

Health Care Professionals

National Injectable/Immunization Fee Schedule

Effective: April 20, 2011



Code	Code Description	Reimbursement Amount	Description
90281	Immune Globulin (Ig), human, for intramuscular use, (Code price is per 2 mL)	\$47.94	
90283	Immune Globulin (IgIV), human, for intravenous use (Code price is per 500mg)	\$33.41	
90284	Immune globulin (IgIV), human, for use in subQ infusions, 100 mg, each	\$13.44	
90287	Botulinum antitoxin, equine, any route (Further documentation required)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90288	Botulism immune globulin, human, for intravenous use (Further documentation required)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use (Code price is per 50 mL)	\$1,184.41	
90296	Diphtheria antitoxin, equine, any route.	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90371	Hepatitis B Immune Globulin (HBIG), human, for intramuscular use. (Code price is per 1 mL)	\$144.16	
90375	Rabies Immune Globulin (RIG), human, for IM and/or SubQ (Code price is per 1mL)	\$219.54	
90376	Rabies Immune Globulin, heat-treated (RIG-HT), human, for IM and/or SubQ use	\$167.44	
90378	Respiratory syncytial virus for IM, 50mg, each	\$1,202.75	
90384	Rho(D) Immune Globulin (RhIg), human, full dose, for intramuscular use	\$102.92	
90385	Rho(D) Immune Globulin (RhIg), human, mini dose, for intramuscular use (Code price is per 50 mcg)	\$36.62	
90386	Rho(D) Immune Gobulin (RhIgIV), human, for intravenous use	\$10.89	
90389	Tetanus Immune Globulin (TIG), human, for intramuscular use	\$332.88	
90393	Vaccinia Immune Globulin, human, for intramuscular use (Further documentation requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90396	Varicella-zoster Immune Globulin, human, for IM, Code Price is per 125 units	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90399	Unlisted immune globulin	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
90476	Adenovirus vaccine, type 4, live, for oral use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90477	Adenovirus vaccine, type 7, live for oral use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90581	Anthrax vaccine, for subcutaneous use (Code price is per one dose, 0.5 mL)	\$110.88	
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use (Code price is per 50 mg)	\$157.83	
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	\$157.83	
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (Code price is per 1 mL)	\$70.67	
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose, 0.5 mL)	\$34.94	
90634	Hepatitis A Vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code price is per 1 mL)	\$100.63	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	\$0.00	Provider Contract excludes procedure
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	\$0.00	Provider Contract excludes procedure
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	\$25.50	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	\$27.20	
90649	Human Papilloma Virus (HPV) types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for IM use (Code price is per dose, 0.5 mL)	\$145.90	
90650	Human Papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for IM use	\$144.20	
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90655	Influenza virus vaccine, split virus, pres. free, admin to children 6-35 mths of age, IM use (Code price is per 0.5 mL)	\$14.74	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
90656	Influenza virus vaccine, split virus, presv. free, administered to 3 years and older, for IM use (Code price is per 0.5 mL)	\$12.30	
90657	Influenza virus vaccine, split virus, admin to children 6-35 months of age, for IM use (Code price is per dose, 0.25 mL)	\$6.26	
90658	Influenza virus vaccine, split virus, admin to individuals 3 years of age and older, IM use (Code price is per 0.5 mL)	\$12.51	
90660	Influenza virus vaccine, live, for intranasal use (Code price is per dose, 0.2 mL)	\$22.06	
90661	Influenza virus vaccine, from cell cultures, subunit, presv. and antibiotic free, for IM use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90662	Influenza virus vaccine, split virus, presv. free, enhanced immunogenicity via increased antigen content, for IM	\$28.84	
90663	Influenza virus vaccine, pandemic formulation	\$0.00	Provider Contract excludes procedure
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90665	Lyme disease vaccine, adult dosage, for intramuscular use (30mcg/0.5ml)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90669	Pneumococcal conjugate vaccine, for IM use	\$93.95	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$127.85	
90675	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	\$218.40	
90676	Rabies vaccine, for intradermal use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use, Code price is per dose, 2 mL)	\$77.94	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code price is per dose, 1 mL)	\$114.80	
90690	Typhoid vaccine, live, oral (Code price is one course =4 capsules)	\$42.20	
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use (Code price is per dose, 0.5 mL)	\$51.32	
90692	Typhoid vaccine, heat- and phenol-inactivated (HP), for subcutaneous or intradermal use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code price is per dose 0.5 mL)	\$53.76	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Code price is per dose, 0.5 mL)	\$86.78	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use (Code price is per dose, 0.5 mL)	\$23.48	
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use (Code price is per dose, 0.5 mL)	\$35.07	
90703	Tetanus toxoid adsorbed, for intramuscular use (Code price is per 0.5 mL)	\$34.70	
90704	Mumps virus vaccine, live, for subcutaneous use (Code price is per dose, 0.5 mL)	\$24.91	
90705	Measles virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	\$19.25	
90706	Rubella virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	\$21.45	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Code price is per 0.5 mL)	\$56.18	
90708	Measles and rubella virus vaccine, live, for subcutaneous use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code price is per dose, 0.5 mL)	\$150.00	
90712	Poliovirus vaccine (any type[s]) (OPV), live, for oral use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code price is per dose, 0.5 mL)	\$28.48	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Code price is per 0.5 mL)	\$21.83	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Code price is per dose, 0.5 mL)	\$42.06	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
90716	Varicella virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	\$93.82	
90717	Yellow fever vaccine, live, for subcutaneous use (Code price is per dose, 0.5 mL)	\$90.78	
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use (Code price is per 0.5 mL)	\$17.91	
90719	Diphtheria toxoid, for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90720	Diphtheria, tetanus toxoids, and whole cell pertussis and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use (Code price is per dose)	\$53.37	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (Code price is per 0.5 mL)	\$79.21	
90725	Cholera vaccine, for injectable use	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90727	Plague vaccine, for intramuscular use (Code Price is per 1 mL) (Product is no longer manufactured)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Code price is per dose, 0.5 mL)	\$48.87	
90733	Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use (Code price is per 0.5 mL)	\$119.27	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use (Code price is per dose, 0.5 mL)	\$114.98	
90735	Japanese encephalitis virus vaccine, for subcutaneous use (Code price is per 1 mL)	\$107.86	
90736	Zoster (shingles) vaccine, live, for subcutaneous injection (Code is per dose)	\$172.40	
90738	Japanese encephalitis virus vaccine, inactivated, for IM use	\$235.20	
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (Code price is per dose)	\$185.96	
90743	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose)	\$66.18	
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use (Code price is per dose)	\$23.93	

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	\$58.80	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (Code price is per dose)	\$117.60	
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use (Code price is per dose)	\$48.79	
90749	Unlisted vaccine/toxoid	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
C9113	Injection, pantoprazole sodium, per vial	\$12.24	
C9121	Injection, argatroban, per 5 mg	\$26.85	
C9248	Injection, clevidipine butyrate, 1 mg	\$3.54	
C9250	Human plasma fibrin sealant	\$149.16	
C9254	injection, lacosamide, 1 mg	\$0.18	
C9257	injection, bevacizumab, 0.25 mg	\$1.53	
C9270	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	\$58.14	
C9272	Injection, denosumab, 1 mg	\$14.03	
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	\$31,620.00	
C9274	Crotalidae Poly Immune Fab	\$2,073.15	
C9275	Hexaminolevulinate HCl	\$612.00	
C9276	Cabazitaxel injection	\$136.00	
C9277	Lumizyme, 1 mg	\$14.28	
C9278	Incobotulinumtoxin A	\$5.36	
C9279	Injection, ibuprofen	\$1.39	
C9352	Microporous collagen implantable tube	\$421.60	
C9353	Microporous collagen implantable slit tube	\$436.59	
C9354	Acellular pericardial tissue matrix of non-human origin	\$19.38	
C9355	Collagen nerve cuff	\$182.24	
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix	\$36.26	
C9399	Unclassified drugs or biologicals	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) refers to the vaccine administratio	\$20.92	
G9142	Influenza A (H1N1) vaccine, any route of administration is the code for the vaccine itself;	\$0.00	Provider Contract excludes procedure
J0120	Injection, tetracycline up to 250 mg	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
J0129	Injection, abatacept, 10 mg	\$20.43	
J0130	Injection, abciximab, 10 mg	\$523.58	
J0132	Injection, acetylcysteine, 100 mg	\$2.73	
J0133	Injection, acyclovir, 5 mg	\$0.03	
J0135	Injection, adalimumab, 20 mg	\$385.26	
J0150	Injection, adenosine for therapeutic use, 6 mg	\$9.67	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J0152	Injection, adenosine for diagnostic use, 30 mg	\$87.86	
J0171	Adrenalin epinephrine inject	\$0.04	
J0180	Injection, agalsidase Beta, 1 mg	\$136.21	
J0190	Injection, biperiden lactate, per 5 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0200	Injection, alatrofloxacin mesylate, 100 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0205	Injection, alglucerase, per 10 units	\$41.99	
J0207	Injection, amifostine, 500 mg	\$321.30	
J0210	Injection, methyl dopate HCL, up to 250 mg	\$40.21	
J0215	Injection, alefacept, 0.5 mg	\$35.36	
J0220	injection, aglucosidase alfa, 10 mg	\$158.77	
J0256	Injection, alpha 1, proteinase inhibitor, human, 10 mg	\$3.79	
J0270	Injection, Alprostadil, 1.25 mcg	\$0.38	
J0275	Alprostadil Urethral Suppository	\$25.72	
J0278	Injection, amikacin sulfate, 100 mg	\$0.77	
J0280	Injection, aminophyllin, up to 250 mg	\$0.38	
J0282	Injection, amiodarone hydrochloride, 30 mg	\$0.27	
J0285	Injection, amphotericin B, 50 mg	\$12.42	
J0287	Injection, amphotericin B lipid complex, 10 mg	\$9.60	
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg (amphotec)	\$14.00	
J0289	Injection, amphotericin B liposome, 10 mg	\$15.02	
J0290	Injection, ampicillin sodium, 500 mg	\$2.99	
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	\$2.52	
J0300	Injection, acetylcysteine, 100 mg	\$6.33	
J0330	Injection, succinylcholine chloride, up to 20 mg	\$0.15	
J0348	Injection, anidulafungin, 1 mg	\$1.26	
J0350	Injection, anistreplase 30 units	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0360	Injection, hydralazine HCL, up to 20 mg	\$4.33	
J0364	Injection, apomorphine hydrochloride, 1 mg	\$4.78	
J0365	Injection, aprotonin, 10,000 KIU	\$2.65	
J0380	Injection, metaraminol bitartrate up to 10mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0390	Injection, chloroquine hydrochloride, up to 250 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0395	Injection, arbutamine HCL, 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0400	Injection, ariprazole, 0.25 mg	\$0.37	
J0456	Injection, azithromycin, 500 mg	\$4.64	
J0461	Injection, Atropine Sulfate, 0.01 mg	\$0.02	
J0470	Injection, dimercaprol, per 100 mg	\$27.56	
J0475	Injection, baclofen, 10 mg	\$205.31	
J0476	Injection, baclofen, 50 mcg for intrathecal trial	\$73.25	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J0480	Injection, basiliximab, 20 mg	\$2,052.03	
J0500	Injection, dicyclomine HCL, up to 20 mg	\$21.33	
J0515	Injection, bztropine mesylate, per 1 mg	\$60.55	
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0558	PenG benzathine/procaine inj	\$3.22	
J0561	Penicillin g benzathine inj	\$4.06	
J0583	Injection, bivalirudin, 1 mg	\$2.54	
J0585	Injection, Onabotulinumtoxina, 1 unit	\$5.27	
J0586	Injection, Abobotulinumtoxina, 5 units	\$7.57	
J0587	Injectioin, Rimabotulinumtoxnb, 100 units	\$10.34	
J0592	Injection,buprenorphine hydrochloride, 0.1 mg	\$0.72	
J0594	Injection, Busulfan, 1mg	\$16.60	
J0595	Injection, butorphanol tartrate, 1 mg	\$0.93	
J0597	C-1 esterase, berinert	\$27.53	
J0598	Injection, C1 esterase inhibitor (human) 10 units	\$42.75	
J0600	Injection, edetate callcium disodium, up to 1000 mg	\$196.72	
J0610	Injection, calcium gluconate, per 10 ml	\$0.23	
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	\$8.94	
J0630	Injection, calcitonin salmon, up to 400 units	\$51.96	
J0636	Injection, calcitoriol, 0.1 mcg	\$0.42	
J0637	Injection, caspofungin acetate, 5 mg	\$12.23	
J0638	Canakinumab injection	\$89.18	
J0640	Injection, leucovorin calcium, per 50 mg	\$1.04	
J0641	Injection, levoleucovorin calcium, 0.5 mg	\$1.26	
J0670	Injection, mepivacaine hydrochloride, per 10 ml	\$2.08	
J0690	Injection, cefazolin sodium, 500 mg	\$0.58	
J0692	Injection, cefepime hydrochloride, 500 mg	\$2.09	
J0694	Injection, cefoxitin sodium, 1 gm	\$7.48	
J0696	Injection, ceftriaxone sodium, per 250 mg	\$0.98	
J0697	Injection, sterile cefuroxime sodium, per 750 mg	\$2.40	
J0698	Injection, cefotzixime sodium, per gm	\$5.06	
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg	\$6.12	
J0706	Injection, caffeine citrate, 5mg	\$0.40	
J0710	Injection, cephapirin sodium, up to 1 gm	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0713	Injection, ceftazidime, per 500 mg	\$2.07	
J0715	Injection, ceftizoxime sodium, per 500 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0718	Injection, certolizumab pegol, 1 mg	\$3.91	
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	\$25.39	
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	\$9.49	
J0735	Injection, clondine hydrochloride, 1 mg	\$19.77	
J0740	Injection, cidofovir, 375 mg	\$758.36	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J0743	Injection, cilastatin sodium;impenem, per 250 mg	\$12.09	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$1.15	
J0745	Injection, codeine phosphate, per 30 mg	\$1.35	
J0760	Injection, colchicine, per 1mg	\$6.57	
J0770	Injection, colistimethate sodium, up to 150 mg	\$17.40	
J0775	Collagenase, clost hist inj	\$37.51	
J0780	Injection, prochlorperazine, up to 10 mg	\$1.91	
J0795	Injection, corticorelin ovine triflutate, 1 microgram	\$5.16	
J0800	Injection, corticotropin, up to 40 units	\$2,441.23	
J0833	Injection, Cosyntropin, nos, 0.25 mg	\$52.30	
J0834	Injection, cosyntropin (cortrosyn), 0.25	\$76.43	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	\$878.83	
J0878	Injection, daptomycin, 1 mg	\$0.45	
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	\$2.87	
J0882	Injection, Darbepoetin Alfa, 1 microgram (for ESRD ON DIALYSIS)	\$2.96	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	\$9.67	
J0886	Injection, epoetin alfa 1000 units (for ESRD use)	\$9.67	
J0894	Injection, decitabine, 1 mg	\$31.28	
J0895	Injection, deferoxamine mesylate, 500 mg	\$12.93	
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J0945	Injection, brompheniramine maleate, per 10 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1000	Injection, depo-estradiol cypionate, up to 5 mg	\$6.83	
J1020	Injection, methylprednisolone acetate, 20 mg	\$1.36	
J1030	Injection, methylprednisolone acetate, 40 mg	\$2.79	
J1040	Injection, methylprednisolone acetate, 80 mg	\$7.07	
J1051	Injection, methylprednisolone acetate, 50 mg	\$8.17	
J1055	Injection, methylprednisolone acetate for contraceptive use, 150 mg	\$42.44	
J1056	Injection, methylprednisolone acetate / estradiol cypionate, 5mg / 25mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1070	Injection, testosterone cypionate, up to 100 mg	\$4.01	
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	\$5.23	
J1094	Injection, dexamethasone acetate, 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1100	Injection, dexamethasone sodium phosphate, 1mg	\$0.09	
J1110	Injection, dihydroergotamine mesylate, per 1 mg	\$22.53	
J1120	Injection, acetazolamide sodium, up to 500 mg	\$29.81	
J1160	Injection, digoxin, up to 0.5 mg	\$1.05	
J1162	Injection, digoxin immune fab (Ovine) , per vial	\$513.60	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J1165	Injection, phenytoin sodium, per 50 mg	\$0.76	
J1170	Injection, hydromorphone, up to 4 mg	\$1.87	
J1180	Injection, dyphylline, up to 500 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	\$222.49	
J1200	Injection, diphenhydramine HCl, up to 50 mg	\$0.79	
J1205	Injection, chlorothiazide sodium, per 500 mg	\$447.86	
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 mL	\$71.53	
J1230	Injection, methadone HCl, up to 10 mg	\$6.22	
J1240	Injection, dimenhydrinate, up to 50 mg	\$5.04	
J1245	Injection, dipyridamole, per 10 mg	\$1.13	
J1250	Injection, dobutamine hydrochloride, per 250 mg	\$6.02	
J1260	Injection, dolasetron mesylate, 10 mg	\$4.24	
J1265	Injection, dopamine HCl, 40 mg	\$0.48	
J1267	Injection, doripenem, 10 mg	\$0.54	
J1270	Injection, doxercalciferol, 1 mcg	\$3.13	
J1290	Ecallantide injection	\$275.28	
J1300	Injection, eculizumab, 10 mg	\$185.50	
J1320	Injection, amitriptyline HCl, up to 20 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1324	Injection, enfuvirtide, 1 mg	\$29.80	
J1325	Injection, epoprostenol, 0.5 mg	\$14.53	
J1327	Injection, eptifibatid, 5 mg	\$20.17	
J1330	Injection, ergonovine maleate, up to 0.2 mg	\$4.87	
J1335	Injection, ertapenem sodium, 500 mg	\$28.26	
J1364	Injection, erythromycin lactobionate, per 500 mg	\$9.53	
J1380	Injection, estradiol valerate, up to 10 mg	\$7.62	
J1410	Injection, estrogens, conjugated, per 25 mg	\$97.68	
J1430	Injection, ethanolamine oleate, 100 mg	\$149.97	
J1435	Injection, estrone, per 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1436	Injection, etidronate disodium, per 300 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1438	Injection, etanercept, 25 mg	\$199.30	
J1440	Injection, filgrastim (G-CSF), 300 mcg	\$239.91	
J1441	Injection, filgrastim (G-CSF), 480 mcg	\$377.32	
J1450	Injection, fluconazole, 200 mg	\$4.97	
J1451	Injection, fomepizole, 15 mg	\$7.45	
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1453	Injection, fosaprepitant, 1 mg	\$1.73	
J1455	Injection, foscarnet sodium, per 1,000 mg	\$10.91	
J1457	Injection, gallium nitrate, 1 mg	\$2.03	
J1458	Injection, galsulfase, 1 mg	\$338.38	
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	\$35.08	

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J1460	Injection, gamma globulin, intramuscular, 1 cc	\$18.67	
J1559	Hizentra injection	\$7.28	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	\$186.74	
J1561	Injection, immune globulin, (Gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg	\$38.35	
J1562	Injection, immune globulin, subcutaneous, 100 mg	\$7.39	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg	\$31.87	
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	\$36.04	
J1569	Injection, immune globulin, (Gammagard), intravenous, non-lyophilized, (e.g. liquid), 500 mg	\$39.30	
J1570	Injection, ganciclovir sodium, 500 mg	\$57.83	
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 mL	\$60.09	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	\$35.74	
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL	\$60.09	
J1580	Injection, garamycin, gentamicin, up to 80 mg	\$1.03	
J1590	Injection, gatifloxacin, 10 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1595	Injection, glatiramer acetate, 20 mg	\$67.64	
J1599	Ivig non-lyophilized, NOS	\$58.14	
J1600	Injection, gold sodium thiomalate, up to 50 mg	\$13.81	
J1610	Injection, glucagon hydrochloride, per 1 mg	\$97.38	
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1626	Injection, granisetron hydrochloride, 100 mcg	\$0.65	
J1630	Injection, haloperidol, up to 5 mg	\$5.93	
J1631	Injection, haloperidol decanoate, per 50 mg	\$46.95	
J1640	Injection, hemin, 1 mg	\$8.49	
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	\$0.17	
J1644	Injection, heparin sodium, per 1000 units	\$0.35	
J1645	Injection, dalteparin sodium, per 2,500 IU	\$11.93	
J1650	Injection, enoxaparin sodium, 10 mg	\$6.83	
J1652	Injection, fondaparinux sodium, 0.5 mg	\$6.13	
J1655	Injection, tinzaparin sodium, 1000 IU	\$4.50	
J1670	Injection, tetanus immune globulin, human, up to 250 units	\$232.47	
J1675	Injection, histrelin acetate, 10 micrograms	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1680	Injection, human fibrinogen concentrate, 100 mg	\$92.65	
J1700	Injection, hydrocortisone acetate, up to 25 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1720	Injection, hydrocortisone sodium SUCCINATE, up to 100 mg	\$3.62	
J1730	Injection, diazoxide, up to 300 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1740	Injection, ibandronate sodium, 1 mg	\$146.51	
J1742	Injection, ibutilide fumarate, 1 mg	\$178.36	
J1743	Injection, idursulfase, 1 mg	\$455.03	
J1745	Injection, infliximab, 10 mg	\$60.58	
J1750	Injection, Iron dextran, 50 mg	\$11.71	
J1756	Injection, IRON SUCROSE, 1 mg	\$0.36	
J1786	Imuglucerase injection	\$41.99	
J1790	Injection, droperidol, up to 5 mg	\$3.25	
J1800	Injection, propranolol HCl, up to 1 mg	\$2.76	
J1810	Injection, droperidol and fentanyl citrate, up to 2 mL ampule	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1815	Injection, insulin, per 5 units	\$0.46	
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	\$2.35	
J1826	Interferon Beta-1A inj	\$256.80	
J1830	Injection, interferon beta-1B, 0.25 mg	\$119.30	
J1835	Injection, itraconazole, 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1840	Injection, kanamycin sulfate, up to 500 mg	\$7.69	
J1850	Injection, kanamycin sulfate, up to 75 mg	\$1.15	
J1885	Injection, ketorolac tromethamine, per 15 mg	\$0.29	
J1890	Injection, cephalothin sodium, up to 1 gm	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1930	Injection, lanreotide, 1 mg	\$30.44	
J1931	Injection, laronidase, 0.1 mg	\$25.56	
J1940	Injection, furosemide, up to 20 mg	\$0.58	
J1945	Injection, lepirudin, 50 mg	\$305.17	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	\$552.82	
J1953	Injection, levetiracetam, 10 mg	\$0.58	
J1955	Injection, levocarnitine, per 1 g	\$4.77	
J1956	Injection, levofloxacin, 250 mg	\$5.36	
J1960	Injection, levorphanol tartrate, up to 2 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	\$11.84	
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	\$0.02	
J2010	Injection, lincomycin HCl, up to 300 mg	\$5.66	
J2020	Injection, linezolid, 200 mg	\$33.89	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J2060	Injection, lorazepam, 2 mg	\$0.71	
J2150	Injection, mannitol, 25% in 50 mL	\$0.94	
J2170	Injection, mecasermin, 1 mg	\$19.79	
J2175	Injection, meperidine hydrochloride, per 100 mg	\$1.75	
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2185	Injection, meropenem, 100 mg	\$3.41	
J2210	Injection, methylergonovine maleate, up to 0.2 mg	\$5.72	
J2248	Injection, micafungin sodium, 1 mg	\$1.03	
J2250	Injection, midazolam hydrochloride, per 1 mg	\$0.07	
J2260	Injection, milrinone lactate, per 5 mg	\$4.24	
J2270	Injection, morphine sulfate, up to 10 mg	\$1.97	
J2271	Injection, morphine sulfate, 100 mg	\$1.03	
J2275	Injection, morphine sulfate, per 10 mg	\$2.87	
J2278	Injection, ziconotide, 1 microgram	\$6.60	
J2280	Injection, moxifloxacin, 100 mg	\$3.00	
J2300	Injection, nalbuphine hydrochloride, per 10 mg	\$1.01	
J2310	Injection, naloxone hydrochloride, per 1 mg	\$6.97	
J2315	Injection, naltrexone, depot form, 1 mg	\$2.40	
J2320	Injection, nandrolone decanoate, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2323	Injection, natalizumab, 1 mg	\$10.40	
J2325	Injection, nesiritide, 0.1 mg	\$44.04	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	\$114.70	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	\$1.31	
J2355	Injection, oprelvekin, 5 mg	\$244.79	
J2357	Injection, omalizumab, 5 mg	\$20.43	
J2358	Olanzapine long-acting inj	\$2.76	
J2360	Injection, orphenadrine citrate, up to 60 mg	\$5.64	
J2370	Injection, phenylephrine HCl, up to 1 mL	\$1.01	
J2400	Injection, chlorprocaine hydrochloride, per 30 mL	\$12.71	
J2405	Injection, ondansetron hydrochloride, per 1 mg	\$1.40	
J2410	Injection, oxymorphone HCl, up to 1 mg	\$2.30	
J2425	Injection, palifermin, 50 micrograms	\$11.33	
J2426	Paliperidone palmitate inj	\$6.50	
J2430	Injection, pamidronate disodium, per 30 mg	\$70.00	
J2440	Injection, papaverine HCl, up to 60 mg	\$0.76	
J2460	Injection, oxytetracycline HCl, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2469	Injection, palonosetron HCl, 25 mcg	\$18.16	
J2501	Injection, paricalcitol, 1 mcg	\$3.32	
J2503	Injection, pegaptanib sodium, 0.3 mg	\$1,023.85	
J2504	Injection, pegademase bovine, 25 IU	\$247.33	
J2505	Injection, pegfilgrastim, 6 mg	\$2,591.77	

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	\$11.48	
J2513	Injection, pentastarch, 10% solution, 100 mL	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2515	Injection, pentobarbital sodium, per 50 mg	\$17.94	
J2540	Injection, penicillin G potassium, up to 600,000 units	\$0.70	
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g	\$5.54	
J2545	Pentamidine isethionate, inhalation solution, unit dose form, per 300 mg	\$83.74	
J2550	Injection, promethazine HCl, up to 50 mg	\$2.04	
J2560	Injection, phenobarbital sodium, up to 120 mg	\$3.05	
J2562	Injection, Plerixafor, 1 mg	\$280.00	
J2590	Injection, oxytocin, up to 10 units	\$1.12	
J2597	Injection, desmopressin acetate, per 1 mcg	\$5.12	
J2650	Injection, prednisolone acetate, up to 1 mL	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2670	Injection, tolazoline HCl, up to 25 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2675	Injection, progesterone, per 50 mg	\$1.50	
J2680	Injection, fluphenazine decanoate, up to 25 mg	\$1.70	
J2690	Injection, procainamide HCl, up to 1 g	\$6.89	
J2700	Injection, oxacillin sodium, up to 250 mg	\$2.12	
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	\$0.08	
J2720	Injection, protamine sulfate, per 10 mg	\$0.45	
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	\$12.64	
J2725	Injection, protirelin, per 250 mcg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2730	Injection, pralidoxime chloride, up to 1 g	\$90.41	
J2760	Injection, phentolamine mesylate, up to 5 mg	\$56.18	
J2765	Injection, metoclopramide HCl, up to 10 mg	\$0.37	
J2770	Injection, quinupristin/dalfopristin, 500 mg	\$160.22	
J2778	Injection, ranibizumab, 0.1 mg	\$405.64	
J2780	Injection, ranitidine hydrochloride, 25 mg	\$0.96	
J2783	Injection, rasburicase, 0.5 mg	\$182.81	
J2785	Injection, regadenoson, 0.1 mg	\$51.70	
J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.)	\$25.33	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.)	\$85.60	
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	\$5.18	
J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU	\$21.02	
J2793	Injection, rilonacept, 1 mg	\$23.18	
J2794	Injection, risperidone, long acting, 0.5 mg	\$5.05	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J2795	Injection, ropivacaine hydrochloride, 1 mg	\$0.09	
J2796	Injection, romiplostim, 10 mcg	\$45.17	
J2800	Injection, methocarbamol, up to 10 mL	\$28.49	
J2805	Injection, sincalide, 5 micrograms	\$72.54	
J2810	Injection, theophylline, per 40 mg	\$0.03	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	\$23.81	
J2850	Injection, secretin, synthetic, human, 1 microgram	\$27.50	
J2910	Injection, aurothioglucose, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	\$4.99	
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	\$1.79	
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$2.53	
J2940	Injection, somatrem, 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2941	Injection, somatropin, 1 mg	\$51.97	
J2950	Injection, promazine HCl, up to 25 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2993	Injection, reteplase, 18.1 mg	\$1,456.63	
J2995	Injection, streptokinase, per 250,000 IU	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J2997	Injection, alteplase recombinant, 1 mg	\$39.65	
J3000	Injection, streptomycin, up to 1 g	\$9.69	
J3010	Injection, fentanyl citrate, 0.1 mg	\$0.41	
J3030	Injection, sumatriptan, succinate, 6 mg	\$42.93	
J3070	Injection, pentazocine, 30 mg	\$9.25	
J3095	Televancin injection	\$1.93	
J3101	Injection, tenecteplase, 1 mg	\$51.49	
J3105	Injection, terbutaline sulfate, up to 1 mg	\$1.56	
J3110	Injection, teriparatide, 10 mcg	\$7.54	
J3120	Injection, testosterone enanthate, up to 100 mg	\$4.12	
J3130	Injection, testosterone enanthate, up to 200 mg	\$9.62	
J3140	Injection, testosterone suspension, up to 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3150	Injection, testosterone PROPIONATE, up to 100 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3230	Injection, chlorpromazine HCl (Thorazine), up to 50 mg	\$8.94	
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	\$1,053.02	
J3243	Injection, tigecycline, 1 mg	\$1.24	
J3246	Injection, tirofiban HCl, 0.25 mg	\$8.25	
J3250	Injection, trimethobenzamide HCl, up to 200 mg	\$4.53	
J3260	Injection, tobramycin sulfate, up to 80 mg	\$2.82	
J3262	Tocilizumab injection	\$3.75	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well as The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J3265	Injection, torsemide, 10 mg/mL	\$2.19	
J3280	Injection, thiethylperazine maleate, up to 10 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3285	Injection, trestoninil, 1 mg	\$61.24	
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	\$3.24	
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	\$1.62	
J3302	Injection, triamcinolone diacetate, per 5 mg	\$0.28	
J3303	Injection, triamcinolone hexacetonide, per 5 mg	\$1.37	
J3305	Injection, trimetrexate glucuronate, per 25 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3310	Injection, perphenazine, up to 5 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3315	Injection, triptorelin pamoate, 3.75 mg	\$176.27	
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3350	Injection, urea, up to 40 g	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3355	Injection, urofollitropin, 75 IU	\$64.43	
J3357	Ustekinumab injection	\$111.88	
J3360	Injection, diazepam, up to 5 mg	\$1.14	
J3364	Injection, urokinase, 5,000 IU vial	\$9.16	
J3365	Injection, IV, urokinase, 250,000 IU vial	\$457.73	
J3370	Injection, vancomycin HCl, 500 mg	\$3.00	
J3385	Velaglucerase alfa	\$350.58	
J3396	Injection, verteporfin, 0.1 mg	\$9.65	
J3400	Injection, triflupromazine HCl, up to 20 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3410	Injection, hydroxyzine HCl, up to 25 mg	\$1.38	
J3411	Injection, thiamine HCl, 100 mg	\$5.27	
J3415	Injection, pyridoxine HCl, 100 mg	\$9.53	
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	\$0.27	
J3430	Injection, phytonadione (vitamin K) per 1 mg	\$1.72	
J3465	Injection, voriconazole, 10 mg	\$6.01	
J3470	Injection, hyaluronidase, up to 150 units	\$21.20	
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit	\$0.18	
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units	\$137.80	
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	\$0.64	
J3475	Injection, magnesium sulfate, per 500 mg	\$0.05	
J3480	Injection, potassium chloride, per 2 mEq	\$0.02	
J3485	Injection, zidovudine, 10 mg	\$1.38	
J3486	Injection, ziprasidone mesylate, 10 mg	\$6.85	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J3487	Injection, zoledronic acid (Zometa), 1 mg	\$214.41	
J3488	Injection, zoledronic acid (Reclast), 1 mg	\$222.67	
J3490	Unclassified drugs	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3520	Edetate disodium, per 150 mg	\$1.27	
J3530	Nasal vaccine inhalation	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3535	Drug administered through a metered dose inhaler	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J3570	Laetrile, amygdalin, vitamin B-17	\$0.00	Not covered. Plan excludes coverage for experimental drugs.
J3590	Unclassified biologics	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7030	Infusion, normal saline solution, 1,000 cc	\$0.46	
J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)	\$0.56	
J7042	5% Dextrose/normal saline (500ml = 1 unit)	\$0.33	
J7050	Infusion, normal saline solution, 250 cc	\$0.28	
J7060	5% Dextrose/water (500ml = 1 unit)	\$1.11	
J7070	Infusion, D5W, 1000 cc	\$2.20	
J7100	Infusion, dextran 40, 500 mL	\$20.42	
J7110	Infusion, dextran 75, 500 mL	\$12.72	
J7120	Ringer's lactate infusion, up to 1,000 cc	\$1.04	
J7130	Hypertonic saline solution, 50 or 100 mEq, 20 cc vial	\$1.34	
J7184	Wilate injection	\$70.18	
J7185	Injection, Factor VIII (antihemophilic factor, recombinant)	\$1.08	
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	\$0.92	
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	\$0.89	
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	\$1.43	
J7190	Factor VIII (antihemophilic factor [human]) per IU	\$0.88	
J7191	Factor VIII (antihemophilic factor [porcine]) per IU	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7192	Factor VIII (antihemophilic factor [recombinant]) per IU	\$1.10	
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	\$0.90	
J7194	Factor IX, complex, per IU	\$0.87	
J7195	Factor IX (antihemophilic factor, recombinant) per IU	\$1.15	
J7196	Antithrombin recombinant	\$99.45	
J7197	Antithrombin III (human), per IU	\$2.52	
J7198	Anti-inhibitor, per IU	\$1.60	
J7199	Hemophilia clotting factor, not otherwise classified	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J7300	Intrauterine copper contraceptive	\$469.81	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	\$752.26	
J7303	Contraceptive supply, hormone containing vaginal ring, each	\$67.51	
J7304	Contraceptive supply, hormone containing patch, each	\$25.70	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	\$637.54	
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	\$141.80	
J7309	Methyl aminolevulinate, top	\$73.08	
J7310	Ganciclovir, 4.5 mg, long-acting implant	\$16,960.00	
J7311	Fluocinolone acetonide, intravitreal implant	\$19,345.00	
J7312	Dexamethasone intra implant	\$195.97	
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	\$90.77	
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	\$148.53	
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	\$169.04	
J7325	Hyaluronan or derivative, synvisc or synvisc-one, 1 mg	\$11.92	
J7330	Autologous cultured chondrocytes, implant	\$27,044.78	
J7335	Capsaicin 8% patch, per 10 sq centimeters	\$25.56	
J7500	Azathioprine, oral, 50 mg	\$0.15	
J7501	Azathioprine, parenteral, 100 mg	\$106.72	
J7502	Cyclosporine, oral, 100 mg	\$3.19	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	\$530.86	
J7505	Muromonab-CD3, parenteral, 5 mg	\$1,133.16	
J7506	Prednisone, oral, per 5 mg	\$0.05	
J7507	Tacrolimus, oral, per 1 mg	\$3.12	
J7509	Methylprednisolone, oral, per 4 mg	\$0.08	
J7510	Prednisolone, oral, per 5 mg	\$0.02	
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	\$408.28	
J7513	Daclizumab, parenteral, 25 mg	\$526.34	
J7515	Cyclosporine, oral, 25 mg	\$0.83	
J7516	Cyclosporine, parenteral, 250 mg	\$22.41	
J7517	Mycophenolate mofetil, oral, 250 mg	\$1.39	
J7518	Mycophenolic acid, oral, 180 mg	\$3.19	
J7520	Sirolimus, oral, 1 mg	\$10.14	
J7525	Tacrolimus, parenteral, 5 mg	\$139.38	
J7599	Immunosuppressive drug, not otherwise classified	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	\$5.32	
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	\$4.63	
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	\$1.96	
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	\$0.14	
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg	\$0.09	
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg	\$0.16	
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg	\$0.06	
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg	\$0.21	
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	\$0.18	
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	\$4.92	
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg (Code Price is for cost of powder only)	\$0.17	

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	\$0.51	
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	\$26.16	
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	\$0.26	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.06	
J7647	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7648	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7649	Isoetharine HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7650	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7657	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7658	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7659	Isoproterenol HCL, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7660	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7667	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per 10 milligrams	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	\$0.25	
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7674	METHACHOLINE chloride administered as inhalation solution through a nebulizer, per 1 mg	\$0.45	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	\$71.15	
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J7686	Treprostinil, non-comp unit	\$398.33	
J7799	Not otherwise classified drugs, other than inhalation drugs, administered through DME	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J8498	Anti-emetic drug, rectal/suppository, not otherwise specified	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
J8501	Aprepitant, oral, 5 mg	\$5.99	
J8510	Busulfan, oral, 2 mg	\$3.65	
J8515	Cabergoline, oral, 0.25 mg	\$14.58	
J8520	Capecitabine, oral, 150 mg	\$6.91	
J8521	Capecitabine, oral, 500 mg	\$22.73	
J8530	Cyclophosphamide, oral, 25 mg	\$0.85	
J8540	Dexamethasone, oral, 0.25 mg	\$0.38	
J8560	Etoposide, oral, 50 mg	\$24.78	
J8562	Oral fludarabine phosphate	\$79.53	
J8565	Gefitinib, oral, 250 mg	\$57.87	
J8597	Antiemetic drug, oral, not otherwise specified	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
J8600	Melphalan, oral, 2 mg	\$4.79	
J8610	Methotrexate, oral, 2.5 mg	\$0.12	
J8650	Nabilone, oral, 1 mg	\$20.52	
J8700	Temozolomide, oral, 5 mg	\$9.29	
J8705	Topotecan, oral, 0.25 mg	\$77.11	
J8999	Prescription drug, oral, chemotherapeutic, not otherwise specified	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
J9000	Injection, doxorubicin hydrochloride, 10 mg	\$4.13	
J9001	Injection, doxorubicin hydrochloride, all lipid formulations, 10 mg	\$522.79	
J9010	Injection, alemtuzumab, 10 mg	\$597.88	
J9015	Injection, aldesleukin, per single-use vial	\$935.39	
J9017	Injection, arsenic trioxide, 1 mg	\$38.76	
J9020	Injection, asparaginase, 10,000 units	\$64.43	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J9025	Injection, azacitidine, 1 mg	\$5.22	
J9027	Injection, clofarabine, 1 mg	\$116.36	
J9031	BCG (intravesical), per installation	\$115.74	
J9033	Injection, bendamustine HCl, 1 mg	\$18.91	
J9035	Injection, bevacizumab, 10 mg	\$60.79	
J9040	Injection, bleomycin sulfate, 15 units	\$15.61	
J9041	Injection, bortezomib, 0.1 mg	\$41.12	
J9045	Injection, carboplatin, 50 mg	\$3.61	
J9050	Injection, carmustine, 100 mg	\$179.23	
J9055	Injection, cetuximab, 10 mg	\$50.68	
J9060	Cisplatin, powder or solution, per 10 mg	\$1.62	
J9065	Injection, cladribine, per 1 mg	\$24.19	
J9070	Cyclophosphamide, 100 mg	\$7.68	
J9098	Injection, cytarabine liposome, 10 mg	\$493.14	
J9100	Injection, cytarabine, 100 mg	\$1.32	
J9120	Injection, dactinomycin, 0.5 mg	\$572.04	
J9130	Dacarbazine, 100 mg	\$3.38	
J9150	Injection, daunorubicin, 10 mg	\$18.10	
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	\$58.75	
J9155	Injection, degarelix, 1 mg	\$2.62	
J9160	Injection, denileukin difitox, 300 micrograms	\$1,614.61	
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J9171	Injection docetaxol, 1 mg	\$17.74	
J9175	Injection, Elliotts' B solution, 1 mL	\$4.07	
J9178	Injection, epirubicin HCl, 2 mg	\$1.65	
J9181	Injection, etoposide, 10 mg	\$0.63	
J9185	Injection, fludarabine phosphate, 50 mg	\$94.17	
J9190	Injection, fluorouracil, 500 mg	\$1.78	
J9200	Injection, floxuridine, 500 mg	\$38.30	
J9201	Injection, gemcitabine hydrochloride, 200 mg	\$154.63	
J9202	Goserelin acetate implant, per 3.6 mg	\$202.35	
J9206	Injection, irinotecan, 20 mg	\$7.78	
J9207	Injection, ixabepilone, 1 mg	\$64.94	
J9208	Injection, ifosfamide, 1 gram	\$35.30	
J9209	Injection, mesna, 200 mg	\$5.17	
J9211	Injection, idarubicin hydrochloride, 5 mg	\$146.13	
J9212	Injection, interferon Alfacon-1, recombinant, 1 microgram	\$6.55	
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	\$16.35	
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	\$21.33	
J9216	Injection, interferon, gamma 1-b, 3 million units	\$430.93	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	\$213.05	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
J9218	Leuprolide acetate, per 1 mg	\$5.44	
J9219	Leuprolide acetate implant, 65 mg	\$4,819.82	
J9225	Histrelin implant (Vantas), 50 mg	\$1,367.09	
J9226	Histrelin implant (Supprelin LA), 50 mg	\$15,204.04	
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	\$157.03	
J9245	Injection, melphalan hydrochloride, 50 mg	\$1,371.94	
J9250	Methotrexate sodium, 5 mg	\$0.21	
J9260	Methotrexate sodium, 50 mg	\$2.05	
J9261	Injection, nelarabine, 50 mg	\$109.37	
J9263	Injection, oxaliplatin, 0.5 mg	\$9.32	
J9264	Injection, paclitaxel protein-bound particles, 1 mg	\$9.55	
J9265	Injection, paclitaxel, 30 mg	\$42.00	
J9266	Injection, pegaspargase, per single dose vial	\$2,604.54	
J9268	Injection, pentostatin, per 10 mg	\$1,165.41	
J9270	plicamycin, 2.5 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
J9280	Mitomycin, 5 mg	\$22.14	
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	\$41.99	
J9300	Injection, gemtuzumab ozogamicin, 5 mg	\$2,687.74	
J9302	Ofatumumab injection	\$45.38	
J9303	Injection, panitumumab, 10 mg	\$88.97	
J9305	Injection, pemetrexed, 10 mg	\$53.32	
J9307	Pralatrexate injection	\$165.63	
J9310	Injection, rituximab, 100 mg	\$605.85	
J9315	Romidepsin injection	\$219.30	
J9320	Injection, streptozocin, 1 gram	\$279.76	
J9328	Injection, temozolomide, 1 mg	\$4.90	
J9330	Injection, temsirolimus, 1 mg	\$51.79	
J9340	Injection, thiotepa, 15 mg	\$116.41	
J9351	Topotecan injection	\$27.35	
J9355	Injection, trastuzumab, 10 mg	\$69.65	
J9357	Injection, valrubicin, intravesical, 200 mg	\$982.61	
J9360	Injection, vinblastine sulfate, 1 mg	\$0.93	
J9370	Vincristine sulfate, 1 mg	\$3.95	
J9390	Injection, vinorelbine tartrate, per 10 mg	\$13.36	
J9395	Injection, fulvestrant, 25 mg	\$84.51	
J9600	Injection, porfimer sodium, 75 mg	\$3,080.76	
J9999	Unclassified, antineoplastic drugs	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
P9041	Infusion, albumin (human), 5%, 50 mL	\$10.39	
P9043	Infusion, plasma protein fraction (human), 5%, 50 mL	\$8.73	
P9045	Infusion, albumin (human), 5%, 250 mL	\$51.95	
P9046	Infusion, albumin (human), 25%, 20 mL	\$21.41	
P9047	Infusion, albumin (human), 25%, 50 mL	\$53.52	
P9048	Infusion, plasma protein fraction (human), 5%, 250 mL	\$43.68	
Q0138	Injection, ferumoxytol, non ESRD, 1 mg	\$0.73	
Q0139	Injection, ferumoxytol, ESRD, 1 mg	\$0.73	

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm	\$20.53	
Q0163	Diphenhydramine hydrochloride, 50 mg oral	\$0.02	
Q0164	Prochlorperazine maleate, 5 mg oral	\$0.04	
Q0165	Prochlorperazine maleate, 10 mg ora	\$0.04	
Q0166	Granisetron hydrochloride, 1 mg oral, FDA-approved prescription anti-emetic	\$0.78	
Q0167	Dronabinol, 2.5 mg oral	\$7.05	
Q0168	Dronabinol, 5 mg oral	\$14.16	
Q0169	Promethazine hydrochloride, 12.5 mg oral	\$0.42	
Q0170	Promethazine hydrochloride, 25 mg oral	\$0.02	
Q0171	Chlorpromazine hydrochloride, 10 mg oral	\$0.01	
Q0172	Chlorpromazine hydrochloride, 25 mg oral	\$0.03	
Q0173	Trimethobenzamide hydrochloride, 250 mg oral	\$0.83	
Q0174	Thiethylperazine maleate, 10 mg, oral	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
Q0175	Perphenazine, 4 mg, oral	\$0.45	
Q0176	Perphenazine, 8mg, oral	\$0.48	
Q0177	Hydroxyzine pamoate, 25 mg, oral	\$0.04	
Q0178	Hydroxyzine pamoate, 50 mg, oral	\$0.05	
Q0179	Ondansetron hydrochloride 8 mg, oral	\$1.08	
Q0180	Dolasetron mesylate, 100 mg, oral	\$64.89	
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.	\$0.00	Non-injectable prescription drugs are not covered unless obtained from a pharmacy
Q0515	Injection, sermorelin acetate, 1 microgram	\$1.80	
Q2009	Injection, fosphenytoin, 50 mg	\$0.70	
Q2017	Injection, teniposide, 50 mg	\$322.77	
Q2026	Injection, radiesse, 0.1 ML	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q2027	Injection, sculptra, 0.1 ML	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q2035	Afluria vacc, 3 yrs & >, im	\$12.32	
Q2036	Flulaval vacc, 3 yrs & >, im	\$7.83	
Q2037	Fluvirin vacc, 3 yrs & >, im	\$13.16	
Q2038	Fluzone vacc, 3 yrs & >, im	\$12.51	
Q2039	NOS flu vacc, 3 yrs & >, im	\$12.30	
Q3025	Injection, interferon beta-1A, 11 mcg for intramuscular use	\$222.04	
Q3026	Injection, interferon beta-1A, 11 mcg for subcutaneous use	\$110.58	
Q4074	iloprost, inhalation solution, FDA-approved final product	\$65.72	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	\$0.96	
Q4082	Drug/bio NOC part B drug CAP	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.

“CIGNA” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
Q4101	Skin substitute, Apligraf, per square centimeter	\$34.75	
Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter (Code Price is based on median pricing methodology)	\$4.62	
Q4103	Skin substitute, Oasis Burn Matrix, per square centimeter	\$4.62	
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter (Code Price is based on median pricing methodology)	\$15.22	
Q4105	Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter (Code Price is based on median pricing methodology)	\$10.36	
Q4106	Skin substitute, Dermagraft, per square centimeter	\$40.21	
Q4107	Skin substitute, Graftjacket, per square centimeter (Code Price is based on median pricing methodology)	\$92.08	
Q4108	Skin substitute, Integra Matrix, per square centimeter (Code Price is based on median pricing methodology)	\$19.73	
Q4110	Skin substitute, PriMatrix, per square centimeter (Code Price is based on median pricing methodology)	\$34.81	
Q4111	Skin substitute, GammaGraft, per square centimeter (Further documentation needed)	\$7.10	
Q4112	Allograft, Cymetra, injectable, 1 cc	\$337.91	
Q4113	Allograft, Graftjacket Express, injectable, 1 cc	\$337.91	
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	\$1,010.89	
Q4115	Skin substitute, alloskin, per square centimeter	\$6.89	
Q4116	Skin substitute, alloderm, per square centimeter	\$32.54	
Q4117	Hyalomatrix, per square centimeter	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q4118	Matristem micromatrix, 1 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q4119	Matristem wound matrix, per square centimeter	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q4120	Matristem burn matrix, per square centimeter	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q4121	Theraskin, per square centimeter	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9951	Low osmolar contrast material, 400 or greater	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9953	Injection, iron-based magnetic resonance contrast agent, per mL	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9954	Oral magnetic resonance contrast agent, per 100 mL	\$10.70	
Q9955	Injection, perflaxane lipid microspheres, per mL	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9956	Injection, octafluoropropane microspheres, per mL	\$41.85	
Q9957	Injection, perflutren lipid microspheres, per mL	\$62.78	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
Q9958	high osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	\$0.07	
Q9959	high osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9960	high osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	\$0.15	
Q9961	high osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	\$0.16	
Q9962	high osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
Q9963	high osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	\$0.17	
Q9964	high osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	\$0.33	
Q9965	low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	\$1.17	
Q9966	low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$0.32	
Q9967	low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$0.17	
Q9968	injection, non-radioactive, non-contrast, visualization adjunct	\$0.57	
S0012	Butorphanol tartrate, nasal spray, 25 mg	\$67.37	
S0014	Tacrine hydrochloride, 10 mg	\$2.48	
S0017	Injection, aminocaproic acid, 5 g	\$1.60	
S0020	Injection, bupivacaine hydrochloride, 30 mL	\$2.41	
S0021	Injection, cefoperazone sodium, 1 gm	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S0023	Injection, cimetidine hydrochloride, 300 mg	\$2.44	
S0028	Injection, famotidine, 20 mg	\$0.92	
S0030	Injection, metronidazole, 500 mg	\$2.13	
S0032	Injection, nafcillin sodium, 2 g	\$23.24	
S0034	Injection, ofloxacin, 400 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S0039	Injection, sulfamethoxazole and trimethoprim, 10 mL	\$4.56	
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	\$13.60	
S0073	Injection, aztreonam, 500 mg	\$14.79	
S0074	Injection, cefotetan disodium, 500 mg	\$5.81	
S0077	Injection, clindamycin phosphate, 300 mg	\$1.70	
S0078	Injection, fosphenytoin sodium, 750 mg	\$18.60	
S0080	Injection, pentamidine isethionate, 300 mg	\$83.94	
S0081	Injection, piperacillin sodium, 500 mg	\$1.78	
S0088	Imatinib, 100 mg	\$45.46	
S0090	Sildenafil citrate, 25 mg	\$17.34	
S0091	Granisetron hydrochloride, 1 mg	\$50.16	
S0092	Injection, hydromorphone HCl, 250 mg	\$97.58	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well as The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
S0093	Injection, morphine sulfate, 500 mg	\$4.22	
S0104	Zidovudine, oral, 100 mg	\$1.72	
S0106	Bupropion HCL sustained release tablet	\$98.69	
S0108	Mercaptopurine, oral, 50 mg	\$3.48	
S0109	Methadone, oral, 5 mg	\$0.11	
S0117	Tretinoin, topical, 5 grams	\$9.21	
S0122	Injection, menotropins, 75 IU	\$89.39	
S0126	Injection, follitropin alfa, 75 IU	\$99.85	
S0128	Injection, follitropin beta, 75 IU	\$93.08	
S0132	Injection, ganirelix acetate, 250 mcg	\$104.70	
S0136	Clozapine, 25 mg	\$1.10	
S0137	Didanosine (ddl), 25 mg	\$0.65	
S0138	Finasteride, 5 mg	\$2.66	
S0139	Minoxidil, 10 mg	\$1.10	
S0140	Saquinavir, 200 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S0142	Colistimethate sodium, inhalation solution, per mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per mL	\$587.51	
S0148	Injection, pegylated interferon Alfa-2B, 10 MCG	\$106.69	
S0155	Sterile diluent for epoprostenol, 50 mL	\$8.93	
S0156	Exemestane, 25 mg	\$12.50	
S0157	Becaplermin gel 0.01%, 0.5 gm	\$19.72	
S0160	Dextroamphetamine sulfate, 5 mg	\$0.30	
S0164	Injection, pantoprazole sodium, 40 mg	\$12.24	
S0166	Injection, olanzapine, 2.5 mg	\$8.30	
S0169	Calcitriol, 0.25 MCG	\$1.09	
S0170	Anastrozole, oral, 1 mg	\$11.46	
S0171	Injection, bumetanide, 0.5 mg	\$0.56	
S0172	chlorambucil, oral, 2mg	\$3.28	
S0174	dolasetron mesylate, oral 50mg (for circumstances falling under the medicare	\$48.89	
S0175	Flutamide, oral, 125 mg	\$1.78	
S0176	Hydroxyurea, oral, 500 mg	\$1.09	
S0177	Levamisole HCl, oral, 50 mg	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S0178	Lomustine, oral, 10 mg	\$9.00	
S0179	Megestrol acetate, oral 20 mg	\$0.56	
S0181	Ondansetron HCl, oral, 4 mg	\$20.38	
S0182	Procarbazine hydrochloride, oral, 50 mg	\$47.33	
S0183	Prochlorperazine maleate, oral, 5 mg	\$0.50	
S0187	Tamoxifen citrate, oral, 10 mg	\$1.61	
S0189	Testosterone pellet, 75 mg	\$63.75	
S0190	Mifepristone, oral, 200 mg	\$76.50	
S0191	Misoprostol, oral, 200 mcg	\$1.02	
S0194	dialysis/stress vitamin supplement, oral	\$18.19	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

Code	Code Description	Reimbursement Amount	Description
S0195	Pneumococcal conjugate vaccine, polyvalent (Code price is per 0.5 mL dose)	\$85.43	
S0197	prenatal vitamins, 30 day supply	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5000	Prescription drug, generic	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5001	Prescription drug,brand name	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5010	5%, Dextrose and 0.45% normal saline, 1000 mL	\$5.19	
S5011	5% dextrose in lactated ringer's, 1000 mL	\$3.88	
S5012	5% dextrose with potassium chloride, 1000 mL	\$2.43	
S5013	5% dextrose/ 0.45% normal saline 1000 ml	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5014	5% dextrose/0.45 normal saline 1500 ml	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5550	Insulin, rapid onset, 5 units (Code Price is based on median pricing methodology)	\$0.28	
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units (Code Price is based on median pricing methodology)	\$0.55	
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units (Code Price is based on median pricing methodology)	\$0.28	
S5553	Insulin, long acting; 5 units (Code Price is based on median pricing methodology)	\$0.51	
S5560	Insulin delivery device, reusable pen; 1.5 mL size	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5561	Insulin delivery device, reusable pen; 3 mL size (Code Price is based on median pricing methodology)	\$31.35	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units (Code Price is based on median pricing methodology)	\$40.78	
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 mL size (All NDCs Inactive)	\$0.00	Additional information required. Please resubmit claim with NDC number, drug type and amount of drug administered.
S5571	Insulin delivery device, disposable pen (including insulin); 3 mL size (Code Price is based on median pricing methodology)	\$39.70	

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well The New England Life Insurance Company and Metropolitan Life Insurance Company.

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. CGLIC may also administer insurance policies and self-insured plans on behalf of Great-West Life & Annuity Insurance Company and its affiliates, First Great-West Life & Annuity Insurance Company, White Plains, N.Y., and Canada Life Assurance Company, as well as The New England Life Insurance Company and Metropolitan Life Insurance Company.