

Date: 10/14/2022

PHC Medi-Cal

Important Provider Notice: # 449

Subject: Removal of TAR requirements on selected codes

Effective immediately, the TAR requirement has been removed from the following drug billing codes for dates of service 7/5/22 and later. Please inform your billing and prior authorization departments of this change.

TAR No Longer Required for Dates of Service on/after 7/5/2022			
Class	HCPCS Code	HCPCS Desc	Additional Notes
Antibiotics	J0295	Ampicillin Sodium/Sulb injection, per 1.5 gm	
	S0073	Aztreonam injection, 500 mg	
	J0692	Cefepime HCl inj., 500 mg	
	S0074	Cefotetan disodium inj., 500 mg	
	J0713	Ceftazidime inj., 500 mg	
	J0697	Cefuroxime inj., 750 mg	
	J0744	Ciprofloxacin IV, 200 mg	
	J2543	Piperacillin/Tazobactam 1g/0.125g	Billed as 1 unit being a combined total of 1.125 g (1g piperacillin + 0.125g tazobactam)
	S0039	SMZ/TMP injection, 10 ml	
Antivirals	J3000	Streptomycin inj., 1 g	
	J1570	Ganciclovir inj., 500 mg	
Antineoplastic Agents	S0104	Zidovudine, oral, 100 mg	
	C9257	Bevacizumab (Avastin), 0.25 mg	Limited to eye specialties (ophthalmology and optometry) for intraocular injections without a TAR. TAR required for oncology and other uses (biologics preferred for non-ophthalmic indications).
	J8520	Capecitabine, oral, 150 mg	
	J8521	Capecitabine, oral, 500 mg	
	J8560	Etoposide, oral, 50 mg	
	J8565	Gefitinib, oral, 250 mg	

Class	HCPCS Code	HCPCS Desc	Additional Notes
Antineoplastic Agents, continued	J9211	Idarubicin HCL, oral, 5mg	
	S0179	Megestrol acetate, oral, 20 mg	
	J8600	Melphalan, oral, 2 mg	
	S0108	Mercaptopurine, oral, 50 mg	
	J9250	Methotrexate sodium inj., 5 mg	
	J8700	Temozolomide, oral, 5 mg	
Cardiovascular Agents	J0282	Amiodarone HCl inj., 30 mg	
	J2260	Milrinone lactate inj., 5 mg	
	S0139	Minoxidil, oral, 10 mg	
Endocrine Agents	J8515	Cabergoline, oral 0.25mg	
	S5551	Insulin, most rapid, per 5 insulin units	Limited to 40 HCPCS units (200 units of insulin) per date of service
	S5550	Insulin rapid, per 5 insulin units	***** Please Note regarding insulin claims *****
	S5552	Insulin, intermediate, per 5 insulin units	Each billing code unit is equivalent to <u>5 insulin units</u> . This means that for every 5 units of insulin administered, only 1 HCPCS billing code should be claimed.
	S5553	Insulin, long-acting, per 5 insulin units	Example: A dose of 20 units of insulin should be submitted as a claim for 4 HCPCS units.
Gastrointestinal Agents	J8501	Aprepitant, oral, 5 mg	
	J1240	Dimenhydrinate inj., 5 mg	
	J8655	Netupitant 300 mg and palonosetron, oral, 0.5 mg (Akynzeo™)	Must have claim for chemotherapy on same date of service; limited to 1 per day.
	S0119	Ondansetron, oral, per 4 mg (soln, tab, ODT)	
	C9113	Pantoprazole sodium inj., per vial	
Hematological Agents	J1652	Fondaparinux inj., 0.5 mg	
Hydration, Electrolytes	S5010	Dextrose/Saline 5%/0.45% inj., 1000 ml	
Immunomodulatory Agents	J7517	Mycophenolate mofetil, oral, 250mg (Cellcept)	
	J8530	Cyclophosphamide, oral, 25 mg	
	J7518	Mycophenolic acid (aka mycophenolate sodium), oral 180 mg (Myfortic)	

Class	HCPCS Code	HCPCS Desc	Additional Notes
Neurological	J3030	Sumatriptan succinate injection, 6 mg	
Respiratory	J7620	Albuterol/ipratropium nebulizer soln (albuterol 2.5mg & ipratropium up to 0.5mg) (Duoneb™), per 3 ml unit dose.	
	J0280	Aminophylline inj., 250 mg	
	J7626	Budesonide inhalation sol., admin through DME, per 0.5 mg (Pulmicort Respules™).	
	J7644	Ipratropium bromide, inhalation soln admin thru DME, per 1 mg (Atrovent™)	
	J7614	Levalbuterol nebulizer soln unit dose, 0.5 mg	
Urinary Tract	S0138	Finasteride, oral, 5 mg (Proscar™ only, not Propecia™)	
Vitamins	J3415	Pyridoxine HCl inj., 100 mg	
	J3411	Thiamine HCl inj, 100 mg	

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