride	00409-7983-61	Hospira
			Sodium Chloride	00409-7984-13	Hospira
			Sodium Chloride	00409-7984-20	Hospira
			Sodium Chloride	00409-7984-23	Hospira
			Sodium Chloride	00409-7984-36	Hospira
			Sodium Chloride	00409-7984-37	Hospira

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J7190	Factor VIII	1 iu	Hemofil M	00944-2935-03	Baxter
			Hemofil M	00944-2935-04	Baxter
			Monarc-M	00944-1301-10	Baxter
			Monarc-M	00944-1302-10	Baxter
			Monarc-M	00944-1303-10	Baxter
			Monarc-M	00944-1304-10	Baxter
			Hemofil M	00944-2935-01	Baxter
			Hemofil M	00944-2935-02	Baxter
			Monoclate-P	00053-7656-01	CSL Behring
			Monoclate-P	00053-7656-02	CSL Behring
			Monoclate-P	00053-7656-04	CSL Behring
			Monoclate-P	00053-7656-05	CSL Behring
			Alphanate	68516-4600-01	Grifols
			Alphanate	68516-4600-02	Grifols
			Alphanate	68516-4601-01	Grifols
			Alphanate	68516-4602-01	Grifols
			Alphanate	68516-4603-02	Grifols
			Alphanate	68516-4604-02	Grifols
			Koate-Dvi	13533-0665-20	Talecris
			Koate-Dvi	13533-0665-30	Talecris
			Koate-Dvi	13533-0665-50	Talecris
J7192	Factor VIII Recombinant	1 iu	Helixate Fs	00053-8130-01	Aventis Behring
			Helixate Fs	00053-8130-02	Aventis Behring
			Helixate Fs	00053-8130-04	Aventis Behring
			Kogenate Fs	00026-0372-20	Baxter
			Kogenate Fs	00026-0372-30	Baxter
			Kogenate Fs	00026-0372-50	Baxter
			Recombinate	00944-2831-10	Baxter
			Recombinate	00944-2832-10	Baxter
			Recombinate	00944-2833-10	Baxter
			Advate L	00944-2941-10	Baxter
			Advate M	00944-2942-10	Baxter
			Kogenate Fs Bio-Set	00026-0379-20	Bayer
			Kogenate Fs Bio-Set	00026-0379-30	Bayer
			Kogenate Fs Bio-Set	00026-0379-50	Bayer
			Kogenate Fs	00026-3786-60	Bayer
			Kogenate Fs	00026-3796-60	Bayer
			Helixate	00053-8130-05	CSL Behring
			Refacto	58394-0005-02	Genetics Institute
			Refacto	58394-0006-02	Genetics Institute
			Refacto	58394-0007-02	Genetics Institute
			Refacto	58394-0011-02	Genetics Institute
J7644	Ipratropium Bromide Inh Sol u d	1 mg	Ipratropium Bromide	00472-0753-23	Alpharma
			Ipratropium Bromide	00472-0753-30	Alpharma
			Ipratropium Bromide	00472-0753-60	Alpharma
			Ipratropium Bromide	60505-0806-01	Apotex
			Ipratropium Bromide	16252-0098-22	Cobalt Laboratories
			Ipratropium Bromide	16252-0098-33	Cobalt Laboratories
			Ipratropium Bromide	16252-0098-66	Cobalt Laboratories
			Ipratropium Bromide	49502-0685-26	Dey, L.P.
			Ipratropium Bromide	49502-0685-30	Dey, L.P.
			Ipratropium Bromide	49502-0685-31	Dey, L.P.
			Ipratropium Bromide	49502-0685-61	Dey, L.P.
			Ipratropium Bromide	51552-0393-01	Gallipot
			Ipratropium Bromide	51552-0393-02	Gallipot
			Ipratropium Bromide	51552-0393-04	Gallipot
			Ipratropium Bromide	51552-0393-05	Gallipot
			Ipratropium Bromide	00172-6407-44	Ivax Pharmaceuticals
			Ipratropium Bromide	00172-6407-49	Ivax Pharmaceuticals
			Ipratropium Bromide	00487-9801-01	Nephron Pharmaceuticals
			Ipratropium Bromide	00487-9801-25	Nephron Pharmaceuticals
			Ipratropium Bromide	00487-9801-30	Nephron Pharmaceuticals
			Ipratropium Bromide	00487-9801-60	Nephron Pharmaceuticals
			Ipratropium Bromide	66794-0002-25	RX Elite
			Ipratropium Bromide	66794-0002-30	RX Elite
			Ipratropium Bromide	66794-0002-60	RX Elite

Medicaid Physician-Administered Multiple Source Drugs (Continued)

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J9000	Doxorubic HCl Injection	10 mg	Doxorubicin Hcl	63323-0101-61	American Pharmaceutical Partner
			Doxorubicin Hcl	63323-0883-05	American Pharmaceutical Partner
			Doxorubicin Hcl	63323-0883-10	American Pharmaceutical Partner
			Doxorubicin Hcl	63323-0883-30	American Pharmaceutical Partner
			Adriamycin	55390-0231-10	Bedford Laboratories
			Adriamycin	55390-0232-10	Bedford Laboratories
			Adriamycin	55390-0233-01	Bedford Laboratories
			Adriamycin	55390-0235-10	Bedford Laboratories
			Adriamycin	55390-0236-10	Bedford Laboratories
			Adriamycin	55390-0237-01	Bedford Laboratories
			Adriamycin	55390-0238-01	Bedford Laboratories
			Doxorubicin Hcl	55390-0241-10	Bedford Laboratories
			Doxorubicin Hcl	55390-0243-01	Bedford Laboratories
			Doxorubicin Hcl	55390-0245-10	Bedford Laboratories
			Doxorubicin Hcl	55390-0246-10	Bedford Laboratories
			Doxorubicin Hcl	55390-0247-01	Bedford Laboratories
			Doxorubicin Hcl	55390-0248-01	Bedford Laboratories
			Doxorubicin Hcl	00703-5040-01	SICOR
			Doxorubicin Hcl	00703-5043-03	SICOR
			Doxorubicin Hcl	00703-5046-01	SICOR
J9040	Bleomycin Sulfate Injection	15 units	Bleomycin Sulfate	55390-0005-01	Bedford Laboratories
			Bleomycin Sulfate	55390-0006-01	Bedford Laboratories
			Bleomycin Sulfate	61703-0323-22	Mayne Pharma
			Bleomycin Sulfate	61703-0332-18	Mayne Pharma
			Blenoxane	00015-3010-20	Mead Johnson and Company
			Bleomycin Sulfate	00703-3154-01	SICOR
			Bleomycin Sulfate	00703-3154-91	SICOR
			Bleomycin Sulfate	00703-3155-01	SICOR
			Bleomycin Sulfate	00703-3155-91	SICOR
J9045	Carboplatin Injection	50mg	Carboplatin	63323-0172-45	Abraxis Pharmaceutical
			Carboplatin	63323-0172-60	Abraxis Pharmaceuticals
			Carboplatin	63323-0166-10	American Pharmaceutical Partners
			Carboplatin	63323-0167-21	American Pharmaceutical Partners
			Carboplatin	63323-0168-00	American Pharmaceutical Partners
			Carboplatin	55390-0150-01	Bedford Laboratories
			Carboplatin	55390-0151-01	Bedford Laboratories
			Carboplatin	55390-0152-01	Bedford Laboratories
			Carboplatin	55390-0153-01	Bedford Laboratories
			Carboplatin	55390-0154-01	Bedford Laboratories
			Carboplatin	55390-0155-01	Bedford Laboratories
			Carboplatin	55390-0156-01	Bedford Laboratories
			Carboplatin	55390-0220-01	Bedford Laboratories
			Carboplatin	55390-0221-01	Bedford Laboratories
			Carboplatin	55390-0222-01	Bedford Laboratories
			Carboplatin	00409-1129-10	Hospira
			Carboplatin	00409-1129-11	Hospira
			Carboplatin	00409-1129-12	Hospira
			Carboplatin	61703-0339-18	Mayne Pharma
			Carboplatin	61703-0339-22	Mayne Pharma
			Carboplatin	61703-0339-50	Mayne Pharma
			Carboplatin	61703-0339-56	Mayne Pharma
			Carboplatin	61703-0339-61	Mayne Pharma
			Carboplatin	61703-0339-62	Mayne Pharma
			Carboplatin	61703-0339-63	Mayne Pharma
			Carboplatin	61703-0360-18	Mayne Pharma
			Carboplatin	61703-0360-22	Mayne Pharma
			Carboplatin	61703-0360-50	Mayne Pharma
			Carboplatin	15210-0061-12	OTN Generics
			Carboplatin	15210-0063-12	OTN Generics
			Carboplatin	15210-0066-12	OTN Generics
			Carboplatin	15210-0067-12	OTN Generics
			Carboplatin	66758-0047-01	Parenta Pharmaceutical
			Carboplatin	66758-0047-02	Parenta Pharmaceutical
			Carboplatin	66758-0047-03	Parenta Pharmaceutical

Medicaid Physician-Administered Multiple Source Drugs (Continued)

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J9045 Continued	Carboplatin Injection	50mg	Carboplatin	50111-0965-76	PLIVA
			Carboplatin	50111-0966-76	PLIVA
			Carboplatin	50111-0967-76	PLIVA
			Carboplatin	00703-3249-11	SICOR
			Carboplatin	00703-3264-01	SICOR
			Carboplatin	00703-3266-01	SICOR
			Carboplatin	00703-3274-01	SICOR
			Carboplatin	00703-3276-01	SICOR
			Carboplatin	00703-3278-01	SICOR
			Carboplatin	00703-4244-01	SICOR
			Carboplatin	00703-4246-01	SICOR
			Carboplatin	00703-4248-01	SICOR
			Carboplatin	00591-2219-11	Watson Pharmaceuticals
			Carboplatin	00591-2220-11	Watson Pharmaceuticals
			Carboplatin	00591-3687-11	Watson Pharmaceuticals
J9060	Cisplatin Injection	10 mg	Cisplatin	63323-0103-51	American Pharmaceutical Partners
			Cisplatin	63323-0103-64	American Pharmaceutical Partners
			Cisplatin	63323-0103-65	American Pharmaceutical Partners
			Cisplatin	55390-0099-01	Bedford Laboratories
			Cisplatin	55390-0112-50	Bedford Laboratories
			Cisplatin	55390-0112-99	Bedford Laboratories
			Cisplatin	55390-0187-01	Bedford Laboratories
			Cisplatin	55390-0414-50	Bedford Laboratories
			Cisplatin	55390-0414-99	Bedford Laboratories
			Cisplatin	00703-5747-11	SICOR
			Cisplatin	00703-5748-11	SICOR
J9062	Cisplatin Injection	50 mg	Cisplatin	63323-0103-51	American Pharmaceutical Partners
			Cisplatin	63323-0103-64	American Pharmaceutical Partners
			Cisplatin	63323-0103-65	American Pharmaceutical Partners
			Cisplatin	55390-0099-01	Bedford Laboratories
			Cisplatin	55390-0112-50	Bedford Laboratories
			Cisplatin	55390-0112-99	Bedford Laboratories
			Cisplatin	55390-0187-01	Bedford Laboratories
			Cisplatin	55390-0414-50	Bedford Laboratories
			Cisplatin	55390-0414-99	Bedford Laboratories
			Cisplatin	00703-5747-11	SICOR
			Cisplatin	00703-5748-11	SICOR
J9178	Epirubicin HCl Injection	2 mg	Epirubicin	63323-0151-00	American Pharmaceutical Partners
			Epirubicin	63323-0151-05	American Pharmaceutical Partners
			Epirubicin	63323-0151-25	American Pharmaceutical Partners
			Epirubicin	63323-0151-75	American Pharmaceutical Partners
			Epirubicin	55390-0207-01	Bedford Laboratories
			Epirubicin	55390-0208-01	Bedford Laboratories
			Epirubicin	10518-0104-10	Dabur Oncology
			Epirubicin	10518-0104-11	Dabur Oncology
			Epirubicin	61703-0347-35	Mayne Pharma
			Epirubicin	61703-0348-59	Mayne Pharma
			Epirubicin	61703-0359-59	Mayne Pharma
			Epirubicin	61703-0359-01	Mayne Pharma
			Epirubicin	61703-0359-02	Mayne Pharma
			Epirubicin	61703-0359-91	Mayne Pharma
			Epirubicin	61703-0359-92	Mayne Pharma
			Epirubicin	61703-0359-93	Mayne Pharma
			Epirubicin	00009-5091-01	Pfizer
			Epirubicin	00009-5093-01	Pfizer
			Epirubicin	59762-5091-01	Pfizer
			Epirubicin	59762-5093-01	Pfizer
			Epirubicin	00703-3067-11	Sicor
			Epirubicin	00703-3069-11	Sicor

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J9190	Fluorouracil Injection	500 mg	Fluorouracil	63323-0117-10	American Pharmaceutical Partners
			Fluorouracil	63323-0117-20	American Pharmaceutical Partners
			Fluorouracil	63323-0117-51	American Pharmaceutical Partners
			Fluorouracil	63323-0117-61	American Pharmaceutical Partners
			Fluorouracil	66758-0044-01	Parenta Pharm
			Adrucil	00703-3015-13	SICOR
			Adrucil	00703-3018-12	SICOR
			Adrucil	00703-3019-12	SICOR
			Fluorouracil	00187-3953-64	Valeant Pharmaceutical
J9206	Irinotecan Injection	20 mg	Irinotecan	63323-0193-02	American Pharmaceutical Partners
			Irinotecan	63323-0193-05	American Pharmaceutical Partners
			Irinotecan	10019-0934-01	Baxter Healthcare
			Irinotecan	10019-0934-02	Baxter Healthcare
			Irinotecan	10019-0934-17	Baxter Healthcare
			Irinotecan	10019-0934-79	Baxter Healthcare
			Irinotecan	55390-0295-01	Bedford Laboratories
			Irinotecan	55390-0296-01	Bedford Laboratories
			Irinotecan	10518-0103-10	Dabur Oncology
			Irinotecan	10518-0103-11	Dabur Oncology
			Irinotecan	61703-0349-09	Mayne Pharma
			Irinotecan	61703-0349-16	Mayne Pharma
			Irinotecan	61703-0349-36	Mayne Pharma
			Irinotecan	61703-0349-61	Mayne Pharma
			Irinotecan	61703-0349-62	Mayne Pharma
			Camptosar	00009-7529-01	Pfizer
			Camptosar	00009-7529-02	Pfizer
			Irinotecan	59762-7529-01	Pfizer
			Irinotecan	59762-7529-02	Pfizer
			Irinotecan	00781-3066-72	Sandoz
			Irinotecan	00781-3066-75	Sandoz
			Irinotecan	00703-4432-11	SICOR
			Irinotecan	00703-4434-11	SICOR
			Irinotecan	00703-4434-91	SICOR
			Irinotecan	00703-4437-11	SICOR
J9217	Leuprolide Acetate Suspension	7.5 mg	Eligard	00024-0222-05	Sanofi Pharmaceuticals
			Eligard	00024-0605-45	Sanofi Pharmaceuticals
			Eligard	00024-0610-30	Sanofi Pharmaceuticals
			Eligard	00024-0793-75	Sanofi Pharmaceuticals
			Lupron Depot-Ped	00300-2108-01	Tap Pharmaceuticals
			Lupron Depot-Ped	00300-2440-01	Tap Pharmaceuticals
			Lupron Depot	00300-3346-01	Tap Pharmaceuticals
			Lupron Depot	00300-3642-01	Tap Pharmaceuticals
			Lupron Depot	00300-3683-01	Tap Pharmaceuticals
J9265	Paclitaxel Injection	30 mg	Paclitaxel	55390-0314-20	Amerinet Choice
			Paclitaxel	55390-0314-50	Amerinet Choice
			Paclitaxel	00555-1984-14	Barr
			Paclitaxel	00555-1985-14	Barr
			Paclitaxel	55390-0304-05	Bedford Laboratories
			Paclitaxel	55390-0304-20	Bedford Laboratories
			Paclitaxel	55390-0304-50	Bedford Laboratories
			Paclitaxel	55390-0114-05	Bedford Laboratories
			Paclitaxel	55390-0114-20	Bedford Laboratories
			Paclitaxel	55390-0114-50	Bedford Laboratories
			Paclitaxel	55390-0314-05	Bedford Laboratories
			Paclitaxel	55390-0514-05	Bedford Laboratories
			Paclitaxel	55390-0514-20	Bedford Laboratories
			Paclitaxel	55390-0514-50	Bedford Laboratories
			Onxol	00172-3753-77	Ivax Pharmaceuticals
			Onxol	00172-3753-96	Ivax Pharmaceuticals
			Onxol	00172-3754-73	Ivax Pharmaceuticals
			Onxol	00172-3754-94	Ivax Pharmaceuticals
			Onxol	00172-3756-75	Ivax Pharmaceuticals
			Onxol	00172-3756-95	Ivax Pharmaceuticals
			Paclitaxel	61703-0342-09	Mayne Pharma
			Paclitaxel	61703-0342-22	Mayne Pharma
			Paclitaxel	61703-0342-50	Mayne Pharma

Medicaid Physician-Administered Multiple Source Drugs *(Continued)*

HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
J9265	Paclitaxel Injection	30 mg	Taxol	00015-3475-30	Mead Johnson and Co
			Taxol	00015-3476-30	Mead Johnson and Co
			Taxol	00015-3479-11	Mead Johnson and Co
			Paclitaxel	00703-4767-01	SICOR
			Paclitaxel	00703-4766-01	SICOR
J9293	Mitoxantrone HCl Injection	5 mg	Mitoxantrone Hydrochloride	63323-0132-10	American Pharmaceutical Partners
			Mitoxantrone Hydrochloride	63323-0132-12	American Pharmaceutical Partners
			Mitoxantrone Hydrochloride	63323-0132-15	American Pharmaceutical Partners
			Mitoxantrone Hydrochloride	55390-0083-01	Bedford Laboratories
			Mitoxantrone Hydrochloride	55390-0084-01	Bedford Laboratories
			Mitoxantrone Hydrochloride	55390-0085-01	Bedford Laboratories
			Mitoxantrone Hydrochloride	10518-0105-10	Dabur Laboratories
			Mitoxantrone Hydrochloride	10518-0105-11	Dabur Laboratories
			Mitoxantrone Hydrochloride	10518-0105-12	Dabur Laboratories
			Mitoxantrone Hydrochloride	61703-0343-18	Mayne Pharma
			Mitoxantrone Hydrochloride	61703-0343-65	Mayne Pharma
			Mitoxantrone Hydrochloride	61703-0343-66	Mayne Pharma
			Mitoxantrone Hydrochloride	15210-0403-35	OTN Pharmaceuticals
			Mitoxantrone Hydrochloride	15210-0403-36	OTN Pharmaceuticals
			Mitoxantrone Hydrochloride	15210-0403-37	OTN Pharmaceuticals
			Novantvone	44087-1520-01	Serono Inc
			Mitoxantrone Hydrochloride	00703-4680-01	Sicor
			Mitoxantrone Hydrochloride	00703-4680-91	Sicor
			Mitoxantrone Hydrochloride	00703-4685-01	Sicor
			Mitoxantrone Hydrochloride	00703-4685-91	Sicor
			Mitoxantrone Hydrochloride	00703-4686-01	Sicor
			Mitoxantrone Hydrochloride	00703-4686-91	Sicor
			Mitoxantrone Hydrochloride	00703-4680-01	Sicor
J9390	Vinorelbine Tartrate Injection	10 mg	Vinorelbine Tartrate	63323-0148-01	American Pharmaceutical Partners
			Vinorelbine Tartrate	63323-0148-05	American Pharmaceutical Partners
			Vinorelbine Tartrate	55390-0069-01	Bedford Laboratories
			Vinorelbine Tartrate	55390-0070-01	Bedford Laboratories
			Vinorelbine Tartrate	55390-0267-01	Bedford Laboratories
			Vinorelbine Tartrate	55390-0268-01	Bedford Laboratories
			Vinorelbine Tartrate	61703-0341-06	Mayne Pharma
			Vinorelbine Tartrate	61703-0341-09	Mayne Pharma (USA)
			Vinorelbine Tartrate	66758-0045-01	Parenta Pharmaceuticals
			Vinorelbine Tartrate	66758-0045-02	Parenta Pharmaceuticals
			Vinorelbine Tartrate	64370-0210-01	Pierre Fabre
			Vinorelbine Tartrate	64370-0250-01	Pierre Fabre
			Vinorelbine Tartrate	00703-4182-01	SICOR
			Vinorelbine Tartrate	00703-4182-81	SICOR
			Vinorelbine Tartrate	00703-4182-91	SICOR
			Vinorelbine Tartrate	00703-4183-01	SICOR
			Vinorelbine Tartrate	00703-4183-81	SICOR
			Vinorelbine Tartrate	00703-4183-91	SICOR

Appropriate Utilization of Dispense As Written (DAW) Codes

Dispense As Written (DAW) product selection codes are an integral part of accurate billing to the Alabama Medicaid Agency and provide the agency with the reason why a specific brand or generic is dispensed based on the prescriber's instructions. Failure to accurately use DAW codes results in misinformation to the Pharmacy program and its decision making process. Misinformation on claims may also result in retrospective pharmacy review and/or recoupment. Inaccurate usage of DAW codes is among one of the discrepancies found during an audit and is one of the Primary Pharmacy Audit Components listed in the Provider Billing Manual Section 27.2.5. The following codes are the various DAW codes available to the Alabama Medicaid Pharmacy program with explanations that have been taken from the National Council on Prescription Drug Programs (NCPDP) version 5.1 data dictionary for field 408-D8 Product Selection Codes. Providers should utilize the correct codes based upon the information submitted on the prescription and the prescriber's signature.

Ø=No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed.

1=Substitution Not Allowed by Prescriber - This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written.

2=Substitution Allowed-Patient Requested Product Dispensed - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. (Not permitted by Alabama Medicaid)

3=Substitution Allowed-Pharmacist Selected Product Dispensed - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.

4=Substitution Allowed-Generic Drug Not in Stock - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.

5=Substitution Allowed-Brand Drug Dispensed as a Generic - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity.

6=Override (Not permitted by Alabama Medicaid)

7=Substitution Not Allowed-Brand Drug Mandated by Law - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace.

8=Substitution Allowed-Generic Drug Not Available in Marketplace - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.

9=Other (Not permitted by Alabama Medicaid)

To indicate instructions to the dispensing pharmacy, a physician simply signs the prescription in a manner specified by prevailing law to indicate to a providing pharmacy whether or not generic substitution is allowed. Effective May 1, 2008 an override form and Medwatch 3500 form is required in order to medically justify a provider's reason for requesting a branded product when an exact generic equivalent is available. DAW overrides and the Medwatch 3500 form should be submitted to Health Information Designs. For more information or administrative questions regarding the DAW requirements, providers may call the Pharmacy Services unit at (334) 242-5050.

Sterilization Claim & Primary Surgeon's Responsibility

It is the responsibility of the performing surgeon to submit a copy of the sterilization consent form to EDS. Providers other than performing surgeon should not submit a copy of consent form to EDS. Receipt of multiple consent forms slows down the consent from review process and payment of claims. Therefore, please do not forward copies of completed consent forms to other providers for submission to EDS.

When the claim for the sterilization procedure is submitted to EDS, the claim will suspend in the system for 21 days waiting for the approved consent form to be entered. The Saturday after the claim is keyed into the system, it will check to see if the consent form has been entered. It will check the system each Saturday, up to 21 days, for the approved consent form. After the 21st day, the claim will deny for no consent form on file. If the approved consent form is found in the system during the 21 days, it will process the claim on the Saturday it finds the form.

Sterilization Consent Form

The provider must submit a copy of the recipient's signed sterilization consent form to EDS. EDS will **NOT** pay any claims to ANY provider until a correctly completed appropriate form is on file at EDS. **All blanks on the consent form must be appropriately completed before Medicaid pays the provider for the sterilization procedure.** The only exception is the "Race and Ethnicity," and the "Title of the person obtaining consent" designation which is optional. Clarification of the completion of the sterilization consent form reflecting CMS regulations and Alabama Medicaid policy (refer to the current Appendix C of the Alabama Medicaid Provider Manual and 42CFR50 Revised October 1, 2001) located on *www.medicaid.alabama.gov*.

Essure Method of Sterilization Guidelines

The Essure method of sterilization is restricted to Prior Approval and **also requires a sterilization consent form**. As a reminder the criteria for prior approval are as follows:

This procedure must be performed in an outpatient setting and the patient must meet one of the following criteria:

- Morbid obesity (BMI of 45 or greater)
- Abdominal mesh that mechanically interfaces with laparoscopic tubal ligation sterilization procedures
- Permanent colostomy with documented adhesions
- Multiple abdominal/pelvic surgeries with documented severe adhesions
- Artificial heart valve requiring continuous anticoagulation
- Other severe medical problems that would be a contraindication to laparoscopic tubal ligation procedures based on medical documentation submitted.

Sterilization Consent Form

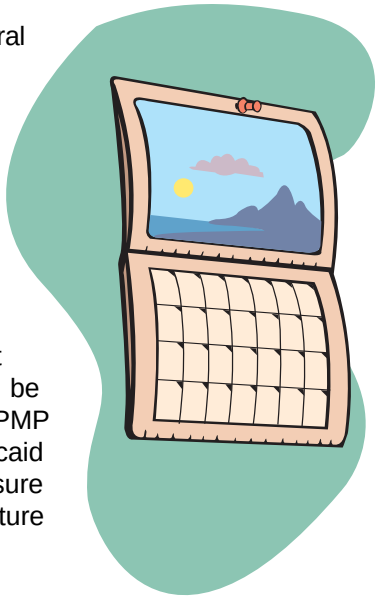
Most frequent causes of claims having to be returned for correction:

1. Patient's date of birth not the same on the claim and consent form.
2. Expected date of delivery not provided when the sterilization procedure is performed less than the required 30-day waiting period.
3. Expected date of delivery is recorded but indicator for premature delivery or emergency surgery is not checked.
4. All blanks not appropriately completed.
5. Physician's stamp signature not initialed by physician.
6. Date of sterilization not the same on the claim and on the consent form
7. Legibility of dates and signatures.
8. Facility name not on the consent form.

Reasons consent forms and associated claims will be denied:

1. Missing recipient signature
2. Missing or invalid date of recipient signature, including less than 30 days prior to procedure
3. Recipient under age 21 on date consent form was signed
4. Missing signature of person obtaining consent
5. Missing or invalid date of person obtaining consent, including date of procedure, or any later date
6. Missing interpreter signature (if one was used)
7. Legibility of dates and signatures.
8. Missing or invalid date of interpreter, including any date other than the date the recipient signed (if one was used)

Indicating Correct NPI on Referral Forms



When a recipient is assigned to a PMP and must be referred to another provider, the referral should indicate the NPI number of the ASSIGNED PMP. The referral should follow the recipient to the consulting provider and if cascading, should follow the recipient to any other providers the recipient receives services from based on the original referral.

There are occasions which allow recipients assigned to clinics that operate under one organization to obtain services at other "sister" clinics within that organization. If this is the case, it is essential for the "sister" clinic providing the service to indicate the NPI number of the clinic where the recipient is assigned and not their own NPI number. While seeing one another's recipients is acceptable it is recommended steps be taken to assign recipients to the clinic where the majority of their services will be obtained.

Coordination of care through the referral process is an important component of the Patient 1st Program. The appropriateness, duration and comprehensiveness of referrals are to be determined by the Primary Medical Provider (PMP). Additionally, it is the responsibility of the PMP to complete and submit the referral form correctly and in a timely manner. Verifying Medicaid eligibility and current PMP assignments will assist providers in completing referrals and ensure those referrals received are from the assigned PMP. This should lessen the chances of future claims denying due to incorrect referrals.

Providers Must Screen for Excluded Individuals

The HHS Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all Federal health care programs (as defined in section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.

When the HHS-OIG has excluded a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. (Section 1903(i)(2) of the Act; and 42 CFR section 1001.1901(b)) This payment ban applies to any items or services reimbursable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- All methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system
- Payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program
- Payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded. (42 CFR section 1001.1901(b))

The listing below sets forth some examples of types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not reimbursable:

- Services performed by excluded nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency or physician practice, where such services are related to administrative duties, preparation of surgical trays or review of treatment plans if such services are reimbursed directly or indirectly (such as through a pay per service or a bundled payment) by a Medicaid program, even if the individuals do not furnish direct care to Medicaid recipients;
- Services performed by excluded pharmacists or other excluded individuals who input prescription information for pharmacy billing or who are involved in any way in filling prescriptions for drugs reimbursed, directly or indirectly, by a Medicaid program;
- Services performed by excluded ambulance drivers, dispatchers and other employees involved in providing transportation reimbursed by a Medicaid program, to hospital patients or nursing home residents;

(Continued on page 7)

Providers Must Screen for Excluded Individuals (Continued from page 6)

- Services performed for program recipients by excluded individuals who sell, deliver or refill orders for medical devices or equipment being reimbursed by a Medicaid program;
- Services performed by excluded social workers who are employed by health care entities to provide services to Medicaid recipients, and whose services are reimbursed, directly or indirectly, by a Medicaid program;
- Services performed by an excluded administrator, billing agent, accountant, claims processor or utilization reviewer that are related to and reimbursed, directly or indirectly, by a Medicaid program;
- Items or services provided to a Medicaid recipient by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid program; and
- Items or equipment sold by an excluded manufacturer or supplier, used in the care or treatment of recipients and reimbursed, directly or indirectly, by a Medicaid program.

To further protect against payments for items and services furnished or ordered by excluded parties, all current providers and providers applying to participate in the Medicaid program **must** take the following steps to determine whether their employees and contractors are excluded individuals or entities:

- Screen all employees and contractors to determine whether any of them have been excluded. Providers can accomplish this by searching the exclusion list located on the Alabama Medicaid Agency's website. Providers must check the list prior to hiring staff and again monthly to ensure that existing staff have not been excluded from participation in the program since the last search.
- Search the HHS-OIG website by the names of any individual or entity. Providers must search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search.
- Providers must immediately report to Medicaid's Program Integrity Division any exclusion information discovered.

Civil monetary penalties may be imposed against Medicaid providers and managed care entities (MCEs) who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients. (Section 1128A(a)(6) of the Act; and 42 CFR section 1003.102(a)(2)).

Where Providers Can Look for Excluded Parties

The HHS-OIG maintains the List of Excluded Individuals/Entities (LEIE), a database accessible to the general public that provides information about parties excluded from participation in Medicare, Medicaid, and all other Federal health care programs. The LEIE website is located at *http://www.oig.hhs.gov/fraud/exclusions.asp* and is available in two formats. The on-line search engine identifies currently excluded individuals or entities. When a match is identified, it is possible for the searcher to verify the accuracy of the match using a Social Security Number (SSN) or Employer Identification Number (EIN). The downloadable version of the database may be compared against an existing database maintained by a provider. However, unlike the on-line format, the downloadable database does not contain SSNs or EINs.

Additionally, Medicaid maintains an exclusion list, pursuant to 42 CFR section 1002.210, which include individuals and entities whom the State has barred from participating in State government programs. The exclusion list is located on the Medicaid website under the Fraud/Abuse Prevention tab. A link to the LEIE website is also available under the Fraud/Abuse Prevention tab. Providers are obligated to routinely search these lists.

State Fiscal Year 2009-2010 Checkwrite Schedule

04/03/09	07/10/09
04/17/09	07/24/09
05/01/09	08/07/09
05/15/09	08/21/09
06/05/09	09/04/09
06/19/09	09/11/09

Clarification Concerning Billing NDCs for HCPCS Drug Code

When a patient receives two injections of the same drug from different vials (different sizes), there are two different NDCs. The provider will need to include the unit of measure, the unit quantity, and the unit price for each NDC.

Claims for multiple NDCs to one HCPCS drug code, must be filed electronically and cannot be filed on paper.

When billing for a single NDC to HCPCS drug code, then the provider does not have to include the unit of measure, the unit quantity, and the unit price for the NDC.

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up to date information.

EDS
Alabama Medicaid Bulletin
Post Office Box 244032
Montgomery, AL 36124-4032

PRSRT STD
U.S. POSTAGE
PAID
PERMIT # 77
MONTGOMERY AL