

# TABLE OF CONTENTS

<b>Section 11: Provider Payment .....</b>	<b>11-1</b>
Forms .....	11-1
Capitation Payments.....	11-1
Fee-for-service Payment (FFS) .....	11-2
Street Medicine Payments .....	11-2
Electronic Funds Transfer (EFT) .....	11-2
Check Tracers.....	11-2
Payment Delays Related to Provider Directory .....	11-4
Encounter Data Submission .....	11-4
Coordination of Benefits (COB) .....	11-4
Payments to Out of Network Providers .....	11-4
Third Party Liability (TPL).....	11-5
Facility Payments .....	11-6
High-Cost Pharmacy (drugs).....	11-7

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## SECTION 11: PROVIDER PAYMENT

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### PROVIDER PAYMENT

To ensure timely and accurate reimbursement please note the following:

#### Forms

##### W-9 Forms

To ensure the correct reporting of Provider income to the Internal Revenue Service and the California Franchise Tax Board, Health Plan must have an accurate and current W-9 form on file. The information on the W-9 provides the Health Plan with the following:

- The **entity** being paid
- The full and complete **mailing address** where payments are to be directed
- The **tax ID number** used to report income received from Health Plan.

The sections of the W-9 that are of key importance are:

- **Legal Name:** The name of the individual and/or corporation that will appear on the Provider's tax return.
- **Business Name:** The name under which the Provider does business, i.e., Doing Business As (DBA) name.

##### Federal 1099 Forms

A 1099 form will be sent by January 31<sup>st</sup> of each year to Providers with payments of six hundred dollars (\$600) or more in the previous calendar year. Please contact the Provider Services Department at (209) 942-6340 or via email to [Providerservices@HPSJ.com](mailto:Providerservices@HPSJ.com) if you believe there is an error in the information reported on a 1099 form received from HPSJ.

### CAPITATION PAYMENTS

Capitation is the "Per-Member-Per-Month" (PMPM) payment paid based on an individual Provider (or group) agreement and/or contract. The fixed monthly reimbursement is paid primarily to PCPs as full reimbursement for specified covered services provided to each assigned Member. Capitation payments are processed monthly and can be made by check or Electronic Funds Transfer (EFT). See information below on how to set up EFT. Capitation payments are post-marked or remitted electronically on or before the tenth (10<sup>th</sup>) of each month and are accompanied by a remittance advice (RA) identifying the assigned Members for which capitation payment is being made.

**Note:** Due to Member enrollment fluctuation during the month, adjustments may be made to the following month's payment.

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## SECTION 11: PROVIDER PAYMENT

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### FEE-FOR-SERVICE PAYMENT (FFS)

Under DHCS guidelines, Providers interested in contracting with Health Plan, are required to be enrolled in the Medi-Cal fee-for-service (FFS) program. Providers enrolled in the Medi-Cal FFS program must also be credentialed by Health Plan, meet all applicable screening and enrollment requirements, and adhere to criteria outlined in regulatory Provider bulletins. For more information or to apply, please visit [www.dhcs.ca.gov/provgovpart/Pages/PED.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx). For inquiries about the Medi-Cal FFS program, contact the Provider Enrollment Division (PED) at (916) 323-1945 or submit an e-mail to [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov).

FFS payments apply to any covered services provided by non-capitated Providers or for non-capitated covered services provided by capitated Providers. FFS payments are made when a complete claim is submitted and processed for payment in accordance with the Provider contract and/or Medi-Cal guidelines for non-contracted Providers (See Section 10: Claim Submission).

FFS payments are accompanied by a remittance advice (RA) identifying claims being paid and/or denied/contested with an explanation reason.

**Note:** *Not all services are reimbursable. If services are rendered that require prior authorization and authorization is not obtained and/or are considered a Non-Covered Benefit (NCB) under Medi-Cal or DHCS guidelines, no payment will be issued.*

### STREET MEDICINE PAYMENTS

If the street medicine Provider is an FQHC, they shall be reimbursed at their applicable Prospective Payment System (PPS) rate when such services are being provided outside the four walls and where the Member is located. The FQHC shall be paid their applicable PPS rate when the street medicine Provider is a billable clinic.

### ELECTRONIC FUNDS TRANSFER (EFT)

Electronic Funds Transfer (EFT) is a great way to receive your payments from Health Plan faster. Visit [www.changehealthcare.com/support/customer-resources/enrollment-services](http://www.changehealthcare.com/support/customer-resources/enrollment-services) to enroll in EFT, or download and send completed forms via email to [EFTenrollment@ChangeHealthcare.com](mailto:EFTenrollment@ChangeHealthcare.com) or fax to (615) 238-9615. For assistance or to enroll by phone, contact Change Healthcare at (866) 506-2830. You may also contact the Provider Services Department at (209) 942-6340 or via email to [Providerservices@HPSJ.com](mailto:Providerservices@HPSJ.com) for more information.

### CHECK TRACERS

If payment has not been received within thirty (30) days of the check issuance date, please contact the Provider Services Department at (209) 942-6340 or via email to [Providerservices@HPSJ.com](mailto:Providerservices@HPSJ.com) to initiate a check tracer. Provider Services staff will coordinate with the Health Plan's Finance

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## SECTION 11: PROVIDER PAYMENT

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Department to investigate further and verify the check payment status.

If the check has been cashed or deposited, a copy of the canceled check will be provided. If the check has not been cashed or deposited, an affidavit form must be completed and returned to the Provider Services Department via email to [Providerservices@HPSJ.com](mailto:Providerservices@HPSJ.com) or fax to (209) 461-2565 to request payment to be reissued. Affidavits must be notarized for payments greater than \$1,000.

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## **SECTION 11: PROVIDER PAYMENT**

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Upon receipt of the completed affidavit, a stop payment order will be placed on the original check and the Health Plan's Finance Department will process the reissued payment on the next scheduled payment date.

### **PAYMENT DELAYS RELATED TO PROVIDER DIRECTORY**

Under Section 1367.27 of the Health and Safety Code, Health Plan may delay payments if a Provider does not respond to attempts to verify information about the Provider published in the Provider Directory. Health Plan will not delay payment unless it has attempted to first verify the Provider's information by contacting the Provider in writing, electronically, or by telephone to confirm whether the current information is correct or requires updates.

For Providers paid on a capitated basis, Health Plan may delay up to fifty percent (50%) of the next scheduled capitation payment for up to one (1) calendar month. FFS claim payments may also be delayed for up to one (1) calendar month beginning on the first (1<sup>st</sup>) day of the following month. Health Plan will provide ten (10) business days' notice before delaying payment. If payment is delayed, Health Plan will reimburse the full amount within three (3) business days following the date the Provider Directory information is received, or at the end of the one (1) month delay period.

### **ENCOUNTER DATA SUBMISSION**

PCP's receiving capitation payments are required under the terms of their agreement/contracts to submit encounter data to Health Plan monthly. The monthly encounter data is essential information used by Health Plan, CMS, and DMHC/DHCS to accurately report and assess patient care and potential additional needs. The data can be submitted easily by using a CMS1500 claim form and may be submitted electronically. The encounter data must be received by HPSJ no later than the fifteenth (15th) of the month following the date services are rendered.

### **COORDINATION OF BENEFITS (COB)**

When Health Plan is the secondary payer, all claims must be submitted within three hundred and sixty-five (365) days from the date of payment on the primary payer's Explanation of Benefits (EOB) form. A copy of the EOB must be attached to the claim if submitted via paper. COB data can also be submitted electronically if the claim is filed electronically. Medicare Part A and B claims are submitted directly to Health Plan from CMS electronically monthly. If the Member's primary plan denies services and requests additional information, the information must be submitted to the primary insurance carrier before submitting to Health Plan.

### **PAYMENTS TO OUT OF NETWORK PROVIDERS**

Out-of-network Providers who treat and bill for Medi-Cal Managed Care Plans (MCP) and MCP beneficiaries who have other health coverage (OHC) (Commercial health insurance, Medicare, Tricare, etc.). Due to mandatory managed care enrollment, Medi-Cal beneficiaries can keep their

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## SECTION 11: PROVIDER PAYMENT

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OHC when they become mandatorily enrolled in managed care (MMCE). As you are aware,

Medi-Cal is the payer of last resort, which means in most cases, Medi-Cal will be secondary to the OHC, covering allowable costs not paid by the primary insurance (typically wrap payments or co-pays) up to the Medi-Cal rate.

A Provider enrolled for Medi-Cal FFS or as a Medicare Provider does not need to be contracted with a Medi-Cal MCP to see and bill the Medi-Cal MCP for routine services for a patient who is dual-eligible or has OHC and is enrolled in the MCP. For Providers who are enrolled in Medi-Cal FFS but do not contract with an MCP, they may still see an MCP Member for a limited duration under “continuity of care” requirements by leveraging a letter of agreement (LOA) or similar mechanism when the service would typically require a prior authorization.

To bill Medi-Cal after billing the OHC, the Provider must present acceptable forms of proof to the MCP that all sources of payment have been exhausted, which may include a denial letter from the OHC for the service or an explanation of benefits indicating that the service is not covered by the OHC.

### THIRD PARTY LIABILITY (TPL)

Health Plan is responsible for notifying the Department of Health Care Services (DHCS) within ten days of identifying cases in which a Member might receive funds from a third party to which DHCS has lien rights.

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## SECTION 11: PROVIDER PAYMENT

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Health Plan must be notified in writing of all potential and confirmed third party liability cases that involve an HPSJ Member. Notification must include:

- Member name
- Member identification number and Medi-Cal number
- Date of birth
- Provider name and address
- Date(s) of service
- CMS approved diagnostic and procedural coding
- Billed charges for service(s)
- Any amount paid by other coverage (if applicable)
- Date of denial and reason(s) for denial
- Any requests received by subpoena from attorneys, insurers, or Members for bill copies must be reported to Health Plan. The request for copies and responses must be forwarded to:

Health Plan of San Joaquin/Mountain Valley Health Plan

Attn: Compliance/Third Party Liability Coordinator 7751 S Manthey Road,  
French Camp, CA 95231-9802

- Upon receipt of a request for information from DHCS, Health Plan must respond within thirty (30) days. Providers will be contacted if their assistance is needed. The information requested from Providers must be returned within ten (10) days.

### FACILITY PAYMENTS

Health Plan contracts with facilities within the service area and provides access to specialty facility services when needed outside of the service area. Each facility agreement/contract contains specific reimbursement information indicating payment methodologies.

As a Medi-Cal plan, Health Plan will reimburse any Providers on staff within the facilities using the Medi-Cal fee schedule and/or contracted agreement.

**Note:** *Members cannot be balance billed for services (see Section 10: Claims Submission for further details)*

All facilities are expected to coordinate with Health Plan's Medical Management team for services that require prior authorization by providing the Member information and medical documentation necessary to support high quality, timely, and cost-effective health care.

## SECTION 11: PROVIDER PAYMENT

### No Payment for Never Events, Hospital Acquired Conditions (HAC), and Provider Preventable Conditions (PPC)

The Centers for Medicare & Medicaid Services (CMS) defines Never Events as “serious and costly errors in the provision of health care services that should never happen.” Never Events, HACs, and PPCs can be avoided through the application of evidence based clinical guidelines.

Institutional Providers are encouraged to take appropriate actions to reduce the likelihood of Never Events, HACs, and PPCs.

Facility Providers will not be reimbursed for covered services related to or resulting from Never Events, HAC, or PPC including reimbursement for additional Inpatient Days that would not have been incurred in the absence of such Never Event, HAC, or PPC. These events shall not be included in either APR-DRG calculations, Per Diems, or included in any stop loss calculations.

If an HAC or PPC event occurs, institutional Providers must submit a copy of the Member’s record with the claim and file the PPC with DHCS. PPC filing instructions are located at [https://www.dhcs.ca.gov/individuals/Pages/PPC\\_Form\\_Instructions.aspx](https://www.dhcs.ca.gov/individuals/Pages/PPC_Form_Instructions.aspx)

### HIGH-COST PHARMACY (DRUGS)

Health Plan has established a list of drugs, medications and biologics that are defined as high-cost pharmaceuticals (drugs). When a Provider has administered a pharmaceutical (drug) identified on the list, the Provider must bill in accordance with claim billing requirements to receive payment. Health Plan will reimburse the Provider and/or facility according to Provider’s agreement/contract.

Health Plan may perform bi-annual audits of Provider billing of high-cost pharmaceuticals (drugs) as defined in the Provider contract (if applicable) to ensure Providers billing are in accordance with established guidelines.

#### High-Cost Pharmacy (drugs) List Effective 4/1/2022

Generic Name	Trade Name	HCPCS	HCPCS Description
Amphotericin b lipid complex	N/A	J0287	Injection, amphotericin b lipid complex, 10 mg
C-1 esterase, berinert	N/A	J0597	Injection, c-1 esterase Inhibitor (human), berinert, 10 units
Miacalcin 200 IU/mL 2mL MDV 1pk	Miacalcin 200 IU/mL 2mL MDV 1pk	J0630	Injection, calcitonin salmon, up to 400 units
Ceftazidime and avibactam	N/A	J0714	Injection, ceftazidime and avibactam, O.Sg/0.125g



## SECTION 11: PROVIDER PAYMENT

Cidofovir injection	N/A	J0740	Injection, cidofovir, 375 mg
Crotalidae poly immune fab	N/A	J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1g
Dalvance 500 mg	Dalvance 500 mg	J0875	Injection, dalbavancin, 5 mg
DAPTOMYCIN LYO INJECTION 500 mg/10ML 1	DAPTOMYCIN LYO INJECTION 500	J0878	Injection,daptomycin, 1 mg
ARANESP (darbepoetin alfa)	ARANESP (darbepoetin alfa)	J0881	Injection, darbepoetin alfa, 1microgram (non-esrd use)
Argatroban Inj, 100 mg/mL, 2.5 mL Vial	Argatroban Inj, 100 mg/mL, 2.5 mL Vial	J0883	Injection, argatroban, 1 mg (for non-ESRD use)
EPOGEN (Epoetin alfa)	EPOGEN (Epoetin alfa)	J0885	Injection,epoetin alfa, (for non-ESRD use), 1000 units
DECITABINE FOR INJECTION 50 mg 1 SD VIAL	DECITABINE FOR INJECTION 50 mg 1 SD	J0894	Injection, decitabine, 1 mg
Prolia (denosumab)	Prolia (denosumab)	J0897	Injection,denosumab,1 mg
Soliris	Soliris	J1300	Injection, eculizumab, 10 mg
NEUPOGEN (Filgrastim)	NEUPOGEN (Filgrastim)	J1442	Injection, filgrastim (G- CSF), excludes biosimilars, 1 mcg
Galsulfase injection	N/A	J1458	Injection,galsulfase, 1 mg
PRIVIGEN	PRIVIGEN	J1459	Injection,immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid},500 me
Inj, imm glob bivigam, 500 mg	N/A	J1556	Injection,immune globulin (Bivigam}, 500 mg
Gammaflex injection	N/A	J1557	Injection,immune globulin, (Gammaflex), intravenous, nonlyophilized (e.g., liquid},
Gamunex-C 5GM 50ML Vial	Gamunex-C 5GM 50ML Vial	J1561	Injection,immune globulin, (gamunex-c/gammaked}, non-lyophilized (e.g.liquid),
Immune globulin, powder	N/A	J1566	Injection, immune globulin, intravenous,lyophilized (e.g. powder}, not
Octagam 10%	Octagam 10%	J1568	Injection,immune globulin, (octagam}, intravenous, non-lyophiized (e.g. liquid},
GAMMAGARD LIQUID IMMUNE GLOBULIN INTRAVENOUS	GAMMAGARD LIQUID IMMUNE GLOBULIN INTRAVENOUS	J1569	Injection, immune globulin, (gammagardliquid), non lyophilized, (e.g. liquid), 500 mg
Flebogamma 5% DIF	Flebogamma 5% DIF	J1572	Injection,immune globulin, (Flebogamma/Flebogamma

## SECTION 11: PROVIDER PAYMENT

IMMUNE GLOBULIN INTRAVENOUS	PANZYGA	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
Idursulfase injection	N/A	J1743	Injection, idursulfase, 1 mg
TRELSTAR 3.75 mg	TRELSTAR 3.75 mg	J3315	Injection, triptorelin pamoate, 3.75 mg
DOXORUBICIN HYDROCHLORIDE	DOXORUBICIN HYDROCHLORIDE	J9000	Injection, d_oxorubicin hydrochloride, 10 mg
Inj., treanda 1 mg	N/A	J9033	Injection, bendamustine hcl, 1 mg
Bevacizumab Syringe 1.25 ML	Bevacizumab Syringe 1.25 ML	J9035	Injection, bevacizumab, 10 mg
BORTEZOMIB	VELCADE	J9041	Injection, bortezomib, 0.1 mg
ADCETRIS (brentuximab vedotin)	ADCETRIS (brentuximab vedotin)	J9042	Injection, brentuximab vedotin, 1 mg
XGEVA (denosumab)	XGEVA (denosumab)	J9047	Injection, carfilzomib, 1 mg
CETUXIMAB	ERBITUX	J9055	Injection, cetuximab, 10 mg
CYCLOPHOSPHAMIDE FOR INJECTION, USP 500 mg/VIAL SDV PF	CYCLOPHOSPHAMIDE FOR INJECTION, USP 500 mg/VIAL SDV	J9070	Cyclophosphamide, 100 mg
Dactinomycin injection	N/A	J9120	Injection, dactinomycin, 0.5 mg
DARZALEX (DARATUMUMAB)	DARZALEX (DARATUMUMAB) 5ML	J9145	Injection, daratumumab, 10 mg
DOCETAXEL (DOCETAXEL) 10 mg/ML INJ	DOCETAXEL (DOCETAXEL) 10 mg/ML INJ	J9171	Injection, docetaxel, 1 mg
Ceftriaxone for Injection, USP - 1g / 15mL (25 pack)	Ceftriaxone for Injection, USP 1g / 15mL (25 pack)	J9179	Injection, eribulin mesylate, 0.1 mg
Zoladex Safesystem Syringe 3.6 mg 1x1 EA DEPOT	Zoladex Safesystem Syringe 3.6 mg 1x1 EA DEPOT	J9202	Goserelin acetate implant, per 3.6 mg
KEYTRUDA 100 mg INJ LIQUID INNER PACK	KEYTRUDA 100 mg INJ LIQUID INNER PACK	J9271	Injection, pembrolizumab, 1 mg
FULVESTRANT	FASLODEX	J9395	Injection, fulvestrant, 25 mg
EPOGEN (Epoetin alfa)	EPOGEN (Epoetin alfa)	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Opdivo	Opdivo	J9299	NIVOLUMAB 1 mg INJ
Herceptin 150 mg (10mL) Vial	Herceptin 150 mg (10mL) Vial	J9355	TRASTUZUMAB 10 mg INJ
PEMETREXED DISODIUM	ALIMTA	J9305	PEMETREXED 10 mg INJ PN
PANITUMUMAB	VECTIBIX	J9303	PANITUMUMAB 10 mg INJ JG
SODIUM CHLORIDE	SODIUM CHLORIDE	J9312	RITUXIMAB 10 mg INJ JG
Herceptin 150 mg (10mL) Vial	Herceptin 150 mg (10mL) Vial	J9306	PERTUZUMAB 1 mg INJ

## SECTION 11: PROVIDER PAYMENT

INJECTAFER 750 mg IRON, 15ML SDV (FERRIC CARBOXYMALTOSE INJ.)	INJECTAFER 750 mg IRON, 15ML SDV (FERRIC CARBOXYMAL	J1439	FERRIC CARBOXYMAL 1 mg INJ
REMICADE	REMICADE	J1745	INFLIXIMAB 100 mg INJ
NPLATE (romiplostim)	NPLATE (romiplostim)	J2796	ROMIPLOSTIM PER 10MCG INJG
NEULASTA (pegfilgrastim)	NEULASTA (pegfilgrastim)	J2505	PEGFILGRASTI M 6 mg INJ
PALONOSETRON HCL INJ 0.25 mg/5ML SSOL GVL	PALONOSETRON HCL INJ 0.25 mg/5ML SSOL GVL	J2469	PALONOSETRON 2SMCG INJ PN
UDENYCA (PEGFILGRASTIM- CBQV)	UDENYCA (PEGFILGRASTIM- CBQV)	Q5111	PEGFILGRAS-CBQV 0.5 mg INJ
OXALIPLATIN	ELOXATIN	J9263	OXALIPLATI N 0.5 mg INJ PN
ZARXIO 480 MCG/0.8ML INJECTION PREFILLED SYRINGE	ZARXIO 480 MCG/0.8ML INJECTION PREFILLED SYRINGE	Q5101	FILGRASTIM G-CSF BIO 1MCGPN
GEMCITABINE HCL	GEMZAR	J9201	GEMCITABINE HCL 200 mg PN
EMEND 150 mg POWDER IV	EMEND 150 mg POWDER IV	J1453	FOSAPREPITANT 1 mg INJ PN
Degarelix injection	N/A	J9155	DEGARELIX 1 mg INJ PN
CISPLATIN	CISPLATIN	J9060	CISPLATIN PER 10 mg INJ
IRINOTECAN HCL	CAMPTOSAR	J9206	IRINOTECAN 20 mg/1ML SDV
Etoposide Inj (100 mg/5mL)	Etoposide Inj (100 mg/5mL)	J9181	ETOPOSIDE 10 mg(500 mg)MDV
LUPRON DEPOT 11.25 mg PED	LUPRON DEPOT 11.25 mg PED	J9217	LEUPROLIDE 7.5 mg DEPO KIT
EPOETIN ALFA-EPBX	RETACRIT	Q5106	EPOETIN A NONESRD 1KU INJ
EMEND 150 mg POWDER IV	EMEND 150 mg POWDER IV	J9045	CARBOPLATIN /50 mg 50 mg MDV
ZOMETA VIAL 4 mg/5ML	ZOMETA VIAL 4 mg/5ML	J3489	ZOLEDRONIC ACID PER 1 mg
BOTOX BOTULINUM TOXIN TYPE A	BOTOX BOTULINUM TOXIN TYPE A	J0585	ONABOTULINUMTOXI NA 100UVL
Vimpat Injection 200 mg/20mL	Vimpat Injection 200 mg/20mL	C9254	INJECTION LACOSAMIDE 1 mg
BOTOX BOTULINUM TOXIN TYPE A	BOTOX BOTULINUM TOXIN TYPE A	J0585	BOTULINUM TOXIN TYPE A PER UNIT
MYOBLOC	MYOBLOC	J0587	INJ RIMABOTULINUMTOXINB 100 UNITS
Cimzia	Cimzia	J0717	INJECTION CERTOLIZUMAB PEGOL 1 mg

## SECTION 11: PROVIDER PAYMENT

XIAFLEX (collagenase clostridium histolyticum)	XIAFLEX (collagenase clostridium histolyticum)	J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 mg
Dalvance 500 mg	Dalvance 500 mg	J0875	INJECTION DALBAVANCIN 5 mg
EPOGEN (Epoetin alfa)	EPOGEN (Epoetin alfa)	J0885	INJ EPOETIN ALFA NON-ESRD 1000 UNIT
DECITABINE FOR INJECTION 50 mg 1 SD VIAL	DECITABINE FOR INJECTION 50 mg 1 SD VIAL	J0894	INJECTION DECITABINE 1 mg
Prolia (denosumab)	Prolia (denosumab)	J0897	INJECTION DENOSUMAB 1 mg
Soliris	Soliris	J1300	INJECTION ECULIZUMAB 10 mg
Radicava (edaravone injection)	Radicava (edaravone injection)	J1301	INJECTION EDARAVONE 1 mg
INJECTAFER 750 mg IRON, 15ML SDV (FERRIC CARBOXYMALTOSE INJ.)	INJECTAFER 750 mg IRON, 15ML SDV (FERRIC CARBOXYMAL	J1439	INJECTION FERRIC CARBOXYMALTOSE 1G
GRANIX INJ 0.5 ML	GRANIX INJ 0.5 ML	J1447	INJECTION TBO-FILGRASTIM 1MICROGRAM
PRIVIGEN	PRIVIGEN	J1459	INJ IG IV NONLYOPHILIZED 500 mg
Gamunex-C 5GM 50ML Vial	Gamunex-C 5GM 50ML Vial	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 mg
Injection, iacosamide	N/A	C9254	INJ IG IV LYPHILIZED NOS 500 mg
GAMMAGARD LIQUID IMMUNE GLOBULIN INTRAVENOUS	GAMMAGARD LIQUID IMMUNE GLOBULIN INTRAVENOUS	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 mg
Flebogamma 5% DIF	Flebogamma 5% DIF	J1572	INJ IG IV NONLYOPHILIZED 500 mg
IMMUNE GLOBULIN INTRAVENOUS	PANZYGA	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 mg
SIMPONI ARIA 50 mg/4mL Trade US	SIMPONI ARIA 50 mg/4mL Trade US	J1602	INJECTION GOLIMUMAB 1 mg FOR INTRAVENOUS USE
Hemin, 1 mg	N/A	J1640	INJECTION HEMIN 1 mg
REMICADE	REMICADE	J1745	INJECTION INFILIXIMAB EXCLUDES BIOSIMILAR 10 mg
Imuglucerase injection	N/A	J1786	INJECTION IMIGLUCERASE 10 UNITS
Somatuline Depot (lanreotide)	Somatuline Depot (lanreotide)	J1930	INJECTION LANREOTIDE 1 mg

## SECTION 11: PROVIDER PAYMENT

NUCALA (MEPOLIZUMAB) INJ 100 mg1 VIAL/CARTON	NUCALA (MEPOLIZUMAB) INJ 100 mg1 VIAL/CARTON	J2182	INJECTION MEPOLIZUMAB 1 mg
MICAFUNGIN SODIUM	MYCAMINE	J2248	INJECTION MICAFUNGIN SODIUM 1 mg
SODIUM CHLORIDE	SODIUM CHLORIDE	J2323	INJECTION NATALIZUMAB 1 mg
Ocrevus 300 mg/10ml Vial	Ocrevus 300 mg/10ml Vial	J2350	INJECTION OCRELIZUMAB 1 mg
SANDOSTATIN LAR DEPOT 20 mg	SANDOSTATIN LAR DEPOT 20 mg	J2353	INJ OCTREOTIDE DEPOT FORM IM 1 mg
NEULASTA (pegfilgrastim)	NEULASTA (pegfilgrastim)	J2505	INJECTION PEGFILGRASTIM 6 mg
KRYSTEXXA	KRYSTEXXA	J2507	INJECTION PEGLOTICASE 1 mg
Lucentis 0.5 mg (0.05ml) PFS	Lucentis - 0.5 mg (0.05ml) PFS	J2778	INJECTION RANIBIZUMAB 0.1 mg
NPLATE (romiplostim)	NPLATE (romiplostim)	J2796	INJECTION ROMIPLOSTIM 10MCG
HUMAN SECRETIN	CHIRHOSTIM	J2850	INJ SECRETIN SYNTH HUMN 1 MCG
THYROTROPIN ALFA	THYROGEN	J3240	INJ THYROTROPIN .9 mg PROV 1.1 VIAL
Tigecycline injection	N/A	J3243	INJECTION TIGECYCLINE 1 mg
Actemra? 80 mg (20 mg/mL) 4mL vial	Actemra? 80 mg (20 mg/mL) 4mL vial	J3262	INJECTION TOCILIZUMAB 1 mg
TREPROSTINIL SODIUM	REMODULIN	J3285	INJECTION TREPROSTINIL 1 mg
TRELSTAR 3.75 mg	TRELSTAR 3.75 mg	J3315	INJ TRIPTORELIN PAMOATE 3.75 mg
STELARA 130 mg/26 mL (5 mg/mL)	STELARA 130 mg/26 mL (5 mg/mL)	J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 mg
Entyvio 300 mg Vial	Entyvio 300 mg Vial	J3380	INJECTION VEDOLIZUMAB 1 mg
FIBRINOGEN	RIASTAP	J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 mg
Iluvien	Iluvien	J7313	INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 mg
Monovisc inj per dose	N/A	J7327	HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE
IMFINZI, 120 mg	IMFINZI, 120 mg	J9173	INJECTION DURVALUMAB 10 mg
Ceftriaxone for Injection, USP 1g / 15mL (25 pack)	Ceftriaxone for Injection, USP 1g / 15mL (25 pac	J9179	INJECTION ERIBULIN MESYLATE 0.1 mg

## SECTION 11: PROVIDER PAYMENT

Onivyde 43 mg/10ML per vial	Onivyde 43 mg/10ML per vial	J9205	INJECTION IRINOTECAN LIPOSOME 1 mg
IXABEPILONE 15 mg Vial	IXABEPILONE 15 mg Vial	J9207	INJECTION IXABEPILONE 1 mg
VANTAS (HISTRELIN ACETATE) IMPLANT	VANTAS (HISTRELIN ACETATE) IMPLANT	J9225	HISTRELIN IMPLANT VANTAS50 mg
Yervoy	Yervoy	J9228	INJECTION IPILIMUMAB 1 mg
PACLITAXEL 100 mg/16.7ML INJ VIAL	PACLITAXEL 100 mg/16.7ML INJ VIAL	J9264	INJ PACLITAXEL PROTBND PARTICL 1 mg
Oncaspar (pegaspargase) Injection, 3750 IU/5mL	Oncaspar (pegaspargase) Injection, 3750 IU/5mL	J9266	INJ PEGASPARGASE SINGLE DOSE VIAL
KEYTRUDA 100 mg INJ LIQUID INNER PACK	KEYTRUDA 100 mg INJ LIQUID INNER PACK	J9271	INJECTION PEMBROLIZUMAB 1 mg
Mitomycin for Injection 20 mg/50mL	Mitomycin for Injection 20 mg/50mL	J9280	INJECTION MITOMYCIN 5 mg
Inj, olaratumab, 10 mg	N/A	J9285	INJECTION OLARATUMAB 10 mg
Opdivo	Opdivo	J9299	INJECTION NIVOLUMAB 1 mg
GAZYVA 1000 mg/40mL 1 VIAL	GAZYVA 1000 mg/40mL 1 VIAL	J9301	INJECTION OBINUTUZUMAB 10 mg
PANITUMUMAB	VECTIBIX	J9303	INJECTION PANITUMUMAB 10 mg
PEMETREXED DISODIUM	ALIMTA	J9305	INJECTION PEMETREXED 10 mg
Herceptin 150 mg (10mL) Vial	Herceptin 150 mg (10mL) Vial	J9306	INJECTION PERTUZUMAB 1 mg
CYRAMZA	CYRAMZA	J9308	INJECTION RAMUCIRUMAB 5 mg
SODIUM CHLORIDE	SODIUM CHLORIDE	J9312	INJECTION RITUXIMAB 10 mg
TEMSIROLIMUS	TEMSIROLIMUS	J9330	INJECTION TEMSIROLIMUS 1 mg
YONDELIS (TRABECTEDIN) 1 mg	YONDELIS (TRABECTEDIN) 1	J9352	INJECTION TRABECTEDIN 0.1 mg
Herceptin 150 mg (10mL) Vial	Herceptin 150 mg (10mL) Vial	J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 mg
FULVESTRANT	FASLODEX	J9395	INJECTION FULVESTRANT 25 mg
FERUMOXYTOL	FERUMOXYTOL	Q0138	INJ FERUMOXYTOL IDA 1 mg NON ESRD
Infliximab-dyyb	Inflectra	Q5103	INJECTION INFlixIMAB-DYYB BIOSIMILAR 10 mg

## SECTION 11: PROVIDER PAYMENT

RENFLEXIS 100 mg INJ INNER PACK	RENFLEXIS 100 mg INJ INNER PACK	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 mg
Fulphila 6 mg/0.6mL PFS 1PK	Fulphila 6 mg/0.6mL PFS 1PK	Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 mg
NAFCILLIN SODIUM	NAFCILLIN SODIUM	S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS
Tocilizumab Injection	Actemra	J3262	Injection, tocilizumab, 1 mg
TRIPTORELIN PAMOATE	Trelstar	J3315	INJ TRIPTORELIN PAMOATE 3.75 mg
FA INTRAVITREAL	N/A	J7313	INJECTION FA INTRAVITREAL IMPL ILUVIEN 0.01 mg
DERIVATIVE MONOVISC	N/A	J7327	HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE
THYROTROPIN .9 mg	THYROGEN	J3240	INJ THYROTROPIN .9 mg PROV 1.1 VIAL
PEGLOTICASE 1 mg	KRYSTEXXA	J2507	INJECTION PEGLOTICASE 1 mg
IMPLANT VANTAS	VANTAS (HISTRELIN ACETATE) IMPLANT	J9225	HISTRELIN IMPLANT VANTAS 50 mg
PEGASPARGASE SINGLE	Oncaspar	J9266	INJ PEGASPARGASE SINGLE DOSE VIAL