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# WISCONSIN MEDICAID UPDATE

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JUNE 29, 1998

UPDATE 98-22

TO:  
HMOs and Other Managed Care  
Programs  
Nurse Midwives  
Nurse Practitioners

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## Billing Nurse Practitioner and Midwife Services: Allowable Procedure Codes

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This *Update* includes the procedure codes nurse practitioners and nurse midwives use when billing allowable Medicaid services. The procedure code list reflects the scope of nurse practitioner and nurse midwife services as of January 1, 1998.

Attached are lists of procedure codes that Wisconsin Medicaid accepts for nurse practitioner and midwife services:

- Attachment 1 lists allowable *Current Procedural Terminology* (CPT) codes for nurse practitioner services.
- Attachment 2 lists allowable CPT and HCFA Common Procedure Coding System (HCPCS) codes for nurse midwife services.
- Attachment 3 lists CPT codes that nurse practitioners may bill only with additional documentation.
- Attachment 4 lists allowable injection codes for nurse practitioner services.
- Attachment 5 lists allowable type of service (TOS) and place of service (POS) codes for nurse practitioner and nurse midwife services.

Providers have one year from the date of service to submit or adjust a claim for these procedures. Wisconsin Medicaid covers nurse practitioner services when they are included in a protocol as a delegated medical act or covered under N8, Wis. Admin. Code.

**Attachment 1**  
**Allowable CPT Codes for Nurse Practitioners**

Description	Procedure Codes	Type of Service (TOS)
<b>Surgery; Integumentary System</b>	10040, 10060, 10061, 10080, 10120, 10140, 10160, 11040, 11042, 11055-11057, 11100, 11101, 11200, 11201, 11400, 11401, 11420, 11421, 11441, 11719, 11720, 11721, 11730, 11731, 11732, 11740, 11750, 11765, 11975, 11976, 11977, 12001, 12002, 12004, 12011, 12031, 12051, 16000, 16020, 17000, 17003-17004, 17104, 17110, 17111, 17250, 17340	2
	10040-69979	8
<b>Surgery; Musculoskeletal System</b>	22855	7
	29105-29280, 29440, 29505-29590, 29705, 29730, 29740, 29799, M0101	2
<b>Surgery; Respiratory System</b>	30300, 30901	2
<b>Surgery; Cardiovascular System</b>	36410	2
<b>Surgery; Digestive System</b>	43760, 45330, 46900	2
<b>Surgery; Urinary System</b>	53670	2
<b>Surgery; Male Genital System</b>	54050, 54055, 54056, 54057	2
<b>Surgery; Female Genital System</b>	56501, 57061, 57150, 57160, 57170, 57452, 57454, 58100, 58300, 58301	2
<b>Surgery; Maternity Care and Delivery System</b>	59025, 59400, 59409, 59410, 59425, 59426, 59430, 59610, 59612, 59614, W6000, W6001	2
	59610, 59612, 59614	7
	59514	8
	W6000, W6001	9
<b>Surgery; Nervous System</b>	64435	2
<b>Surgery; Eye and Ocular Adnexa</b>	65222	2
<b>Surgery; Auditory System</b>	69200, 69210	2

## Allowable CPT Codes for Nurse Practitioners (cont.)

Description	Procedure Codes	Type of Service (TOS)
<b>Radiology</b>	70030-70160, 70190-70330, 70350-70370, 70380, 71010-71021, 71023-71030, 71035, 71100-71130, 72010-72120, 72170-72190, 72200-72220, 73000-73030, 73050-73080, 73090-73110, 73120-73140, 73500-73520, 73540-73565, 73580, 73590-73610, 73620-73660, 74000-74022, 74210-74220, 74240-74250, 74260-74291, 74400-74405, 74430, 74710, 74775*, 76010, 76061-76066, 76090-76092, 76705, 76805-76816, 76830, 76856, 76857 *not allowed for TOS U	4, Q, U

Wisconsin Medicaid covers nurse practitioner laboratory services if the facility in which the services are performed holds a valid Clinical Laboratory Improvement Amendment (CLIA) certificate. Wisconsin Medicaid covers nurse practitioner handling fees (procedure code 99000) when specimens are sent to an outside laboratory for analysis.

Description	Procedure Codes	TOS
<b>Pathology and Laboratory</b>	81000, 81002, 81005, 81007, 81015, 81025, 82044, 82270, 82273, 82465, 82947, 82950-82952, 82960, 82962, 83020, 83026, 83655, 83718, 83986, 84478, 84702, 84703, 84830, 85002, 85013, 85018, 85023, 85024, 85025, 85041, 85044, 85045, 85048, 85345, 85610, 85651, 86280, 86317, 86318, 86580, 86585, 86588, 86592, 87015, 87045, 87060, 87072, 87076, 87081, 87086, 87177, 87184, 87205, 87211, 87220, 88150, 88151, 88155, 89190, 89350, G0026, G0027, Q0111, Q0112, Q0113, Q0114, Q0115	5
	82270	X
<b>Medicine</b>	90700-90709, 90712-90720, 90721, 90724-90728, 90730-90733, 90737-90742, 90744-90747, 90780-90784, 90788, 90901, 90989, 90993, 92950, 94640, 94650-94652, 94664-94665, 94667, 94668, 96400, 96408-96410, 99070, G0008	1
	99000	5
	99000	9
	92551-92559, 92567, 92583, 93000, 93976, 94010, 94150	B
	93005, 94150	U
<b>Evaluation and Management Services</b>	93010, 94010, 94772	W
	99201-99205, 99211-99215, 99218-99223, 99231-99233, 99238-99239, 99281-99285, 99301-99302, 99311-99313, 99321-99322, 99331-99332, 99341-99343, 99381-99387, 99391-99397, 99431, 99499	1
	99253	3
<b>Other</b>	W6201, W6202, W6203	9

**Attachment 2**  
**Allowable CPT and HCPCS Codes for Nurse Midwives**

<b>Description</b>	<b>Procedure Codes</b>	<b>Type of Service (TOS)</b>
<b>Maternity Care and Delivery</b>	59400-59430, 59610-59614, W6000, W6001	9
	59514	8
<b>Laboratory Handling Fee</b>	99000	5
	99000	9
<b>Evaluation and Management</b>	99201-99215	9
<b>Intrauterine Copper Contraceptive</b>	J7300	9
<b>Other</b>	W6201, W6202, W6203, W6117	9

**Attachment 3**  
**Allowable CPT Codes that Require**  
**Documentation for Nurse Practitioners**

Wisconsin Medicaid requires nurse practitioners to include documentation such as the operating room (OR) report, admission history and physical, progress notes, and/or anesthesia report with the claim. The Medicaid medical consultant reviews the claim with adequate documentation prior to payment.

<b>Description</b>	<b>Procedure Codes</b>	<b>Type of Service (TOS)</b>
<b>Surgery</b>	All unlisted procedure codes; examples 17999, 59899	2
<b>Surgery; Female Genital System</b>	57454	2
<b>Medicine</b>	96110	9
<b>Evaluation and Management Services</b>	99205, 99215, 99218, 99219, 99220, 99223, 99233, 99285	1
	99251-99255, 99261-99263, 99271-99275	3

## Attachment 4 Allowable Injection Codes for Nurse Practitioners

Use type of service (TOS) "1" for the following injection codes.

Procedure Code	Description
J0120	INJECTION, ACHROMYCIN TETRACYCLINE, UP TO 250 MG
J0150	INJECTION, ADENOSINE, 6 MG
J0170	INJECTION, ADRENALIN, EPINEPHRIN, UP TO 1 ML AMPUL
J0190	INJECTION, AKINETON, 2 MG
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS
J0210	INJECTION, ALDOMET ESTER HCL, UP TO 250 MG
J0256	INJECTION ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, PER 500 MG
J0270	INJECTION, ALPPROSTADIL, PER 1.25MCG
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG
J0290	INJECTION, AMPICILLIN, UP TO 500 MG
J0340	INJECTION, ANABOLIN, UP TO 50 MG
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS
J0360	INJECTION, APRESOLINE HCl, UP TO 20 MG
J0380	INJECTION, ARAMINE, UP TO 10 MG
J0390	INJECTION, ARALEN HCL, UP TO 50 MG
J0400	INJECTION, ARFONAD, UP TO 50 MG
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG
J0470	INJECTION, BAL IN OIL, UP TO 100 MG
J0475	INJECTION, BACLOFEN, 10 MG
J0500	INJECTION, BENTYL, UP TO 20 MG
J0510	INJECTION, BENZQUINAMIDE HCL EMETE-CON, UP TO 50 MG
J0515	INJECTION, BENTROPINE
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECH
J0530	INJECTION, BICILLIN C-R, UP TO 600,000 UNITS
J0540	INJECTION, BICILLIN C-R, UP TO 1,200,000 UNITS
J0550	INJECTION, BICILLIN C-R, UP TO 2,400,000 UNITS
J0560	INJECTION, BICILLIN LONG-ACTING, UP TO 600,000 UNITS
J0570	INJECTION, BICILLIN LONG-ACTING, UP TO 1,200,000 UNITS
J0580	INJECTION, BICILLIN LONG-ACTING, UP TO 2,400,000 UNITS
J0585	BOTULINUM TOXIN TYPE A, PER 100 UNIT
J0590	INJECTION, BRONKEPHRIN HCL, 1 ML
J0600	INJECTION, CALCIUM DISODIUM VERSENATE, UP TO 200 MG
J0610	INJECTION, CALCIUM GLUCONATE, UP TO 10 ML
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML
J0630	INJECTION, CALCIMAR, CALCITONIN-SALMON, UP TO 400 UN
J0635	INJECTION, CALCITRIOL, 1 MCG AMP.
J0640	INJECTION, CALCIUM LEUCOVORIN, UP TO 3 MG
J0690	INJECTION, CEFAZOLIN SODIUM, ANCEF, KEFZOL UP TO 500
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM
J0695	CEFONOCID SODIUM, 1 GRAM
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
J0698	CEFOTAXIME SODIUM, PER GM
J0702	INJECTION BETAMETHASONE ACETATE & BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG
J0710	INJECTION, CEPHAPRIN SODIUM, CEFADYL, UP TO 1 GM
J0713	INJECTION, CEFTAZIDIME, PER 500 MG
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500MG
J0720	INJECTION, CHLOROMYCETIN SODIUM SUCCINATE, UP TO 1 G

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
J0730	INJECTION, CHLOR-TRIMETON, CHLORPHENIRAMINE MALEATE,
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG
J0745	INJECTION, CODIENE PHOSPHATE, PER 30 MG
J0760	INJECTION, COLCHICINE, UP TO 2 MG
J0770	INJECTION, COLY-MYCIN M, UP TO 150 MG
J0780	INJECTION, COMPAZINE, UP TO 10 MG
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0810	INJECTION, CORTISONE, UP TO 50 MG
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN)PER VIAL
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC
J0900	INJECTION, DELADUMONE, UP TO 1CC
J0945	INJECTION, DEHIST
J0970	INJECTION, DELESTROGEN, UP TO 40 MG
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
J1020	INJECTION, DEPO-MEDROL, 20 MG
J1030	INJECTION, DEPO-MEDROL, 40 MG
J1040	INJECTION, DEPO-MEDROL, 80 MG
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
J1060	INJECTION, DEPO-TESTADIOL, UP TO 1 ML
J1070	INJECTION, DEPO-TESTOSTERONE CYPIONATE, UP TO 100 MG
J1080	INJECTION, DEPO-TESTOSTERONE CYPIONATE, 1CC, 200 MG
J1090	INJECTION, DEPO/TESTOSTERONE CYPIONATE, 1 CC, 50 MG
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG
J1100	INJECTION, DEXAMETHASONE, UP TO 4 MG/ML
J1110	INJECTION, D-H-E-45, UP TO 1 MG
J1120	INJECTION, DIAMOX SODIUM, UP TO 500 MG
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG
J1165	INJECTION, DILANTIN
J1170	INJECTION, DILAUDID, UP TO 4 MG
J1180	INJECTION, DILOR, UP TO 500 MG
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
J1200	INJECTION, DIPHENHYDRAMINE HCL, BENADRYL, UP TO 50 M
J1205	INJECTION, DIURIL
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
J1230	INJECTION, DOLOPHINE HCL, METHADONE HCL, UP TO 10 MG
J1240	INJECTION, DRAMAMINE, UP TO 50 MG
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
J1320	INJECTION, ELAVIL HCL, UP TO 30 KG
J1330	INJECTION, ERGONOVINE MALEATE, ERGOTRATE MALEATE, UP TO 0.2 MG
J1362	INJECTION, ERYTHROMYCIN GLUCEPTATE, PER 250MG
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG
J1380	INJECTION, ESTRAVAL P.A., UP TO 10 MG
J1390	INJECTION, ESTRAVAL-2X, UP TO 20 MG
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG
J1435	INJECTION, ESTRONE, PER 1 MG
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J1460	INJECTION, GAMA GLOBULIN 1CC
J1470	INJECTION, GAMA GLOBULIN 2CC
J1480	INJECTION, GAMMA GLOBULIN, 3 CC
J1490	INJECTION, GAMMA GLOBULIN, 4 CC
J1500	INJECTION, GAMA GLOBULIN, 5CC
J1510	INJECTION, GAMMA GLOBULIN, 6 CC
J1520	INJECTION, GAMMA GLOBULIN, 7 CC
J1530	INJECTION, GAMMA GLOBULIN, 8 CC
J1540	INJECTION, GAMMA GLOBULIN, 9 CC
J1550	INJECTION, GAMMA GLOBULIN, 10 CC
J1560	INJECTION, GAMMA GLOBULIN, OVER 10 CC
J1561	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, PER 500 MG
J1562	IMMUNE GLOBULIN INTRAVENOUS (HUMAN), 10% PER 5 GRAMS
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
J1600	INJECTION, GOLD SODIUM THIOSULFATE, UP TO 50 MG
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG
J1625	INJECTION, GRANISETRON HYDROCHLORIDE, PER 1 MG
J1630	INJECTION, HALDOL, UP TO 5 MG
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH) PER 10 UNITS
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
J1650	INJECTION, ENOXAPARIN SODIUM, 30 MG
J1670	INJECTION, HOMO-TET, TETANUS IMMUNE GLOBULIN HUMAN
J1690	INJECTION, HYDELTRA TBA, UP TO 20 MG
J1700	INJECTION, HYDROCORTISONE ACETATE, BIOSONE, CORTEF A
J1710	INJECTION, HYDROCORTONE PHOSPHAYE, UP TO 50 MG
J1720	INJECTION, HYDROCORTISONE AS SODIUM SUCCINATE, SOLU
J1730	INJECTION, HYPERSTATE, UP TO 300 MG
J1739	INJECTION, HYDROXYPROGESTERONE CAPROATE 125 MG/ML
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML
J1760	INJECTION, IRON DEXTRAN, 2CC
J1770	INJECTION, IRON DEXTRAN, 5CC
J1780	INJECTION, IRON DEXTRAN, 10CC
J1785	INJECTION, IMIGLUCERASE, PER UNIT
J1800	INJECTION, INDERAL, UP TO 1 MG
J1820	INJECTION, INSULIN, UP TO 100 UNITS
J1830	INJECTION, INTERFERON BETA-18, PER 0.25 MG
J1840	INJECTION, KANTREX, KANAMYCIN SULFATE, UP TO 500 MG
J1850	INJECTION, KANTREX PEDIATRIC, UP TO 75 MG
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
J1890	INJECTION, KEFLIN, UP TO 1 GM
J1940	INJECTION, LASIX, UP TO 20 MG
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
J1955	INJECTION, LEVOCARNITINE, PER 1 GM
J1960	INJECTION, LEVO-DROMORAN, UP TO 2 MG
J1980	INJECTION, LEVSIN, UP TO 0.25
J1990	INJECTION, LIBRIUM, UP TO 100 MG
J2000	INJECTION, LIDOCAINE, 50CC
J2060	INJECTION, LORAZEPAM, 2 MG
J2150	INJECTION, MANNITOL 25% IN 50 ML
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
J2180	INJECTION, MEPERGAN, UP TO 50 MG



## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J2210	INJECTION, METHERGINE MALEATE, UP TO 0.2 MG
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
J2260	INJECTION, MILRINONE LACTATE, PER 5 ML
J2270	INJECTION, MORPHINE, UP TO 10 MG
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE - FREE STERILE SOLUTION), PER 10 MG
J2300	INJECTION, NALBUPHINE HDROCHLORIDE, PER 10MG
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG
J2330	INJECTION, NAVANE IM, UP TO 4 MG
J2350	INJECTION, NICOTINAMIDE, NIACIN, UP TO 100 MG
J2360	INJECTION, NORFLEX, UP TO 60 MG
J2370	INJECTION, NEO-SYNEPHRINE, UP TO 1 ML
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
J2410	INJECTION, NUMORPHAN, UP TO 1 MG
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2460	INJECTION, OXYTETRACYCLINE, UP TO 50 MG
J2480	INJECTION, PANTOPON, OPIUM, UP TO 20 MG
J2510	INJECTION, PENICILLIN, PROCAINE AQUEOUS, UP TO 600,000 UNITS
J2512	INJECTION, PENTAGASTRIN, PER 2 ML
J2515	INJECTION, PENTOBARBITAL SODIUM
J2540	INJECTION, PFIZERPEN, UP TO 600,000 UNTIS
J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TRMNT FOR PROPHLAXIS
J2550	INJECTION, PHENERGAN, UP TO 50 MG
J2560	INJECTION, PHENOBARBITAL, UP TO 120 MG
J2590	INJECTION, PITOCIN, UP TO 10 UNITS
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 4 MCG
J2640	INJECTION PREDNISOLONE PHOSPHATE, TO 20 MG
J2650	INJECTION, PREDNISOLONE ACETATE, DUA-PRED, PANACORT R-P, UP TO 1 ML
J2660	INJECTION, PRINCIPEN-N, UP TO 500 MG
J2670	INJECTION, PRISCOLINE HCL, UP TO 25 MG
J2675	INJECTION, PROGESTERONE, PER 50 MG
J2680	INJECTION, PROLIXIN DECANOATE UP TO 25 MG
J2690	INJECTION, PRONESTYL, UP TO 1 GM
J2700	INJECTION, PROSTAPHLIN, UP TO 250 MG
J2710	INJECTION, PROSTIGMIN METHYLSULFATE UP TO 0.5 MG
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG
J2725	INJECTION, PROTIRELIN, PER 250 MCG
J2730	INJECTION, PROTOPAM CHLORIDE, UP TO 1 GM
J2760	INJECTION, REGITINE MESYLATE, UP TO 5 MG
J2765	INJECTION, REGLAN, UP TO 10 MG
J2790	INJECTION, RHOGAM RHO D IMMUNE GLOBULIN, HUMAN, ONE D
J2800	INJECTION, ROBAXIN, UP TO ML
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 250 MCG
J2860	INJECTION, SECONAL SODIUM, UP TO 250 MG
J2910	INJECTION, SOLGANAL, UP TO 50 MG
J2912	INJECTION, SODIUM CHLORIDE
J2920	INJECTION, SOLU-MEDROL, UP TO 40 MG
J2930	INJECTION, SOLU-MEDROL, UP TO 125 MG
J2950	INJECTION, SPARINE, UP TO 25 MG

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J2970	INJECTION, STAPHCILLIN, UP TO 1 GM
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU
J2996	INJECTION, ALTEPLASE RECOMBINANT, PER 10 MG
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM
J3005	INJECTION, STRONTIUM-89 CHLORIDE, PER 10 ML
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG
J3070	INJECTION, TALWIN, UP TO 30 MG
J3080	INJECTION, TARACTAN, UP TO 50 MG
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
J3140	INJECTION, TESTOSTERONE, AQUEOUS, UP TO 50 MG
J3150	INJECTION, TESTOSTERONE PROPRIONATE, UP TO 100 MG
J3230	INJECTION, THORAZINE, CHLORPROMAZINE, UP TO 50 MG
J3240	INJECTION, THYROTROPIN, UP TO 10 I.U.
J3250	INJECTION, TIGAN, UP TO 200 MG
J3260	INJECTION, TOBRAMYCIN SULFATE, NEBCIN, UP TO 80 MG
J3265	INJECTION, TORESEMIDE, 10 MG/ML
J3270	INJECTION, TOFRANIL, UP TO 25 MG
J3280	INJECTION, TORECAN, UP TO 10 MG
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG
J3305	INJECTION, TREIMETREXAE GLUDORONATE, PER 25 MG
J3310	INJECTION, TRILAFON, UP TO 5 MG
J3320	INJECTION, TROBICIN, UP TO 2 GM
J3350	INJECTION, UREAPHIL, UP TO 40 GM
J3360	INJECTION, VALIUM, UP TO 5 MG
J3364	INJECTION, UROKINASE, 5000 IU VIAL
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL
J3370	INJECTION, VANCOCIN HC1, UP TO 500 MG
J3390	INJECTION, VASOXYL, UP TO 20 MG
J3400	INJECTION, VISTARIL, UP TO 25 MG
J3410	VISTARIL, 25 MG
J3420	INJECTION, VITAMIN B-12, UP TO 1000 MCG
J3430	INJECTION, VITAMIN K, UP TO 10 MG
J3450	INJECTION, WYAMINE, UP TO 30 MG
J3470	INJECTION, WYDASE, UP TO 150 UNITS
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
J3490	UNLISTED DRUGS
J3520	ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER
J7030	INFUSION, NORMAL SALINE SOLUTION, 1000 CC
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)
J7042	5% DEXTROSE/NORMAL SALINE SOLUTION, (500 ML = 1 UNIT)
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC
J7051	STERILE SALINE OR WATER, UP TO 5CC
J7060	5% DEXTROSE/WATER (500 ML = 1 UNITS)
J7070	INFUSION, D5W, 1000 CC
J7100	INFUSION, DEXTRAN 40, 500 ML
J7110	INFUSION, DEXTRAN 75, 500 ML
J7120	RINGERS INJECTION, UP TO 1000 CC
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN)), PER I.U.
J7191	FACTOR VIII, (ANTIHEMOPHILIC FACTOR(PORCINE)), PER I.U.
J7192	FACTOR VIII, (ANTIHEMOPHILIC FACTOR (RECOMBINANT)), PER I.U.
J7194	FACTOR IX, COMPLEX, PER I.U.
J7196	OTHER HEMOPHILIA CLOTTING FACTORS,(E.G., ANTI-INHIBITORS), PER I.U.
J7197	ANTITHROMBIN III (HUMAN) PER I.U.
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT
J7501	AZATHIOPRINE (E.G., IMURAN) - PARENTERAL, VIAL, 100 MG, 20 ML EA
J7503	CYCLOSPORINE (E.G., SANDIMMUNE) - PARENTERAL, AMP, IV, 250 MG, 5 ML, 10S EA UD
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN (E.G., ATGAM) - PARENTERAL,
J7505	MONOCLONAL ANTIBODIES (E.G., MUROMONAB CD3; ORTHOCLONE) - PARENTERAL, AMP,
J7507	TACROLIMUS, ORAL, PER 1 MG
J7508	TACROLIMUS, ORAL, PER 5 MG
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG
J7510	PREDNISOLONE ORAL, PER 5 MG
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
J7610	ACETYLCYSTEINE, 10% PER ML, INHALATION SOLUTION ADMIN THROUGH DME
J7615	ACETYLCYSTEINE, 20%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7620	ALBUTEROL SULFATE, 0.083%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7625	ALBUTEROL SULFATE, 0.5%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7627	BITOLTEROL MESYLATE, 0.2%, PER 10 ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7630	CROMOLYN SODIUM, PER 20 MG, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7640	EPINEPHRINE, 2.25%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7645	IPRATROPIUM BROMIDE 0.02%, PER ML, INHALATION SOLUTION, ADMIN THROUGH A DME
J7650	ISOETHARINE HYDROCHLORIDE, 0.1%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7651	ISOETHARINE HYDROCHLORIDE, 0.125%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7652	ISOETHARINE HYDROCHLORIDE, 0.167%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7653	ISOETHARINE HYDROCHLORIDE, 0.2%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7654	ISOETHARINE HYDRCHLORIDE, 0.25%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7655	ISOETHARINE HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7660	ISOPROTERENOL HYDROCHLORIDE, 0.5%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7665	ISOPROTERENOL HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7670	METAPROTERENOL SULFATE, 0.4%, PER 2.5 ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7672	METAPROTERENOL SULFATE, 0.6%, PER 2.5 ML, INHALATION SOLUTION ADMINISTERED THROUGH DME

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J7675	METAPROTERENOL SULFATE, 5.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
J8499	PRESCRIPTION DRUG, ORAL, NOW CHEMOTHERAPEUTIC, NOS
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG
J8560	ETOPOSIDE; ORAL, 50 MG
J8600	MELPHALAN; ORAL, 2 MG
J8610	METHOTREXATE; ORAL, 2.5 MG
J8999	PRESCRIPION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
J9000	DOXORUBICIN HCL, 10 MG
J9015	ALDESLEUKIN, PER SINGLE USE VIAL
J9020	ASPARAGINASE, 10,000 UNITS
J9031	BCG (INTRAVESICAL) PER INSTALLATION
J9040	BLEOMYCIN SULFATE, 15 UNITS
J9045	CARBOPLATIN, 50 MG
J9050	CARMUSTINE, 100 MG
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG
J9062	CISPLATIN, PLATINOL, 50 MG VIAL
J9065	INJECTION, CLADRIBINE, PER 1 MG
J9070	CYCLOPHOSPHAMIDE, 100 MG
J9080	CYCLOPHOSPHAMIDE, CYTOXAN, 20 CC OR 200 MGM
J9090	CYCLOPHOSPHAMIDE, CYTOXAN, 30 CC OR 500 MGM
J9091	1.0 GRAM CYTOXAN
J9092	2.0 GRAM CYTOXAN
J9093	100 MG LYOPHILIZED CYTOXAN
J9094	200 MG LYOPHILIZED CYTOXAN
J9095	500 MG LYOPHILIZED CYTOXAN
J9096	1.0 GRAM LYOPHILIZED CYTOXAN
J9097	2.0 GRAM LYOPHILIZED CYTOXAN
J9100	CYTARABINE 100 MG
J9110	CYTARABINE HYDROCHLORIDE, ARABINOSYLCYTOSINE, CYTOSA
J9120	DACTINOMYCIN, 0.5 MG
J9130	DACARBAZINE, 100 MG
J9140	DACARBAZINE, DTIC, DOME, DIC, 200 MGM
J9150	DAUNORUBICIN, HYDROCHLORIDE, 10 MG
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG
J9181	ETOPOSIDE, 10 MG
J9182	ETOPOSIDE, UP TO 100 MG
J9185	FLUDARABINE PHOSPHATE, 50 MG
J9190	FLUOROURACIL, 500 MG
J9200	FLOXURIDINE, 500 MGM
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
J9208	IFOSFAMIDE, 1 GM
J9209	MESNA, 200 MG
J9211	IDARUBICIN HYDROCHLORIDE, 5MG
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
J9216	INTERFERON, GAMMA 1-8, 3 MILLION UNITS
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
J9218	LEUPROLIDE ACETATE, PER 1 MG
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
J9250	METHOTREXATE SODIUM MIX 2CC OR 5 MG
J9260	METHOTREXATE SODIUM, 50 MG
J9265	PACLITAXEL, 30 MG
J9266	PEGASPOARGASE, PER SINGLE DOSE VIAL
J9268	PENTOSTATIN, PER 10 MG
J9270	PLICAMYCIN, 2.5 MG
J9280	MUTAMYCIN, MITOMYCIN 5 MG
J9290	MUTAMYCIN, 20 MG
J9291	MITOMYCIN, 40MG
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
J9320	STREPTOZOCIN, 1 GM
J9340	THIOTEPA, 15 MG
J9360	VINBLASTINE SULFATE, 1 MG
J9370	VINCRISTINE SULFATE, 1 MG
J9375	VINCRISTINE SULFATE 2 MG/2 ML (2 ML VIAL)
J9380	VINCRISTINE SULFATE ONCOVIN 5 MGM
J9390	VINORELBINE TARTRATE, PER 10 MG
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
W6100	INJECTION, ACTH GEL (80 UNITS)
W6102	INJECTION, AMPICILLIN (1 GM.)
W6104	INJECTION, BICILLIN CR (900/300)
W6105	INJECTION, BICILLIN CR UP TO 300,000 UNITS
W6106	INJECTION, CALCIMAR (100 UNITS)
W6107	INJECTION, CALCIMAR (200 UNITS)
W6109	INJECTION, CALCIUM CHLORIDE (10 ML.)
W6110	INJECTION, CLEOCIN, UP TO 600 MG
W6112	INJECTION, CORTROSYN (0.25 MG.)
W6114	INJECTION, DEPO-MEDROL, 60 MG
W6115	INJECTION, DEPO-MEDROL, 120 MG
W6116	INJECTION, DEPO-PROVERA, 250 MG
W6117	INJECTION, DEPO-MEDROXYPROGESTERONE, 150 MG
W6118	INJECTION, DEPO-TESTOSTERONE, 300 MG.
W6119	INJECTION, DEPO-TESTOSTERONE, 400 MG.
W6120	INJECTION, DEXAMETHASONE, LA 8 MG/ML
W6121	INJECTION, DEXAMETHASONE, LA 16 MG
W6122	INJECTION, DEXTROSE, 50 ML
W6124	INJECTION, EPHEDRINE
W6126	INJECTION, FUROSEMIDE, 20 MG
W6127	INJECTION, FUROSEMIDE, 40 MG
W6128	INJECTION, FUROSEMIDE, 80 MG
W6130	INJECTION, GLUCAGON, 1 MG.
W6134	INJECTION, HEPARIN, 10,000 UNITS
W6136	INJECTION, HEPARIN, 20,000 UNITS
W6137	INJECTION, HEPARIN, 5,000 UNITS
W6138	INJECTION, HYDROCORTISONE 250 MG
W6140	INJECTION, IMFERON, 1 ML
W6141	INJECTION, IMFERON, 3 ML
W6142	INJECTION, ISOPROTERENOL
W6144	INJECTION, KANTREX 1 GM
W6146	INJECTION, KEFZOL 1 GM
W6148	INJECTION, MAGNESIUM SULFATE
W6152	INJECTION, NUBAIN
W6156	INJECTION, PENICILLIN G PROCAINE, 900,000 UNITS
W6157	INJECTION, PENICILLIN 6 PROCAINE, 1.2 MIL UNITS

## Allowable Injection Codes for Nurse Practitioners (cont.)

Procedure Code	Description
W6158	INJECTION, PENICILLIN G PROCAINE, 2.4 MIL UNITS
W6159	INJECTION, PENICILLIN G PROCAINE, 4.8 MIL UNITS
W6160	INJECTION, PENICILLIN G PROCAINE, 2.4 MIL UNITS/PROBE
W6161	INJECTION, PENICILLIN G PROCAINE, 4.8 MIL UNITS/PROBE
W6162	INJECTION, PROCAINE
W6164	INJECTION, PROLIXIN DECANOATE, 50 MG
W6166	INJECTION, PROLIXIN ENANTHATE, 25 MG
W6167	INJECTION, PROLIXIN ENANTHATE, 50 MG
W6168	INJECTION, STADOL
W6170	INJECTION, SUSPHRINE
W6172	INJECTION, TENSILON, 5 MG
W6173	INJECTION, TERRAMYCIN, 100 MG
W6177	INJECTION, VELBAN, 2 MG
W6178	INJECTION, VELBAN, 5 MG
W6179	INJECTION, VELOSEF, 250 MG
W6180	INJECTION, VELOSEF, 500 MG
W6190*	MERETEK UBT BREATH TEST COLLECTION KIT WITH PRANACTIN

\*Bill only type of service (TOS) 5 for this procedure code.

**Attachment 5**  
**Allowable Types of Service (TOS) and Place of Service (POS)**  
**Codes for Nurse Practitioners and Nurse Midwives**

**Allowable TOS Codes for Nurse Practitioners**

<b>Type of Service (TOS) Code</b>	<b>Description</b>
1	Blood (& ICD-9-CM on Hospital CT 40)
2	Medical, including: Injection; Physician's Medical Service; Independent Nurses; Audiology; Physical Therapy; Occupational Therapy; Speech Therapy; Personal Care; AODA/Day Treatment; HealthCheck Screening; Case Management; and School-Based Services
3	Consultation
4	Diagnostic X-Ray (total charge) Ultrasound (total charge)
5	Diagnostic Lab (total charge) HealthCheck Lab
7	Anesthesia
8	Assistant surgery
9	Other: Transportation, Non-MD Psych & AODA; Family Planning; Rehabilitation Agency; Nurse Midwife; Chiropractor; Day Treatment; and School-Based Services
B	Diagnostic Medical (total)
Q	Diagnostic X-ray-Professional/Ultrasound-Professional
U	Diagnostic X-ray (Medical-Technical)/Ultrasound (Technical)
W	Diagnostic Medical - Professional
X	Diagnostic Lab - Professional

**Allowable Place of Service (POS) Codes for Nurse Practitioners and Nurse Midwives**

0	Other
1	Inpatient hospital
2	Outpatient hospital
3	Doctor's office
4	Home
7	NH/Extended care facility
8	Skilled nursing facility
B	Ambulatory surgical center

**Allowable Type of Service (TOS) Codes for Nurse Midwives**

0	Blood
5	Diagnostic Laboratory
8	Assistant Surgery
9	Other

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