

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-02 Medicare Benefit Policy</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11767</b>	<b>Date: December 23, 2022</b>
	<b>Change Request 12978</b>

**Transmittal 11678 issued November 03, 2022, is being rescinded and replaced by Transmittal 11767, dated, December 23, 2022 to update the background section, business requirement 12978.8 and the consolidated billing list (Attachment B) to add HCPCS code J0899 effective January 1, 2023. All other information remains the same.**

**SUBJECT: Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2023**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement the CY 2023 rate updates and policies for the ESRD PPS and to implement the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities. This Recurring Update Notification applies to Publication 100-02, Medicare Benefit Policy Manual, Chapter 11, Section 50.

**EFFECTIVE DATE: January 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 3, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-02	Transmittal: 11767	Date: December 23, 2022	Change Request: 12978
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## I. GENERAL INFORMATION

**A. Background:** CY 2023 ESRD PPS and AKI Dialysis Payment Updates: Effective January 1, 2011, CMS implemented the ESRD PPS based on the requirements of section 1881(b)(14) of the Social Security Act (the Act). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all the resources used in furnishing an outpatient dialysis treatment. The ESRD PPS base rate is adjusted to reflect patient and facility characteristics that contribute to higher per treatment costs.

In accordance with section 1834(r) of the Act, as added by section 808(b) of the Trade Preferences Extension Act of 2015, CMS pays ESRD facilities for furnishing renal dialysis services to Medicare beneficiaries with AKI. CR 9598 implemented the payment for renal dialysis services and provides detailed information regarding payment policies.

The ESRD PPS includes consolidated billing requirements for limited Part B services included in the ESRD facility's bundled payment. CMS periodically updates the lists of items and services that are subject to Part B consolidated billing and are therefore no longer separately payable when provided to ESRD beneficiaries by providers other than ESRD facilities.

Transitional Drug Add-on Payment Adjustment (TDAPA): Under the ESRD PPS drug designation process, the TDAPA is available for new renal dialysis drugs and biological products that qualify under 42 Code of Federal Regulations section 413.234.

Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES): Beginning January 1, 2020, the ESRD PPS provides the TPNIES for new and innovative renal dialysis equipment and supplies that qualify under section 413.236. The TPNIES payment is based on 65 percent of the Medicare Administrative Contractor (MAC) determined price. The TPNIES is paid for 2 calendar years, beginning on January 1 and ending on December 31. While the TPNIES applies to a new and innovative equipment or supply, the equipment or supply is not considered an outlier service. CR 11869 created the system changes necessary to implement the TPNIES.

Capital Related Assets Adjustment (CRA) for the TPNIES: Beginning January 1, 2021, the TPNIES policy was expanded to include certain capital-related assets (CRA) that are home dialysis machines when used in the home for a single patient. The CRA for TPNIES is based on 65 percent of the MAC determined price. The MACs, on behalf of CMS, establish prices for new and innovative renal dialysis equipment and supplies, including certain CRAs that are home dialysis machines, that meet the TPNIES eligibility criteria using verifiable information from the following sources, if available: (1) the invoice amount, facility charges for the item, discounts, allowances, and rebates; (2) the price established for the item by other MACs and the sources of information used to establish that price; (3) payment amounts determined by other payers and the

information used to establish those payment amounts; and (4) charges and payment amounts required for other equipment and supplies that may be comparable or otherwise relevant. The CRA for TPNIES is paid for 2 calendar years, beginning on January 1 and ending on December 31. Following payment of the CRA for TPNIES, the ESRD PPS base rate will not be modified and the new CRA that is a home dialysis machine will not be an eligible outlier service as provided in section 413.237. CR 12347 created the system changes necessary to implement the CRA for TPNIES under the ESRD PPS.

**B. Policy:** CY 2023 ESRD PPS and AKI Dialysis Payment Updates: Section 1881(b)(14)(F) of the Act requires an annual increase to the ESRD PPS base rate by an ESRD market basket increase factor, reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. That is, the ESRD bundled market basket increase factor minus the productivity adjustment will update the ESRD PPS base rate.

*ESRD PPS Base Rate:*

- A wage index budget-neutrality adjustment factor of 0.999730
- A productivity-adjusted market basket increase of 3.0 percent
- The CY 2023 ESRD PPS base rate is \$265.57 ( $(\$257.90 \times 0.999730) \times 1.030 = \$265.57$ ).

*Labor-related share:*

- The labor-related share is 55.2 percent.

*Wage index:*

- The CY 2023 ESRD PPS wage index is updated to reflect the latest available hospital wage data.
- A cap will be applied to the reduction in the wage index for ESRD facilities.
- The wage index floor is 0.6000.

*Outpatient Provider Specific File Changes*

Effective CY 2023, a permanent five percent cap will be adopted and applied to any decrease to an ESRD facility's CY 2023 final wage index from its final wage index in the prior year. Medicare Administrative Contractors must update the following fields in the PSF for all ESRD facilities:

- **Supplemental Wage Index** - used for the prior CY wage index value
- **Supplemental Wage Index Indicator** - used to indicate the value in the "Supplemental Wage Index" field is the prior CY wage index.

MACs must update the "Supplemental Wage Index" and "Supplemental Wage Index Indicator" for all facilities that were active in CY 2022.

MACs must follow the steps below to ensure the appropriate values are applied in the Supplemental Wage Index and Supplemental Wage Indicator fields:

1. If the facility was not active for CY 2022, then skip all of the below steps and leave the "Supplemental Wage Index" and "Supplemental Wage Index Indicator" fields blank. If the facility was active for CY 2022, then follow the steps below.
2. Update the value of "Supplemental Wage Index Indicator" to be "1".
3. Validate the accuracy of the facility's Federal Information Processing Standard (FIPS) state and county codes.

4. Validate the accuracy of the facility's CY 2022 Core-Based Statistical Area (CBSA) based on the facility's FIPS state and county codes and the CBSA delineations defined in Office of Management and Budget (OMB) Bulletin No. 18-04.
5. Using the Final CY 2022 ESRD PPS Wage Index file available online at <https://www.cms.gov/medicare/medicare-fee-service-payment/esrdpaymentend-stage-renal-disease-esrd-payment-regulations-and/cms-1749-f>, identify the corresponding CY 2022 wage index value for the facility's CY 2022 CBSA, and add this wage index value to "Supplemental Wage Index" field.

*Outlier Policy:*

- CMS made the following updates to the adjusted average outlier service Medicare Allowable Payment (MAP) amount per treatment:
  - The adjusted average outlier service MAP amount per treatment is \$39.62 for adult patients.
  - The adjusted average outlier service MAP amount per treatment is \$25.59 for pediatric patients.
- CMS made the following updates to the fixed dollar loss (FDL) amount that is added to the predicted MAP to determine the outlier threshold:
  - The FDL amount is \$73.19 for adult patients.
  - The FDL amount is \$23.29 for pediatric patients.
- CMS made the following changes to the list of outlier services:
  - Renal dialysis drugs that are oral equivalents to injectable drugs are based on the most recent prices obtained from the Medicare Prescription Drug Plan Finder, are updated to reflect the most recent mean unit cost. In addition, CMS will add or remove any renal dialysis items and services as necessary. See Attachment A.
  - The mean dispensing fee of the National Drug Codes (NDCs) qualifying for outlier consideration is revised to \$0.51 per NDC per month for claims with dates of service on or after January 1, 2023. See Attachment A.

*Consolidated Billing Requirements:*

- For the CY 2023 consolidated billing list, J1444 is added to anemia management effective July 1, 2019, J0879 is added to composite rate drugs and biologicals effective April 1, 2022, and J0899 is added to access management effective January 1, 2023. See Attachment B.

*AKI Dialysis Payment Rate Updates:*

- The AKI dialysis payment rate for CY 2023 is \$265.57, which is the same as the base rate under the ESRD PPS for CY 2023.
- The labor-related share is 55.2 percent.
- The AKI dialysis payment rate is adjusted for wages using the same wage index that is used under the ESRD PPS.
- The AKI dialysis payment rate is not reduced for the ESRD Quality Incentive Program (QIP).
- The TDAPA does not apply to AKI claims.
- The TPNIES does not apply to AKI claims.

TDAPA: There is one eligible TDAPA drug continuing for CY 2023; difelikefalin.

- ESRD facilities will be paid the TDAPA for difelikefalin beginning April 1, 2022 through March 31, 2024.
- The TDAPA for difelikefalin will be calculated as described in CR 12583.

The following HCPCS code should be used:

- J0879 Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)

ESRD facilities should report the AX modifier (item furnished in conjunction with dialysis services) with the HCPCS code for this drug to receive payment for the drug using the TDAPA. While this drug is eligible for the TDAPA, it does not qualify toward outlier calculation. We note that difelikefalin is the only drug that qualifies for payment using the TDAPA and ESRD facilities should not use the AX modifier for any other drug until notified by CMS. Furthermore, the JW modifier should be used by facilities on the 72x claim to report the amount of difelikefalin that is discarded and eligible for payment under the ESRD PPS. The AX modifier should be reported in the first modifier position and the JW modifier in the second modifier position.

TPNIES: There are no eligible TPNIES technologies for CY 2023.

CRA for TPNIES:

There is one eligible CRA for TPNIES continuing for CY 2023 that is a home dialysis machine for hemodialysis; the Tablo® System.

- ESRD facilities will be paid the CRA for TPNIES for the Tablo® System beginning January 1, 2022 through December 31, 2023.
- The CRA for TPNIES for the Tablo® System will be calculated as described in CR 12347.
- The CY 2023 average per treatment CRA for TPNIES offset amount is \$9.79.

The following healthcare common procedure coding system (HCPCS) code should be used:

- E1629 Tablo hemodialysis system for the billable dialysis service

When reporting HCPCS code E1629 for purposes of payment under the CRA for TPNIES, ESRD facilities must report hemodialysis machine with revenue code 0823 and append the modifier AX to the HCPCS. In addition, report the following information in the remarks field of the claim when billing for a CRA for TPNIES eligible equipment. MACs may consider this information for pricing and may request more information from the ESRD facility. MACs may also provide public local messaging to the ESRD facilities in their respective jurisdictions.

- HCPCS
- Description of item
- Billed amount to Medicare
- Invoice amount
- Wholesale amount per item
- Discount/rebate amount per item (even if bulk discount)

- CRA for TPNIES CRA for hemodialysis equipment must be billed with revenue code 0823 and modifier AX appended to the HCPCS.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C S	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12978.1	The ESRD PPS Pricer shall include all CY 2023 ESRD PPS updates.										ESRD Pricer
12978.2	Medicare contractors shall pay claims (type of bill 72X) with the CY 2023 ESRD PPS Pricer for renal dialysis services furnished on or after January 1, 2023.					X					
12978.3	Medicare contractors shall update the provider file for ESRD facilities as necessary to reflect: <ol style="list-style-type: none"> <li>1. Attested low volume facilities if applicable;</li> <li>2. Revised CBSA codes if applicable;</li> <li>3. Quality indicator for any applicable QIP adjustments.</li> </ol>	X									
12978.3.1	Medicare contractors shall update the Supplemental Wage Index fields and the Supplemental Wage flags for CY 2023 for all ESRD facilities, in accordance with the instructions provided under Section I.B of this CR.	X									
12978.4	Medicare contractors shall update the NDC dispensing fee for ESRD outlier services to \$0.51 for claims with dates of service on or after January 1, 2023.					X					
12978.5	Medicare contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment A, effective January 1, 2023.					X					
12978.6	Medicare contractors shall continue to apply the TPNIES CRA to the following HCPCS for CY 2023: <ul style="list-style-type: none"> <li>• E1629 Tablo hemodialysis system for the billable dialysis service</li> </ul>					X					

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M I S S	V C S	W M F	
	NOTE: There are no changes to the following code lists for CY 2023:  TPNIES – no approved codes								
12978.6.1	Medicare contractors shall continue to manually price HCPCS E1629 with modifier AX appended for TPNIES CRA when billed with the revenue code 0823.	X							
12978.7	Medicare contractors shall continue to apply the TDAPA add-on for HCPCS J0879 for CY 2023.					X			
12978.8	Medicare contractors shall update the list of items and services for consolidated billing according to Attachment B.  Note: HCPCS J1444 is added effective July 1, 2019, J0879 is added affective April 1, 2022, and J0899 is added effective January 1, 2023.					X			X

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC		D M E	C E D I	M A C	A C
		A	B				
12978.9	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Simone Dennis, 410-786-6041 or Simone.Dennis@cms.hhs.gov , Wendy Jones, Wendy.Jones@cms.hhs.gov , Brenda Hudson, 443-743-9299 or Brenda.Hudson@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 2**



**CY 2023 Outlier Services (Effective January 1, 2023)**  
**Oral and Other Equivalent Forms of Injectable Drugs <sup>1</sup>**

**Attachment A**

NDC	Reference NDC RxNorm Description	Mean Unit Cost
00054312041	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$6.86
63304024159	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$6.86
64980044715	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$6.86
00074903630	PARICALCITOL 0.001 MG ORAL CAPSULE [ZEMPLAR]	\$14.08
00074431730	PARICALCITOL 0.001 MG ORAL CAPSULE [ZEMPLAR]	\$14.08
00074903730	PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]	\$28.19
00074431430	PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]	\$28.19
00955172150	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.79
00054038819	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.79
23155053925	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.79
66993018650	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.79
23155053825	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
00054033819	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
00955172050	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
66993018550	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
68084087225	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
68084087295	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.78
23155054025	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$13.58
00054033919	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$13.58
00955172250	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$13.58
66993018750	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$13.58
30698014323	CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]	\$1.83
30698014301	CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]	\$1.83
30698014401	CALCITRIOL 0.0005 MG ORAL CAPSULE [ROCALTROL]	\$2.90
30698091115	CALCITRIOL 0.001 MG/ML ORAL SOLUTION [ROCALTROL]	\$15.53
49483068703	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
10888500102	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
55111066330	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
60429048130	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
60429083630	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
63629245201	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
64980022503	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
65862093630	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
68382026606	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
68382033006	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
69387010330	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
69452014513	PARICALCITOL 0.001 MG ORAL CAPSULE	\$3.46
49483068903	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
10888500302	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
55111066530	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
60429048330	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
60429083830	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25

NDC	Reference NDC RxNorm Description	Mean Unit Cost
65862093830	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
69452014713	PARICALCITOL 0.004 MG ORAL CAPSULE	\$14.25
55513007330	CINACALCET 30 MG ORAL TABLET [SENSIPAR]	\$28.50
55513007430	CINACALCET 60 MG ORAL TABLET [SENSIPAR]	\$57.08
55513007530	CINACALCET 90 MG ORAL TABLET [SENSIPAR]	\$86.05
68382033106	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
10888500202	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
49483068803	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
55111066430	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
60429048230	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
60429083730	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
63629245301	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
64980022603	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
65862093730	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
68382026706	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
69387010430	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
69452014613	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.74
69452020720	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
00054000713	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
00054000725	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
00093735201	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
23155011801	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
23155011803	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
23155066201	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
23155066203	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353003409	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353003430	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353003481	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353013809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353013830	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353063309	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353063330	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353063381	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
43353099809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
51407016901	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
51407016930	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
60687034501	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
60687034511	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
62756096783	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
62756096788	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
63304023901	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
63304023930	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
63629244501	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
63629732301	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45

NDC	Reference NDC RxNorm Description	Mean Unit Cost
63629732302	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
63629874101	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
64380072304	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
64380072306	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
69452020713	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
71610046809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
71610052109	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
72789005801	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.45
69452020820	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
00093735301	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
23155011901	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
23155066301	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
51407017001	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
62756096888	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
63304024001	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
63629874201	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
64380072406	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.65
70436000704	CINACALCET 30 MG ORAL TABLET	\$10.74
00378619793	CINACALCET 30 MG ORAL TABLET	\$10.74
00591241630	CINACALCET 30 MG ORAL TABLET	\$10.74
00904706704	CINACALCET 30 MG ORAL TABLET	\$10.74
16714007801	CINACALCET 30 MG ORAL TABLET	\$10.74
16729044010	CINACALCET 30 MG ORAL TABLET	\$10.74
16729044015	CINACALCET 30 MG ORAL TABLET	\$10.74
31722010330	CINACALCET 30 MG ORAL TABLET	\$10.74
42291045930	CINACALCET 30 MG ORAL TABLET	\$10.74
42543096104	CINACALCET 30 MG ORAL TABLET	\$10.74
43598036730	CINACALCET 30 MG ORAL TABLET	\$10.74
47335037983	CINACALCET 30 MG ORAL TABLET	\$10.74
50268015311	CINACALCET 30 MG ORAL TABLET	\$10.74
50268015312	CINACALCET 30 MG ORAL TABLET	\$10.74
51407029530	CINACALCET 30 MG ORAL TABLET	\$10.74
60687052511	CINACALCET 30 MG ORAL TABLET	\$10.74
60687052521	CINACALCET 30 MG ORAL TABLET	\$10.74
63629876301	CINACALCET 30 MG ORAL TABLET	\$10.74
64380088304	CINACALCET 30 MG ORAL TABLET	\$10.74
65862083105	CINACALCET 30 MG ORAL TABLET	\$10.74
65862083130	CINACALCET 30 MG ORAL TABLET	\$10.74
67877050330	CINACALCET 30 MG ORAL TABLET	\$10.74
69097041002	CINACALCET 30 MG ORAL TABLET	\$10.74
71093015201	CINACALCET 30 MG ORAL TABLET	\$10.74
72865015030	CINACALCET 30 MG ORAL TABLET	\$10.74
76282067430	CINACALCET 30 MG ORAL TABLET	\$10.74
70436000804	CINACALCET 60 MG ORAL TABLET	\$21.98

NDC	Reference NDC RxNorm Description	Mean Unit Cost
00378619693	CINACALCET 60 MG ORAL TABLET	\$21.98
00591241730	CINACALCET 60 MG ORAL TABLET	\$21.98
16714007901	CINACALCET 60 MG ORAL TABLET	\$21.98
16729044110	CINACALCET 60 MG ORAL TABLET	\$21.98
16729044115	CINACALCET 60 MG ORAL TABLET	\$21.98
31722010430	CINACALCET 60 MG ORAL TABLET	\$21.98
42291046030	CINACALCET 60 MG ORAL TABLET	\$21.98
42543096204	CINACALCET 60 MG ORAL TABLET	\$21.98
43598036830	CINACALCET 60 MG ORAL TABLET	\$21.98
47335038083	CINACALCET 60 MG ORAL TABLET	\$21.98
51407029630	CINACALCET 60 MG ORAL TABLET	\$21.98
63629876401	CINACALCET 60 MG ORAL TABLET	\$21.98
64380088404	CINACALCET 60 MG ORAL TABLET	\$21.98
65862083205	CINACALCET 60 MG ORAL TABLET	\$21.98
65862083230	CINACALCET 60 MG ORAL TABLET	\$21.98
67877050430	CINACALCET 60 MG ORAL TABLET	\$21.98
69097041102	CINACALCET 60 MG ORAL TABLET	\$21.98
71093015301	CINACALCET 60 MG ORAL TABLET	\$21.98
72865015130	CINACALCET 60 MG ORAL TABLET	\$21.98
76282067530	CINACALCET 60 MG ORAL TABLET	\$21.98
70436000904	CINACALCET 90 MG ORAL TABLET	\$32.88
00378619593	CINACALCET 90 MG ORAL TABLET	\$32.88
00591241830	CINACALCET 90 MG ORAL TABLET	\$32.88
16714008001	CINACALCET 90 MG ORAL TABLET	\$32.88
16729044210	CINACALCET 90 MG ORAL TABLET	\$32.88
16729044215	CINACALCET 90 MG ORAL TABLET	\$32.88
31722010530	CINACALCET 90 MG ORAL TABLET	\$32.88
42291046130	CINACALCET 90 MG ORAL TABLET	\$32.88
42543096304	CINACALCET 90 MG ORAL TABLET	\$32.88
43598036930	CINACALCET 90 MG ORAL TABLET	\$32.88
47335060083	CINACALCET 90 MG ORAL TABLET	\$32.88
51407029730	CINACALCET 90 MG ORAL TABLET	\$32.88
63629876501	CINACALCET 90 MG ORAL TABLET	\$32.88
64380088504	CINACALCET 90 MG ORAL TABLET	\$32.88
65862083305	CINACALCET 90 MG ORAL TABLET	\$32.88
65862083330	CINACALCET 90 MG ORAL TABLET	\$32.88
67877050530	CINACALCET 90 MG ORAL TABLET	\$32.88
69097041202	CINACALCET 90 MG ORAL TABLET	\$32.88
71093015401	CINACALCET 90 MG ORAL TABLET	\$32.88
72865015230	CINACALCET 90 MG ORAL TABLET	\$32.88
76282067630	CINACALCET 90 MG ORAL TABLET	\$32.88

<sup>1</sup> Outlier services imputed payment amounts. Oral or other equivalent forms of Part B injectable drugs included in the ESRD PPS bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2025).

NDC	Reference NDC RxNorm Description	Mean Unit Cost
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<sup>2</sup>The mean dispensing fee of the NDCs listed above is \$0.51. This amount will be applied to each NDC included fee on the monthly claim. We will limit 1 dispensing per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) reported and uses the full 15 ml bottle, the quantity is as 15, not 1. This allows for the most accurate calculation for the outlier.

## ATTACHMENT B

### CY 2023 ESRD PPS CONSOLIDATED BILLING LIST

This is not an all-inclusive list. All injectable drugs and biologicals and their oral or other form of administration, laboratory tests, supplies, and services provided for the treatment of ESRD are included in the ESRD PPS.

### DME ESRD SUPPLY HCPCS FOR ESRD PPS CONSOLIDATED BILLING EDITS

HCPCS Code	Long Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD

### DME ESRD SUPPLY HCPCS NOT PAYABLE TO DME SUPPLIERS

HCPCS Code	Long Description
A4215	NEEDLE, STERILE, ANY SIZE, EACH
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE

<b>HCPCS Code</b>	<b>Long Description</b>
A4663	BLOOD PRESSURE CUFF ONLY
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS

<b>HCPCS Code</b>	<b>Long Description</b>
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT
A4890	CONTRACTS, REPAIR, AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH
A4927	GLOVES, NON-STERILE, PER 100
A4928	SURGICAL MASK, PER 20



<b>HCPCS Code</b>	<b>Long Description</b>
A4929	TOURNIQUET FOR DIALYSIS, EACH
A4930	GLOVES, STERILE, PER PAIR
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH
A6204	SURGICAL DRESSING
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH
E1634	PERITONEAL DIALYSIS CLAMPS, EACH
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10

<b>HCPCS Code</b>	<b>Long Description</b>
E1637	HEMOSTATS, EACH
E1639	SCALE, EACH
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED

### **LABS SUBJECT TO ESRD CONSOLIDATED BILLING**

<b>CPT/ HCPCS Code</b>	<b>Short Description</b>
80047	Basic Metabolic Panel (Calcium, ionized)
80048	Basic Metabolic Panel (Calcium, total)
80051	Electrolyte Panel
80053	Comprehensive Metabolic Panel
80069	Renal Function Panel
80076	Hepatic Function Panel
82040	Assay of serum albumin
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82310	Assay of calcium
82330	Assay of calcium, Ionized
82374	Assay, blood carbon dioxide
82379	Assay of carnitine
82435	Assay of blood chloride
82565	Assay of creatinine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83735	Assay of magnesium
83970	Assay of parathormone
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium
84134	Assay of prealbumin

<b>CPT/ HCPCS Code</b>	<b>Short Description</b>
84155	Assay of protein, serum
84157	Assay of protein by other source
84295	Assay of serum sodium
84466	Assay of transferrin
84520	Assay of urea nitrogen
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85014	Hematocrit
85018	Hemoglobin
85025	Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count) and automated differential WBC count.
85027	Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count)
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface ag eia
G0499	Hepb screen high risk indiv
G0306	CBC/diff wbc w/o platelet
G0307	CBC without platelet

## DRUGS SUBJECT TO ESRD CONSOLIDATED BILLING

Category	HCPCS	Title
Access Management	J1642	INJ HEPA RIN SODIUM PER 10 U
	J1644	INJ HEPA RIN SODIUM PER 1000U
	J1945	LEPIRIDUN
	J2993	RETEPLA S E INJECTION
	J2997	A LTEPLASE RECOMB INA NT
	J3364	UROKINA S E 5000 IU INJECTION
	J3365	UROKINA SE 250,000 IU INJ
	J0884	INJ A RGATROBAN
	<i>J0899<sup>1</sup></i>	<i>ARGATROBAN DIALYSIS, AUROMED</i>
Anemia Management	J0882	DARBEPOETI N
	J0887	INJ. EPOETIN BETA (FOR ESRD ON DIA LYSIS), 1 MCG
	J1439	INJ FERRIC CA RBOXY MA LTOS E, 1MG
	<i>J1444<sup>2</sup></i>	<i>FE PYRO CIT POW 0.1 MG IRON</i>
	J1750	IRON DEXTRA N
	J1443	INJ. FERRIC PY ROPHOS PHA TE CIT
	J1756	IRON SUCROS E INJECTION
	J2916	NA FERRIC GLUCONA TE COMPL EX
	J3420	V ITAMIN B12 INJECTION
	Q0139	FERUMOXY TOL
	Q4081	EPO
	Q5105	INJECTION, EPOETIN ALFA , BIOSIMILA R
Bone and Mineral Metabolism	J0604 <sup>3</sup>	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
	J0606	INJECTION, ETELCALCETIDE, 0.1 MG
	J0610	CALCIUM GLUCONA TE INJECTION
	J0620	CALCIUM GLYCER & LA CT/10 ML
	J0630	CALCITONIN SA LMON INJECTION
	J0636	INJ CA LCITRIOL PER 0.1 MCG
	J0895	DEFEROXA MIN E MESY LATE INJ
	J1270	INJECTION, DOXERCA L CIFEROL
	J1740	IBA NDRONA TE SODIUM
	J2430	PA MIDRONATE DISODIU M /30 MG
	J2501	PA RICA LCITOL
	J3489	ZOLEDRON IC A CID
	Cellular Management	J1955
Anti-Infectives	J0878	DAPTOMY CIN

<b>Composite Rate Drugs and Biologicals</b>	J3370	V A NCOMYCIN HCL INJECTION
	A4802	INJ PROTA MINE SULFA TE
	J0670	INJ MEPIVA CA INE HY DROCHL ORIDE
	J0879 <sup>4</sup>	<i>Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)</i>
	J0945	BROMPHE NIRA MINE MA LEA TE
	J1200	INJ DIPHEN HY DRA MIN E HCL
	J1205	INJ CHLOROTHIA Z IDE SODIUM
	J1240	INJ DIMENHY DRINA TE
	J1940	INJ FUROS EMID E
	J2001	INJ LIDOCA INE HCL FOR INTRA V ENOUS INFUSION, 10 MG
	J2150	INJ MANNITOL
	J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
	J2720	INJ PROTAMINE SULFATE
	J2795	INJ ROPIVACAINE HYDROCHLORIDE
	J3265	INJ TORSEMIDE
	J3410	INJ HYDROXYZINE HCL
	J3480	INJ. POTASSIUM CHLORIDE, PER 2 MEQ.
	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)
	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
	J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC
	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
	J7070	INFUSION, D5W, 1000 CC
	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
	J7131	HYPERTONIC SALINE SOL
	Q0163	DIPHENHYDRA MINE HYDROCHLORIDE

<sup>1</sup> Effective January 1, 2023.

<sup>2</sup> Effective July 1, 2019.

<sup>3</sup> For outlier consideration, the NDC should be reported. For more information, please see the [MLN Connects Article](#) published on September 23, 2021.

<sup>4</sup> Effective April 1, 2022.