# Provider Bulletin

colorado.gov/hcpf

**Reference: B0900264** **March 2009**

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Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201


## All Providers

### Electronic Claim Submissions

Providers are reminded that when submitting electronic claims (batch or interactive), you are attesting that the information contained in those claims is true and accurate. You are further attesting that the services or products referenced in those claims have, in fact, been provided.

Providers should further understand that any false claims, statements, documents, or concealment of material fact may be grounds for termination as a Colorado Medical Assistance Program Provider, and/or may be prosecuted under applicable federal and state laws.

The knowing submission of false claims or the causing of another to submit false claims may subject the persons responsible to criminal charges, civil penalties, and/or forfeitures.

In addition, as provided by the Colorado Medical Assistance Program General Provider Information Manual and Provider Agreement, providers agree to accept the Colorado Medical Assistance Program payment as payment in full for benefit services. Furthermore, Section 26-4-403, Colorado Revised Statute, prohibits providers from billing Colorado Medical Assistance Program clients.

### Medicaid Reform

The Department of Health Care Policy and Financing (the Department) is in the process of redesigning the Colorado Medicaid health care delivery system from a traditional fee-for-service model to a regional, outcomes-focused, whole person-centered, coordinated system of care for every client in fee-for-service Medicaid.

The Accountable Care Collaborative is the first step in Medicaid reform. The Accountable Care Collaborative is envisioned to consist of a statewide data and certification organization and a number of regional care coordination organizations. These organizations will be charged to offer care coordination services and to support the local participating providers in the regions. In exchange for the additional clinical support, providers will be asked to offer increased access to clients (extended office hours, some same-day appointments, etc.) and to begin to use state-supplied health information technology.

A Request for Information (RFI) will be posted in April 2009. The Department welcomes vendors, providers, clients, and other agencies to respond with suggestions for the model. Interested parties may access the RFI on the State of Colorado's "BIDS" Web site. It is not necessary to be registered on the BIDS Web site in order to access the RFI. To find information on the RFI, please visit the BIDS Web site at http://www.gssa.state.co.us/VenSols. On the left of the screen, select "By Agency" and then select "Department of Health Care Policy and Financing". When the RFI has been published, you may obtain the RFI, responses to inquiries, and any other information by selecting the RFI Number.

Please contact Cindi Terra at cindi.terra@state.co.us if you have any questions.

### Colorado Regional Integrated Care Collaborative (CRICC)

The Department is partnering with Kaiser Permanente to implement an additional Colorado Regional Integrated Care Collaborative (CRICC) effective April 1, 2009.

The goal of the CRICC program is to improve the quality of care received by Colorado Medicaid's highest-need, highest-cost fee-for-service clients by better coordinating physical health, mental health, and substance abuse services.

The Kaiser Permanente CRICC program will be available to Medicaid clients living in Jefferson County who are in the following eligibility categories: Aid to the Needy Disabled/Aid to the Blind (AND/AB-SSI) and Old Age Pension – Under Age 65 (OAP-B). The program will exclude: clients 20 and under, dual eligibles, clients receiving Home and Community-Based Services (HCBS) waivers with the exceptions of Persons who are Elderly, Blind and Disabled (EBD) or Persons with Mental Illness (MI).

Eligible clients will be passively enrolled into the program with the opportunity to opt-out. Some of the enhanced benefits to enrollees who choose to stay in the program include: special care coordination teams to coordinate medical and behavioral health needs; doctors' office visits, pharmacy, lab services, x-rays and vision services all in one location; free access to the Kaiser Permanente pharmacy call center and 24/7 nurse line; Kaiser Permanente's health education and wellness classes; access to Kaiser Permanente's member Web site, which allows members to schedule appointments, email their doctors, check test results, and access a myriad of useful health and wellness information.

For more information about this program, please contact Cindi Terra at the Department at Cindi.Terra@state.co.us or Stephanie Denning at Kaiser Permanente at Stephanie.P.Denning@kp.org.

## Ambulatory Surgery Center (ASC) Providers

### Ambulatory Surgery Centers Bulletin (B0900259 - 01/09)

The original ASC bulletin (B0900259 - 01/09) did not include the complete listing of codes in Group 3. The bulletin was updated in February 2009 and now contains the complete list of the Medicaid-approved ASC procedure codes for Group 3. All codes in the bulletin were effective January 1, 2009. The updated bulletin is located in the Provider Services Bulletin section of the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017. We apologize for any inconvenience this may have caused.

### Additional Procedure Codes Allowed

The Department is adding four new codes to the ASC group one list. These four codes are: 92018, ophthalmological examination and evaluation, under general anesthesia; 92019, ophthalmological examination and evaluation, under general anesthesia, limited; 92020, gonioscopy; and 69424, ventilating tube removal requiring general anesthesia.

Please contact Eric Wolf, Hospital Program Coordinator, at 303-866-5963 or by email at eric.wolf@state.co.us if you have any questions.

## Pharmacy Providers

### Fingertip Formulary

Effective immediately, the Colorado Medicaid Preferred Drug List (PDL) is available on the Fingertip Formulary Web site. If you would like to check the coverage status of medications, please go to http://www.fingertipformulary.com.

### PDL Update

Effective April 1, 2009, the following medications will be preferred agents on the Medicaid PDL and will be covered without a prior authorization:

**Growth Hormones:** Norditropin, Genotropin and Tev-Tropin

**Leukotriene Modifiers:** Singulair

**Intranasal Corticosteroids:** Fluticasone, Nasonex and Veramyst

**Ophthalmic Allergy medications:** Cromolyn, Patanol, Pataday and Zaditor

**Statin/Statin Combinations:** Lipitor, Crestor, Pravastatin and Simvastatin

**Sedative/Hypnotics:** Zolpidem, Ambien CR and Rozerem

The complete PDL and prior authorization criteria for non-preferred drugs are posted on the PDL web page at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485609.

## Mail Order Pharmacy Update

Effective April 1, 2009, qualifying Medicaid fee-for-service clients may receive their outpatient maintenance medications from mail order pharmacies. This benefit is being implemented pursuant to Senate Bill 08-090, enacted into law on July 1, 2008. The rules implementing this benefit can be found at 10 C.C.R. 2505-10, Section 8.821.

In order to qualify, a Medicaid client must have a physical hardship that prohibits him or her from obtaining their maintenance medications from a local pharmacy, or the Medicaid client must have third party insurance that requires the use of a mail order pharmacy to obtain their maintenance medications.

If a mail order pharmacy bills a pharmacy claim for a Medicaid client that has not enrolled for the mail order benefit, the claim will be denied. The NCPDP edit that will appear at the point-of-sale is 85 and will include text indicating that the claim did not process. Please note that the claim will be adjudicated and denied. On the Provider Claim Report (PCR), this denial will appear as edit PB85.

A client, or the client's physician, must complete and submit an enrollment form to the Department that attests the client meets one of the qualifying criteria. In the coming weeks, the enrollment form and instructions will be posted on the Pharmacy Benefits section's web page at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485891.

Out-of-state mail order pharmacies will be permitted to enroll as Medicaid providers but may only mail maintenance medications to clients that have enrolled for the mail order pharmacy benefit. For more information on how to enroll as a Medicaid provider, contact ACS Provider Services at 1-800-237-0757.

Local pharmacies, that are not mail order pharmacies, may continue to occasionally mail any type of medication to any Medicaid clients without the clients having to enroll for the mail order pharmacy benefit.

More information will be posted in the April 2009 Provider Bulletin. Please contact the Help desk at 1-800-365-4944 if you have any questions.

# Practitioners

## Fee for service rate adjustments

Effective February 27, 2009, the maximum allowable reimbursement rate for procedure code 90378, Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg (trade name Synagis), was increased to $933.35. Please see the January 2009 Immunization Benefits Bulletin (B0900262) located in the Provider Services Bulletins section of the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017 for additional information regarding Synagis. Providers are reminded to submit their usual and customary charge as the billed amount on all claims for Synagis.

Beginning April 1, 2009, a group of surgical procedure codes currently set as "Manual Price" in the Medicaid Management Information System (MMIS) will receive set reimbursement rates. The procedure codes and rates are as follows:

| | |
|---|---|
| 15757 | $1,686.24 |
| 19367 | $1,294.09 |
| 20969 | $2,052.56 |
| 21010 | $523.19 |
| 21025 | $707.66 |
| 21083 | $1,099.66 |
| 21172 | $1,255.81 |
| 21240 | $803.92 |
| 21355 | $309.97 |
| 21360 | $379.52 |

| | |
|---|---|
| 21421 | $506.82 |
| 21423 | $573.06 |
| 21445 | $518.03 |
| 21465 | $654.91 |
| 21497 | $448.23 |
| 24341 | $515.63 |
| 26546 | $721.39 |
| 29855 | $572.25 |
| 35189 | $1,239.06 |
| 35492 | $290.81 |

| | |
|---|---|
| 35493 | $349.07 |
| 35870 | $994.30 |
| 36834 | $467.14 |
| 41520 | $240.76 |
| 41823 | $292.63 |
| 41830 | $268.66 |
| 41874 | $255.40 |
| 43121 | $1,955.08 |
| 43240 | $287.19 |
| 43752 | $30.13 |

| | |
|---|---|
| 44156 | $1,541.80 |
| 44386 | $265.70 |
| 45113 | $1,338.47 |
| 45562 | $751.76 |
| 49429 | $320.51 |
| 57180 | $108.98 |
| 59070 | $293.52 |
| 67414 | $856.53 |
| 67445 | $930.33 |

Please contact ACS Provider Services at 1-800-237-0757 or 303-534-0146 Monday through Friday, 7:00 a.m. to 6:00 p.m. MT with questions.

## Reminder – Billing Requirements for Physician-Administered Drugs

The Deficit Reduction Act (DRA) of 2005 includes provisions regarding State collection and submission of data for the purpose of collecting Medicaid drug rebates from manufacturers for physician-administered drugs.

Physician-administered drugs are usually billed by providers to Medicaid using Healthcare Common Procedure Coding System (HCPCS) codes beginning with the letters “J”, “Q”, and “S” (ex: J9265 - paclitaxel, 30 mg). Single-source drugs are those that are still on patent and for which no generic competition exists. Multiple-source drugs are those whose patent has expired and for which generic competition now exists.

Providers are required to submit claims for physician-administered single-source drugs and the 20 multiple-source drugs identified by the Centers for Medicare and Medicaid Services (CMS) as having the highest dollar value under the Medicaid program using both HCPCS procedure codes and National Drug Code (NDC) numbers.

The 20 multiple-source drugs identified by CMS as having the highest dollar value under the Medicaid program are as follows:

| Code | Drug |
|---|---|
| J0640 | Leucovorin calcium, 50 mg |
| J0696 | Ceftriaxone sodium, 250 mg |
| J1100 | Dexamethasone sodium phosphate, 1 mg |
| J1260 | Dolasetron mesylate, 10 mg |
| J1631 | Haloperidol decanoate, 50 mg |
| J1885 | Ketorolac tromethamine, 15 mg |
| J2430 | Pamidronate disodium, 30 mg |
| J2550 | Promethazine HCl, up to 50 mg |
| J3010 | Fentanyl citrate, 0.1 mg |
| J7050 | Infusion, normal saline solution, 250 cc |
| J7190 | Factor VIII (antihemophilic factor, human) per IU |
| J7192 | Factor VIII (antihemophilic factor, recombinant) per IU |
| J7644 | Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per milligram |
| J9000 | Doxorubicin HCl, 10 mg |
| J9040 | Bleomycin sulfate, 15 units |
| J9045 | Carboplatin, 50 mg |
| J9060 | Cisplatin, powder or solution, 10 mg |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg |
| J9265 | Paclitaxel, 30 mg |
| J9390 | Vinorelbine tartrate, 10 mg |

All physician, EPSDT, and Medicare Part B crossover claims for physician-administered single-source and the 20 multiple-source drugs listed above must be submitted using both HCPCS procedure codes and NDC numbers when using the electronic 837P (Professional) claim format. Claims submitted for these drugs using only HCPCS codes or only NDC numbers will be denied. Please check the drug packaging to ensure that correct NDC numbers are submitted with the HCPCS procedure codes. Claims submitted with NDC numbers that do not correspond to the HCPCS codes will be denied.

Attachment A of this bulletin contains a list of the top 20 multiple-source drugs and corresponding NDC numbers that were effective January 1, 2009. Since the CMS list of the top 20 multiple-source drugs may be modified occasionally to reflect changes in cost and volume, it is recommended that providers routinely submit both HCPCS and NDC numbers on all claims for physician-administered drugs, regardless of whether the drug is a single-source drug or is included on the list of top 20 multiple-source drugs above.

Please contact Provider Services at 1-800-237-0757 or 303-534-0146 Monday through Friday, 7:00 a.m. to 6:00 p.m. MT with questions.

## Corrections to February 2009 Bulletin (B0900263)

The incorrect address for mailing CFMC PARs was printed in the February 2009 bulletin. The correct mailing address for CFMC PARs is:

CFMC
23 Inverness Way East, Suite 100
Englewood, CO 80112-5708

The correct phone number for making NEMT arrangements through LogistiCare is 1-800-284-5150. These corrections have been made to bulletin B0900263 which is available in the Provider Services Bulletins section of the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542321017.

# March and April 2009 Denver Provider Billing Workshops

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of Colorado Medical Assistance Program billing procedures.

The March and April 2009 workshop calendars are included with this bulletin and are posted in the Provider Services Training & Workshops section of the Department's Web site at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697160.

### Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should consider attending the appropriate workshops.

### Reservations are required

Reservations are necessary for ***all workshops***.

Email reservations to: workshop.reservations@acs-inc.com **Or** Call Provider Services to make reservations: 1-800-237-0757 or 303-534-0146

Press "**5**" to make your workshop reservation. You must leave the following information:

- Colorado Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

Without all of the requested information, your reservation will not be processed successfully. Your confirmation will be mailed to you within one (1) week of making your reservation.

If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Provider Relations Representative.

**All Workshops held in Denver are located at:**
**ACS**
**Denver Club Building**
**518 17th Street, 4th floor**
**Denver, Colorado 80202**

**Beginning Billing Class Description**

These classes are for new billers, billers who would like a refresher, and billers who would like to network with other billers about the Colorado Medical Assistance Program. Currently, the class covers in-depth information on resources, eligibility, timely filing, reconciling remittance statements, and paper claim completion for the UB-04 and the Colorado 1500. *These classes do **not** cover any specialty billing information.* The fiscal agent provides specialty training throughout the year in their Denver office.

***The classes do not include any hands-on computer training.***

**Enrollment Application Workshop Description**

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application.

Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

## Specialty Classes Descriptions

### Audiology

This class is for billers using the Colorado 1500/837P claim format for audiology services. The class covers billing procedures, common billing issues, and guidelines specifically for Audiologists.

### Dialysis

This class is for billers who bill for Dialysis services on the UB-04/837I and/or the Colorado 1500/837P claim format(s). The class covers billing procedures, common billing issues, and guidelines specifically for dialysis providers.
(This is not the class for Hospitals – please refer to the Training & Workshop web page)

### HCBS-EBD/PLWA/MI

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues, and guidelines specifically for the following provider types:
HCBS-EBD HCBS-PLWA HCBS-MI

### HCBS-BI

This class is for billers using the Colorado 1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications, and personal care. The class covers billing procedures, common billing issues, and guidelines specifically for HCBS-BI providers.

### Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues, and guidelines specifically for Home Health providers.

### Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers, and guidelines specifically for Nursing Facility providers.

## Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

**Take I-25** toward **Denver**
Take exit **210A** to merge onto **W Colfax Ave (40 E),** 1.1 miles
Turn **left** at **Kalamath St,** 456 ft.
Continue on **Stout St,** 0.6 miles
Turn **right** at **17th St,** 0.2 miles

ACS is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

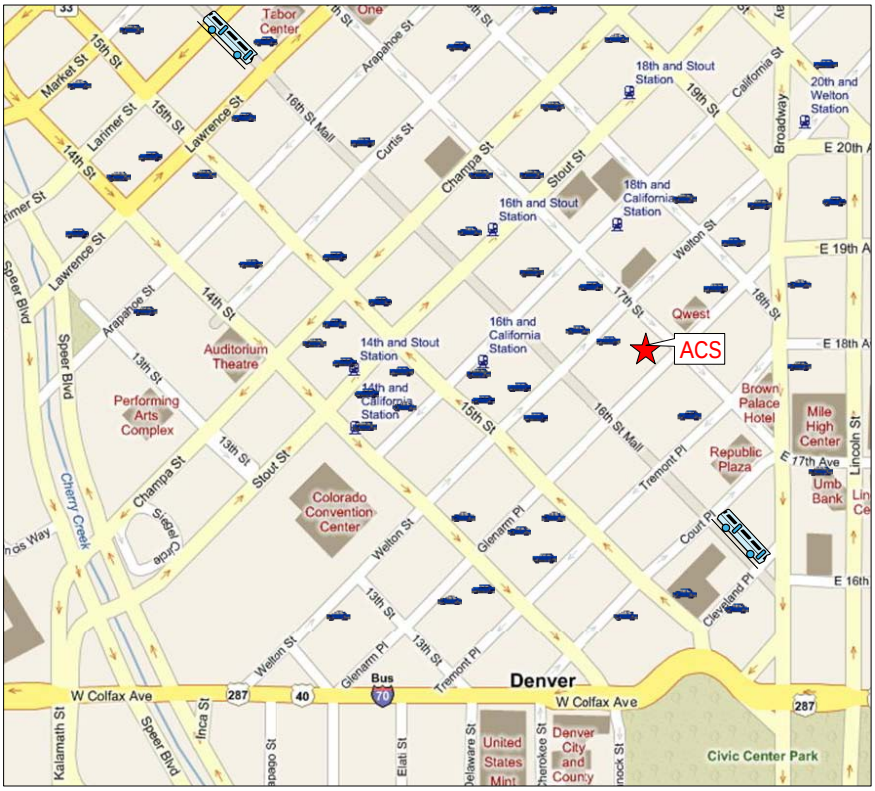
**Parking:** Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.

= Light Rail Station: A Light Rail map is available at:
http://www.rtd-denver.com/LightRail/lrmap.htm

= **Free** MallRide: MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

= Commercial parking lots: Lots are available throughout the downtown area. The daily rates are between $5 and $20.



## March 2009

| Sun | Monday | Tuesday | Wednesday | Thursday | Friday | Sat |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | **10**<br>Beginning Billing – Colorado 1500/837P 9:00AM-2:00PM<br>Audiology 3:00PM-4:30PM | **11** | **12**<br>Beginning Billing – UB-04/837I 9:00AM-2:00PM | **13**<br>Home Health 9:00AM-11:30AM | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

## April 2009

| Sun | Monday | Tuesday | Wednesday | Thursday | Friday | Sat |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | **7**<br>Beginning Billing – Colorado 1500/837P 9:00AM-2:00PM | **8**<br>Provider Enrollment 9:00AM – 12:00PM | **9**<br>Beginning Billing – UB-04/837I 9:00AM-2:00PM | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | **21**<br>HCBS-EBD 9:00AM-11:30AM<br>HCBS-BI 1:00PM-3:30PM | **22**<br>Nursing Facility 9:00AM-11:30AM<br>Dialysis 1:00PM-3:30PM | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

***Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to Provider Services at 303-534-0146 or 1-800-237-0757 (toll free).***

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J0640 Leucovorin calcium, 50 mg

| | | | |
|---|---|---|---|
| 00054849706 | 51079058106 | 55390005301 | 58406062674 |
| 00054849806 | 51079058205 | 55390005401 | 62701090030 |
| 00054849906 | 54868331000 | 55390081810 | 62701090099 |
| 00703514001 | 54868331001 | 55390082401 | 62701090125 |
| 00703514501 | 55390000901 | 55390082501 | 63323071100 |
| 00904231560 | 55390005110 | 55390082601 | 66479024725 |
| 51079058101 | 55390005210 | 58406062307 | |

## J0696 Ceftriaxone sodium, 250 mg

| | | | |
|---|---|---|---|
| 00004196201 | 00517872210 | 54569137700 | 64679070201 |
| 00004196202 | 00517872510 | 54569138600 | 64679070202 |
| 00004196301 | 00517875010 | 54569180201 | 64679070301 |
| 00004196302 | 00703031503 | 54569320700 | 64679070302 |
| 00004196401 | 00703032503 | 54569347700 | 64679098301 |
| 00004196402 | 00703033504 | 54569347800 | 64679098302 |
| 00004196404 | 00703034603 | 54569347900 | 68030713901 |
| 00004196405 | 00703035901 | 54569572000 | 68030721001 |
| 00004196501 | 00781320695 | 54569572100 | 68030737201 |
| 00004196505 | 00781320795 | 54569572200 | 68180061101 |
| 00004197101 | 00781320895 | 54569572300 | 68180061110 |
| 00264315311 | 00781320995 | 54569572400 | 68180062201 |
| 00264315511 | 00781321046 | 54569572500 | 68180062210 |
| 00338500241 | 00781932695 | 54868093400 | 68180063301 |
| 00338500341 | 00781932795 | 54868248801 | 68180063310 |
| 00409733201 | 00781932895 | 54868322100 | 68180064401 |
| 00409733304 | 00781932995 | 54868322101 | 68180064410 |
| 00409733349 | 00781933046 | 63323034410 | 68330000201 |
| 00409733410 | 10019009801 | 63323034510 | 68330000210 |
| 00409733503 | 10019068501 | 63323034610 | 68330000301 |
| 00409733604 | 10019068602 | 63323034720 | 68330000310 |
| 00409733649 | 10019068703 | 63323034861 | 68330000401 |
| 00409733701 | 10019068804 | 64679070101 | 68330000410 |
| 00409733801 | 10019068827 | 64679070102 | 68330000501 |
| 00517871110 | 10019068905 | 64679070103 | 68330000601 |

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J1100 Dexamethasone sodium phosphate, 1 mg

| | | | |
|---|---|---|---|
| 00517490125 | 00551017410 | 54569464800 | 63323016505 |
| 00517490525 | 00641036725 | 54569472800 | 63323016530 |
| 00517493025 | 00703352403 | 54868087100 | 63323050601 |
| 00551003705 | 49999043425 | 54868087106 | 63323051610 |
| 00551003730 | 54569304000 | 63323016501 | |

## J1260 Dolasetron mesylate, 10 mg

| | | |
|---|---|---|
| 00088120632 | 00088120865 | 00088120876 |
| 00088120806 | 00088120869 | 00088120926 |

## J1631 Haloperidol decanoate, 50 mg

| | | | |
|---|---|---|---|
| 00045025301 | 00144054456 | 55390041205 | 60505070301 |
| 00045025303 | 00703701103 | 55390041301 | 63323046901 |
| 00045025346 | 00703701301 | 55390041305 | 63323046905 |
| 00045025414 | 00703702103 | 55390042201 | 63323046951 |
| 00045025446 | 00703702301 | 55390042205 | 63323047101 |
| 00144044451 | 54868288900 | 55390042301 | 63323047105 |
| 00144044456 | 54868288901 | 55390042305 | 63323047151 |
| 00144054451 | 55390041201 | 60505070201 | 63323047155 |

## J1885 Ketorolac tromethamine, 15 mg

| | | | |
|---|---|---|---|
| 00074228831 | 00409228761 | 10019002232 | 58394001104 |
| 00074379301 | 00409228821 | 10019002902 | 60505070500 |
| 00074379349 | 00409228831 | 10019003003 | 60505070600 |
| 00074379501 | 00409379301 | 10019003004 | 60505070601 |
| 00074379549 | 00409379349 | 49999041602 | 60505071001 |
| 00074379561 | 00409379501 | 54569495400 | 63323016101 |
| 00074379601 | 00409379549 | 54569495500 | 63323016201 |
| 00074379649 | 00409379561 | 54569518800 | 63323016202 |
| 00074379661 | 00409379601 | 54569518900 | 64679075701 |
| 00247012402 | 00409379649 | 55390048001 | 64679075702 |
| 00247012420 | 00409379661 | 55390048101 | 64679075801 |
| 00247023601 | 00517060125 | 55390048102 | 64679075802 |
| 00247023610 | 00517080125 | 55390048110 | 64679075804 |
| 00409228721 | 00517090225 | 58394000504 | 64679075806 |
| 00409228722 | 10019002109 | 58394000604 | 68030015901 |
| 00409228731 | 10019002209 | 58394001102 | |

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J2430 Pamidronate disodium, 30 mg

| | | | |
|---|---|---|---|
| 00078046391 | 00781314784 | 55390015901 | 61703035618 |
| 00078046461 | 00781314870 | 55390020401 | 63323073410 |
| 00703407519 | 15210040111 | 55390060401 | 63323073435 |
| 00703407559 | 15210040211 | 61703032418 | 63323073510 |
| 00703408511 | 55390012701 | 61703032439 | 63323073535 |
| 00703408551 | 55390012901 | 61703032518 | |
| 00703408591 | 55390015701 | 61703032618 | |

## J2550 Promethazine HCl, up to 50 mg

| | | | |
|---|---|---|---|
| 00074231231 | 00641094835 | 10019009701 | 60977000103 |
| 00409231231 | 00641094935 | 54569310600 | 60977000202 |
| 00551005910 | 00641095525 | 54569388200 | 60977000204 |
| 00574083625 | 00641095625 | 54868026200 | 62086015410 |
| 00591315783 | 00641149535 | 54868059700 | 66758060119 |
| 00591315883 | 00641149635 | 54868269500 | 67457015410 |
| 00641092825 | 00703219104 | 54868402100 | |
| 00641092925 | 00703220104 | 60977000101 | |

## J3010 Fentanyl citrate, 0.1 mg

| | | | |
|---|---|---|---|
| 00074127632 | 00409127632 | 00409909461 | 11098003005 |
| 00074909332 | 00409909332 | 00641111834 | 11098003010 |
| 00074909335 | 00409909335 | 10019003372 | 11098003020 |
| 00074909336 | 00409909336 | 10019003473 | 54868315901 |
| 00074909338 | 00409909338 | 10019003574 | 54868373800 |
| 00074909422 | 00409909422 | 10019003682 | 54868373801 |
| 00074909425 | 00409909425 | 10019003783 | 61553011841 |
| 00074909428 | 00409909428 | 10019003867 | |
| 00074909431 | 00409909431 | 11098003002 | |

## J7050 Infusion, normal saline solution, 250 cc

| | | | |
|---|---|---|---|
| 00074158302 | 00264400055 | 00338004902 | 00409798303 |
| 00074710102 | 00264400155 | 00338004903 | 00409798309 |
| 00074798302 | 00264400255 | 00338004904 | 00409798330 |
| 00074798309 | 00264780000 | 00338630402 | 00409798348 |
| 00074798353 | 00264780010 | 00338630403 | 00409798353 |
| 00074798355 | 00264780020 | 00409158302 | 00409798355 |
| 00264140000 | 00338004402 | 00409710102 | 61825200601 |
| 00264140010 | 00338004403 | 00409798302 | 61825202001 |

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J7190 Factor VIII (antihemophilic factor, human) per IU

| | | | |
|---|---|---|---|
| 00026066520 | 00944130110 | 00944293502 | 52769046001 |
| 00026066530 | 00944130201 | 00944293503 | 68516460001 |
| 00026066550 | 00944130210 | 00944293504 | 68516460002 |
| 00053765601 | 00944130301 | 13533066520 | 68516460101 |
| 00053765602 | 00944130310 | 13533066530 | 68516460201 |
| 00053765604 | 00944130401 | 13533066550 | 68516460302 |
| 00053765605 | 00944130410 | 49669460001 | 68516460402 |
| 00944130101 | 00944293501 | 49669460002 | |

## J7192 Factor VIII (antihemophilic factor, recombinant) per IU

| | | | |
|---|---|---|---|
| 00026037220 | 00053813001 | 00944293803 | 00944294410 |
| 00026037230 | 00053813002 | 00944294001 | 00944294510 |
| 00026037250 | 00053813004 | 00944294002 | 00944294610 |
| 00026037920 | 00053813005 | 00944294003 | 58394000502 |
| 00026037930 | 00944283110 | 00944294004 | 58394000602 |
| 00026037950 | 00944283210 | 00944294010 | 58394000702 |
| 00026378220 | 00944283310 | 00944294110 | 58394001102 |
| 00026378660 | 00944293801 | 00944294210 | |
| 00026379660 | 00944293802 | 00944294310 | |

## J7644 Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per milligram

| | | | |
|---|---|---|---|
| 00172640744 | 00487980130 | 49502068530 | 54569491000 |
| 00172640749 | 00487980160 | 49502068531 | 54868408200 |
| 00472075323 | 16252009822 | 49502068561 | 54868408201 |
| 00472075330 | 16252009833 | 49502068562 | 55045193005 |
| 00472075360 | 16252009866 | 51552039301 | 60505080601 |
| 00487980101 | 49502068524 | 51552039302 | 66794000225 |
| 00487980102 | 49502068526 | 51552039304 | 66794000230 |
| 00487980125 | 49502068529 | 51552039305 | 66794000260 |

## J9000 Doxorubicin HCl, 10 mg

| | | | |
|---|---|---|---|
| 00703504001 | 55390023210 | 55390024110 | 63323010161 |
| 00703504303 | 55390023301 | 55390024301 | 63323088305 |
| 00703504601 | 55390023510 | 55390024510 | 63323088310 |
| 10019092001 | 55390023610 | 55390024610 | 63323088330 |
| 10019092102 | 55390023701 | 55390024701 | |
| 55390023110 | 55390023801 | 55390024801 | |

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J9040 Bleomycin sulfate, 15 units

| | | | |
|---|---|---|---|
| 00015301020 | 00703315491 | 55390000501 | 61703033218 |
| 00015306301 | 00703315501 | 55390000601 | |
| 00703315401 | 00703315591 | 61703032322 | |

## J9045 Carboplatin, 50 mg

| | | | |
|---|---|---|---|
| 00015321030 | 00703324611 | 15210006312 | 61703036018 |
| 00015321076 | 00703324811 | 15210006612 | 61703036022 |
| 00015321176 | 00703324911 | 15210006712 | 61703036050 |
| 00015321230 | 00703326401 | 50111096576 | 63323016610 |
| 00015321330 | 00703326601 | 50111096676 | 63323016720 |
| 00015321430 | 00703326801 | 50111096776 | 63323016721 |
| 00015321530 | 00703326871 | 55390015001 | 63323016800 |
| 00015321630 | 00703327401 | 55390015101 | 63323016905 |
| 00015323011 | 00703327601 | 55390015201 | 63323016915 |
| 00015323111 | 00703327801 | 55390015301 | 63323016945 |
| 00015323211 | 00703424401 | 55390015401 | 63323017245 |
| 00015323311 | 00703424601 | 55390015501 | 63323017260 |
| 00409112910 | 00703424801 | 55390015601 | 66758004701 |
| 00409112911 | 10019091201 | 55390022001 | 66758004702 |
| 00409112912 | 10019091202 | 55390022101 | 66758004703 |
| 00591333626 | 10019091203 | 55390022201 | 67817006112 |
| 00591333712 | 10019091501 | 61703033918 | 67817006312 |
| 00591333889 | 10019091601 | 61703033922 | 67817006612 |
| 00591345460 | 10019091701 | 61703033950 | 67817006712 |
| 00703324411 | 15210006112 | 61703033956 | |

## J9060 Cisplatin, powder or solution, 10 mg

| | | | |
|---|---|---|---|
| 00015322022 | 10019091002 | 55390041450 | 63323010391 |
| 00015322122 | 55390009901 | 55390041499 | 63323010395 |
| 00703574711 | 55390011250 | 63323010351 | |
| 00703574811 | 55390011299 | 63323010364 | |
| 10019091001 | 55390018701 | 63323010365 | |

## J9217 Leuprolide acetate (for depot suspension), 7.5 mg

| | | |
|---|---|---|
| 00024022205 | 00024079375 | 00300334601 |
| 00024060545 | 00300210801 | 00300364201 |
| 00024061030 | 00300244001 | 00300368301 |

# Top 20 Multiple Source Drugs and Corresponding NDC Numbers

## J9265 Paclitaxel, 30 mg

| | | | |
|---|---|---|---|
| 00015347530 | 00172375695 | 55390011405 | 55390051420 |
| 00015347630 | 00555198414 | 55390011420 | 55390051450 |
| 00015347911 | 00555198514 | 55390011450 | 61703034209 |
| 00074433504 | 00703476601 | 55390030405 | 61703034222 |
| 00172375377 | 00703476701 | 55390030420 | 61703034250 |
| 00172375396 | 10518010207 | 55390030450 | 66758004301 |
| 00172375473 | 10518010208 | 55390031405 | 66758004302 |
| 00172375494 | 10518010209 | 55390031420 | 66758004303 |
| 00172375531 | 51079096201 | 55390031450 | |
| 00172375675 | 51079096301 | 55390051405 | |

## J9390 Vinorelbine tartrate, 10 mg

| | | | |
|---|---|---|---|
| 00703418201 | 00703418391 | 55390026701 | 63323014805 |
| 00703418281 | 10019097001 | 55390026801 | 64370308601 |
| 00703418291 | 10019097002 | 61703034106 | 64370308602 |
| 00703418301 | 55390006901 | 61703034109 | 66758004501 |
| 00703418381 | 55390007001 | 63323014801 | 66758004502 |