

Date: 7/27/2022

Medi-Cal

Important Provider Notice: #447

Subject: New HCPCS Codes Replacing J3490 and J3590 – Effective 7/5/2022

The following HCPCS codes are valid effective for dates of service on and after 7/5/22, replacing code J3490 and J3590:

Reimbursable <u>without a TAR</u> , effective 7/5/22,.		
HCPCS Code	Desc	Additional Notes
S0170	Anastrozole, Oral, 1mg	
S0171	Bumetanide, Injection, 0.5 mg	
S0169	Calcitrol, Oral, 0.25 mcg	
J8540	Dexamethasone, Oral, 0.25 mg	
Q0163	Diphenhydramine HCL 50 mg Oral, For Use as Antiemetic at Time of Chemotherapy Treatment	For indications other than stated in the code description, use J3490.
S0028	Famotidine, Injection, 20 mg	
J1450	Fluconazole, Injection, 200 mg	14-day treatment duration limit will be implemented January 1, 2023.
Q0177	Hydroxyzine Pamoate, oral, 25mg	
J1956	Levofloxacin, Injection, 250 mg	14-day treatment duration limit will be implemented January 1, 2023.
J8610	Methotrexate Oral 2.5 mg	
J7509	Methylprednisolone Oral per 4 mg	
S0030	Metronidazole, Injection, 500 mg	10-day treatment duration limit will be effective January 1, 2023.
Q0162	Ondansetron, Oral, per 1 mg	PHC is accepting Q0162 for all indications at this time (it is not limited to the CMS code description for prevention/treatment of chemotherapy-induced N/V).
J7510	Prednisolone, Oral per 5mg	
J7512	Prednisone, Oral, per 1 mg (includes immediate and delayed release)	
S0183	Prochlorperazine Maleate, Oral, 5 mg	S0183 is intended for uses other than treatment or prevention of chemotherapy-induced N/V.

Q0164	Prochlorperazine Maleate, Oral, 5mg, For Use as Antiemetic at Time of Chemotherapy Treatment	For indications other than stated in the code description, use S0183.
Q0169	Promethazine HCl, Oral, 12.5mg Oral, For Use as Antiemetic at Time of Chemotherapy Treatment	For indications other than stated in the code description, use J3490.
S0187	Tamoxifen, Oral, 10 mg	
Reimbursable with an approved TAR, effective 7/5/22		
S5010	5% Dextrose and 0.45% Saline	
J7620	Albuterol (2.5 mg) /Ipratropium (0.5 mg), Inhalation, non-compounded FDA-approved final product (Duoneb), administered through DME	
J7308	Aminolevulinic Acid HCl, for Topical Admin. 20% Single Unit Dose 354 mg	
J0280	Aminophyllin, Injection, up to 250 mg	
J0282	Amiodarone HCL, Injectin, 30 mg	
J0295	Ampicillin Sodium/Sulbactam Sodium, Injection, per 1.5 gm	
J7511	Antithymocyte Globulin Rabbit, 25 mg	
J0364	Apomorphine Hydrochloride, 1 mg	
J8501	Aprepitant, Oral, 5 mg	
J7501	Azathioprine - Parenteral, Vial, 100 mg	
S0073	Aztreonam, Injection, 500 mg	
S0157	Becaplermin Gel 1%, 0.5 gm (Regrenex)	
J7622	Beclomethasone, Compounded Inhalation Solution, unit dose form administered through DME, 1 mg	
C9257	Bevacizumab Injection, 0.25 mg (Avastin)	
J0583	Bivalirudin, Injection, 1 mg	
90287	Botulinum Antitoxin, Equine	
J7626	Budesonide Inhalation Sol., Admin Through DME, up to 0.5 mg (Pulmicort Respules)	
J0594	Busulfan Injection, 1 mg	
J8515	Cabergoline, Oral 0.25mg	
J0706	Caffeine Citrate Injection, 5 mg	

J0610	Calcium Gluconate, Injection, per 10 ml	
J8520	Capecitabine, Oral, 150 mg	
J8521	Capecitabine, Oral, 500 mg	
J0637	Caspofungin Acetate, Injection, 5 mg	
J0692	Cefepime HCl for Injection, 500 mg	
S0074	Cefotetan Disodium, Injection, 500 mg	
J0713	Ceftazidime, Injection, per 500 mg	
J0695	Ceftolozan 50 mg and Tazobactam 25 mg IV	
J0697	Cefuroxime, Injection, per 750 mg	
J0743	Cilastin Sodium, Injection (Imipenem) per 250 mg.	
J0744	Ciprofloxacin IV 200 mg	
C9248	Clevidipine Butyrate, Injection, 1 mg	
C9046	Cocaine HCl Nasal Solution, 1 mg	
J0770	Colistimethate Sodium, Injection, up to 150 mg	
J0800	Corticotropin, Injection, up to 40 IU	
J8530	Cyclophosphamide, Oral, 25 mg	
J1645	Dalteparin Sodium, Injection, per 2500 IU	
J2597	Desmopressin Acetate, Injection, per 1 mcg	
J1190	Dexrazoxane Hydrochloride, Injection, per 250 mg	
S0160	Dextroamphetamine, 5 mg (Oral) (Dexedrine)	
J1240	Dimenhydrinate, Injection, up to 5 mg	
J1245	Dipyridamole, Injection, per 10mg	
J1212	Dmsso, Dimethyl Sulfoxide, Injection, 50 ml (Rimso-50)	
Q0167	Dronabinol 2.5mg Oral	
J0600	Edetate Calcium Disodium, Injection, up to 1000 mg	
S0155	Epoprostenol Dilutant	
J1325	Epoprostenol, Injection, 0.5 mg	
J1327	Eptifibatide, Injection, 5mg	
J1438	Etanercept, Injection, 25mg	
J1430	Ethanolamine Oleate, Injection, 100 mg	
J8560	Etoposide Oral 50 mg	

J1443	Ferric Pyrophosphate Citrate Solution, Injection, 0.1 mg of Iron	
S0138	Finasteride, 5 mg (Oral) (Proscar equivalent NDCs only, <i>not Propecia</i>)	
J1652	Fondaparinux Sodium, Injection, 0.5 mg	
Q2009	Fosphenytoin, Injection, 50 mg Phenytoin Equivalent	
J1570	Ganciclovir Sodium, Injection, 500 mg	
J8565	Gefitinib, oral, 250 mg	
J1595	Glatiramer Acetate, Injection, 20 mg	
J3473	Hyaluronidase Recombinant, Injection, 1 USP Unit	
J3471	Hyaluronidase, Injection, Ovine, per 1 USP Unit	
J3470	Hyaluronidase, Injection, up to 150 IU	
J7329	Hyaluronon or Derivative, Trivisc, for Intra-articular Injection, 1 mg	
J1980	Hyoscyamine Sulfate, Injection, up to 0.25 mg	
J1742	Ibutilide Fumarate, Injection, 1 mg	
J9211	Idarubicin HCl, Injection, 5mg	
Q4074	Iloprost, Inhalation Solution, FDA-approved Final Product, Non-compounded, administered through DME, unit dose form, 20 mcg (Ventavis)	
J1817	Insulin For Insulin Pump Use per 50 Units	
S5550	Insulin Rapid (glisine), 5 IU	
S5552	Insulin, Intermediate (NPH or Lente), 5 IU	
S5553	Insulin, Long Acting (detemir/glargine/glargine-yfgn/degludec), 5 IU	
S5551	Insulin, Most Rapid (lispro, aspart), 5 IU	
J9215	Interferon Alfa-N3 (Human Leukocyte Derived), 250,000 IU	
Q3028	Interferon Beta-1a, 1 mcg for Subcutaneous Injection, 1 mcg (Rebif)	

Q3027	Interferon Beta-1a, IM, 1 mcg (Avonex)	
J1830	Interferon Beta-1B, Injection, per 0.25 mg (Betaseron, Extavia)	
J7644	Ipratropium Bromide, Inhalation Soln, FDA-approved Final Product, Non-compounded, Administered Thru DME, Unit Dose Form, per 1 mg (Atrovent)	
J1833	Isavuconazonium, Injection, 1 mg	
J9218	Leuprolide Acetate, per 1 mg. (Non-depot)	
J7612	Levalbuterol Concentrated 0.5 mg	
J7614	Levalbuterol, Inhalation Solution, FDA-approved Final Product, Non-Compounded, Administered Through DME, Concentrated Form, 0.5 mg	
J1955	Levocarnitine, Injection, per 1 gm	
J2020	Linezolid Injection, 200 mg	
J7504	Lymphocyte Immune Globulin, Antity 250 mg (Atgam)	
J2170	Mecasermin Injection, 1 mg	
S0179	Megestrol , oral, 20 mg	
J8600	Melphalan Oral 2 mg	
S0108	Mercaptopurine 50 mg, Oral (Tab)	
J2185	Meropenem, Injection, 100 mg	
J7674	Methacholine Chloride administered as Inhalation Solution Through a Nebulizer, per 1 mg	
S0109	Methadone Oral 5mg (Concentrate, Tab, Soln)	
J9250	Methotrexate Sodium, Injection, 5 mg	
J2212	MethylNaltrexone, Injection, 0.1 mg	
J2260	Milrinone Lactate, Injection, per 5 mg	
S0139	Minoxidil, Oral, 10 mg	
S0093	Morphine, Injection, 500 mg (Loading Dose For Infusion Pump)	
J2280	Moxifloxacin, Injection, 100 mg	
J7517	Mycophenolate Mofetil, Oral, 250 mg	
J7518	Mycophenolic Acid, Oral, 180 mg	
J8655	Netupitant 300 mg and Palonosetron 0.5 mg, Oral	

J9262	Omacetaxine Mepesuccinate, Injection, 0.01 mg (Synribo)	
S0119	Ondansetron 4 mg (Oral Soln, Tab, ODT)	Note that Q0162 is PHC's preferred code (no TAR required) and should be used in place of S0119.
C9113	Pantoprazole Sodium, Injection, per Vial	Note that all injectable NDCs currently available are 40 mg powder vials. S0164 (pantoprazole sodium injection, 40 mg) is essentially an equivalent code, but without a TAR requirement for S0164. Reimbursement is the same for both codes.
J2440	Papaverine HCL, Injection, up to 60 mg	
J2502	Pasireotide Long Acting, Injection, 1 mg	
J2545	Pentamidine Isethionate, Inhalation Solution, FDA-approved Final Product, Non-compounded, Administered Through DME, Unit Dose Form, per 300 mg	
J9268	Pentostatin, Injection, per 10 mg	
J2543	Piperacillin (1g)/Tazobactam (0.125g) -- billed as per total dose of 1.125 g combined per unit.	
J9600	Porfimer Sodium, 75 mg (Photofrin)	
J2730	Pralidoxime Chloride, Injection, up to 1 gm	
J3415	Pyridoxine HCl, Injection, 100 mg	
J2770	Quinupristi (150 mg)/Dalfopristin (350 mg), Injection, billed as 500 mg per unit (Total Of The Two Components)	
J2783	Rasburicase, 0.5 mg	
J7677	Revefenacin Inhalation Solution, FDA-approved, Non-compounded, Administered Through DME, 1 mcg	
J2795	Ropivacaine HCl, Injection, 1 mg	
S4995	Smoking Cessation Gum	
J2941	Somatropin, Injection, 1 mg	
J3000	Streptomycin, Injection, up to 1 gm	
S0039	Sulfamethoxazole & Trimethoprim, Injection, 10 ml	
J3030	Sumatriptan Succinate, Injection, 6 mg	

J7508	Tacrolimus, Extended Release, (Astagraf XL), Oral, 0.1 mg	
J7503	Tacrolimus, Extended Release, (Envarsus XR), Oral, 0.25 mg	
J8700	Temozolomide, Oral, 5 mg	
J3101	Tenecteplase, Injection, 1 mg	
J3110	Teriparatide, Injection, 10 mcg	
J3121	Testosterone Enanthate, Injection, 1 mg	
J3411	Thiamine HCl, Injection, 100mg	
J3246	Tirofiban HCL, Injection, 0.25 mg	
J7682	Tobramycin, Inhalation Solutions, FDA-approved, Non-compounded, Unit Dose Form, Administered Through DME, per 300 mg	
J8705	Topotecan, Oral, 0.25 mg	
J7686	Treprostinil, Inhalation Solution, FDA-approved, Non-compounded, Unit Dose Form, Administered Through DME, 1.74 mg	
J3250	Trimethobenzamide HCl, Injection, up to 200 mg	
J3465	Voriconazole, Injection, 10 mg	
S0104	Zidovudine, Oral, 100 mg	

For further information regarding this process, please contact the PHC Claims Department at (707) 863-4130.