

Outlier Services

Injectable Drugs		
Category	HCPCS Code	Description
Anemia management	J0882	DARBEPOETIN
Anemia management	J1756	IRON SUCROSE INJECTION
Anemia management	J2916	NA FERRIC GLUCONATE COMPLEX
Anemia management	J3420	VITAMIN B12 INJECTION
Anemia management	Q4081	EPO
Antiemetic	J0780	PROCHLORPERAZINE INJECTION
Antiemetic	J1260	DOLASETRON MESYLATE
Antiemetic	J1626	GRANISETRON HCL INJECTION
Antiemetic	J2405	ONDANSETRON HCL INJECTION
Antiemetic	J2550	PROMETHAZINE HCL INJECTION
Antiemetic	J2765	METOCLOPRAMIDE HCL INJECTION
Antiemetic	J2950	PROMAZINE HCL INJECTION
Antiemetic	J3230	CHLORPROMAZINE HCL INJECTION
Antiemetic	J3250	TRIMETHOBENZAMIDE HCL INJ
Antiemetic	J3310	PERPHENAZINE INJECTION
Anxiolytic	J2060	LORAZEPAM INJECTION
Anxiolytic	J2250	INJ MIDAZOLAM HYDROCHLORIDE
Anxiolytic	J3360	DIAZEPAM INJECTION
Bone and mineral metabolism	J0610	CALCIUM GLUCONATE INJECTION
Bone and mineral metabolism	J0630	CALCITONIN SALMON INJECTION
Bone and mineral metabolism	J0636	INJ CALCITRIOL PER 0.1 MCG
Bone and mineral metabolism	J0895	DEFEROXAMINE MESYLATE INJ
Bone and mineral metabolism	J1270	INJECTION, DOXERCALCIFEROL
Bone and mineral metabolism	J1740	IBANDRONATE SODIUM
Bone and mineral metabolism	J2430	PAMIDRONATE DISODIUM /30 MG
Bone and mineral metabolism	J2501	PARICALCITOL
Cellular management	J1955	INJ LEVOCARNITINE PER 1 GM
Pain management	J1170	HYDROMORPHONE INJECTION
Pain management	J1885	KETOROLAC TROMETHAMINE INJ
Pain management	J2175	MEPERIDINE HYDROCHL /100 MG
Pain management	J2270	MORPHINE SULFATE INJECTION
Pain management	J2271	MORPHINE SO4 INJECTION 100MG
Pain management	J2275	MORPHINE SULFATE INJECTION
Pain management	J2300	INJ NALBUPHINE HYDROCHLORIDE
Pain management	J2310	INJ NALOXONE HYDROCHLORIDE
Pain management	J3010	FENTANYL CITRATE INJECTION
Pain management	J3070	PENTAZOCINE INJECTION
Anti-infective *	J0278	AMIKACIN SULFATE
Anti-infective *	J0285	AMPHOTERICIN B
Anti-infective *	J0290	AMPICILLIN 500 MG INJ
Anti-infective *	J0295	AMPICILLIN SODIUM PER 1.5 GM
Anti-infective *	J0456	AZITHROMYCIN
Anti-infective *	J0530	PENICILLIN G BENZATHINE INJ
Anti-infective *	J0560	PENICILLIN G BENZATHINE INJ
Anti-infective *	J0580	PENICILLIN G BENZATHINE INJ
Anti-infective *	J0637	CASPOFUNGIN ACETATE
Anti-infective *	J0690	CEFAZOLIN SODIUM INJECTION
Anti-infective *	J0692	CEFEPIME HCL FOR INJECTION
Anti-infective *	J0694	CEFOXITIN SODIUM INJECTION
Anti-infective *	J0696	CEFTRIAZONE SODIUM INJECTION
Anti-infective *	J0697	STERILE CEFUROXIME INJECTION

Anti-infective *	J0698	CEFOTAXIME SODIUM INJECTION
Anti-infective *	J0713	INJ CEFTAZIDIME PER 500 MG
Anti-infective *	J0715	CEFTIZOXIME SODIUM / 500 MG
Anti-infective *	J0743	CILASTATIN SODIUM INJECTION
Anti-infective *	J0744	CIPROFLOXACIN IV
Anti-infective *	J0878	DAPTOMYCIN
Anti-infective *	J1335	ERTAPENEM SODIUM
Anti-infective *	J1364	ERYTHRO LACTOBIONATE /500 MG
Anti-infective *	J1450	FLUCONAZOLE
Anti-infective *	J1580	GARAMYCIN GENTAMICIN INJ
Anti-infective *	J1590	GATIFLOXACIN INJECTION
Anti-infective *	J1840	KANAMYCIN SULFATE 500 MG INJ
Anti-infective *	J1890	CEPHALOTHIN SODIUM INJECTION
Anti-infective *	J1956	LEVOFLOXACIN INJECTION
Anti-infective *	J2020	LINEZOLID INJECTION
Anti-infective *	J2185	MEROPENEM
Anti-infective *	J2280	MOXIFLOXACIN
Anti-infective *	J2510	PENICILLIN G PROCAINE INJ
Anti-infective *	J2540	PENICILLIN G POTASSIUM INJ
Anti-infective *	J2543	PIPERACILLIN/TAZOBACTAM
Anti-infective *	J2700	OXACILLIN SODIUM INJECTION
Anti-infective *	J3000	STREPTOMYCIN INJECTION
Anti-infective *	J3260	TOBRAMYCIN SULFATE INJECTION
Anti-infective *	J3370	VANCOMYCIN HCL INJECTION

Oral and Other Equivalent Forms of Injectable Drugs

Outlier Services Imputed Payment Amounts

Oral or Other Equivalent Forms of Part B Injectable Drugs Included in the ESRD PPS Bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2014)

NDC	Drug Product	Mean Unit Cost
30698014301 30698014323 54868346100	Rocaltrol (calcitriol) 0.25 mcg capsules	\$1.45
30698014401	Rocaltrol (calcitriol) 0.5 mcg capsules	\$2.32
30698091115	Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)	\$12.30
00054000725 00054000713 00093065701 00440721599 54868458400 63304023901 63304023930 67544103581	Calcitriol 0.25 mcg capsules	\$0.97
00093065801 54868458200 63304024001	Calcitriol 0.5 mcg capsules	\$1.59
00054312041 63304024159	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	\$9.94
00074431730	Zemplar (paricalcitol) 1 mcg capsule	\$8.06
00074431430	Zemplar (paricalcitol) 2 mcg capsule	\$16.10

00074431530	Zemplar (paricalcitol) 4 mcg capsule	\$32.14
58468012101	Hectorol (doxercalciferol) 2.5 mcg capsule	\$22.61
54482014407	Carnitor (levocarnitine) 330 mg tablet	\$0.82
54482014508	Carnitor (levocarnitine) 1GM/10ML oral solution (118 mls)	\$0.25
54482014801	Carnitor SF (levocarnitine) 1GM/10ML oral solution (118 mls)	\$0.25
64980050312 50383017104	Levocarnitine 1GM/10ML oral solution (118 mls)	\$0.20
64980013009 50383017290	Levocarnitine 330 mg tablet	\$0.67

The mean dispensing fee of the NDCs listed above is \$1.73. This amount will be applied to each NDC included on the monthly claim. We will limit 1 dispensing fee per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) and uses the full 15 ml bottle, the quantity is reported as 15, not 1. This allows for the most accurate calculation for the outlier.

Laboratory Tests

CPT/HCPCS	Short Description
82040 **	Assay of serum albumin
82108	Assay of aluminum
82247**	Bilirubin, total
82248**	Bilirubin, direct
82306	Vitamin d, 25 hydroxy
82310**	Assay of calcium
82330**	Assay of calcium, ionized
82374**	Assay, blood carbon dioxide
82379	Assay of carnitine
82435**	Assay of blood chloride
82465**	Assay, bld/serum cholesterol
82550**	Assay of ck (cpk)
82565**	Assay of creatinine
82570	Assay of urine creatinine

82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
82947**	Assay, glucose, blood quant
82977**	Assay of GGT
83540	Assay of iron
83550	Iron binding test
83615**	Lactate (LD) (LDH) enzyme
83735	Assay of magnesium
83970	Assay of parathormone
84075**	Assay alkaline phosphatase
84100**	Assay of phosphorus
84132**	Assay of serum potassium
84134	Assay of prealbumin
84155**	Assay of protein, serum
84295**	Assay of serum sodium
84450**	Transferase (AST) (SGOT)
84460**	Alanine amino (ALT) (SGPT)
84466	Assay of transferrin
84478**	Assay of triglycerides
84520**	Assay of urea nitrogen
84540	Assay of urine/urea-n
84545	Urea-N clearance test
84550**	Assay blood/uric acid

85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
Syringes	
HCPCS Code	Description
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified

* Anti-infective drugs do not qualify as an outlier service when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis.

** Automated Multi-Channel Chemistry tests only qualify as an outlier service when the 50/50 rule permits separate payment. More information regarding the 50/50 rule can be found in Pub. 100-02, Chapter 11, Section 30.2.2.