

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-1444-25	J3370			1/1/2002	3/28/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOGIN HCL (TRAYPAK) 500 MG	1 EA	VL	IV	EA	500 MG				1	01/01/2002	03/28/2003					
00002-1498-25	J3260			1/1/2002	8/12/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL (TRAYPACK) 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	08/12/2003					
00002-1499-25	J3260			1/1/2002	5/20/2004	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	NEBCIN (M.D.V.) 40 MG/ML	2 ML	VL	U	ML	80 MG				0.5	01/01/2002	05/20/2004					
00002-5357-25	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM NOVATION 750 MG	1 EA	VL	U	EA	750 MG				1	01/01/2002	03/28/2003					
00002-5358-10	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM NOVATION 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-5363-10	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-7014-01	J0690			1/1/2002	3/28/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL 10 GM	1 EA	VL	U	EA	500 MG				20	01/01/2002	03/28/2003					
00002-7040-01	J7682			1/1/2002	9/30/2003	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	NEBCIN (BULK VIAL) 1.2 GM	1 EA	VL	IV	EA	300 MG				4	01/01/2002	09/30/2003					
00002-7040-01	KO J7682	KO		1/1/2002	9/30/2003	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	NEBCIN (BULK VIAL) 1.2 GM	1 EA	VL	IV	EA	300 MG				4	01/01/2002	09/30/2003					
00002-7040-16	J7682			1/1/2002	9/30/2003	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	NEBCIN (BULK VIAL) 1.2 GM	1 EA	VL	IV	EA	300 MG				4	01/01/2002	09/30/2003					
00002-7040-16	KO J7682	KO		1/1/2002	9/30/2003	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	NEBCIN (BULK VIAL) 1.2 GM	1 EA	VL	IV	EA	300 MG				4	01/01/2002	09/30/2003					
00002-7090-01	J3260			1/1/2002	3/14/2003	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	NEBCIN (M.D.V.) 40 MG/ML	30 ML	VL	U	ML	80 MG				0.5	01/01/2002	03/14/2003					
00002-7090-16	J3260			1/1/2002	3/14/2003	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	NEBCIN (M.D.V.) 40 MG/ML	30 ML	VL	U	ML	80 MG				0.5	01/01/2002	03/14/2003					
00002-7140-01	J0130			1/1/2002	99/99/9999	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL) 2 MG/ML	5 ML	VL	IV	ML	10 MG				0.2	01/01/2002	99/99/9999					
00002-7175-10	J1250			1/1/2002	6/5/2003	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTREX (TRAYPACK) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG				0.05	01/01/2002	06/05/2003					
00002-7231-01	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	08/12/2003					
00002-7231-25	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	08/12/2003					
00002-7234-01	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 2 GM	1 EA	VL	U	EA	500 MG				4	01/01/2002	08/12/2003					
00002-7234-10	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 2 GM	1 EA	VL	U	EA	500 MG				4	01/01/2002	08/12/2003					
00002-7241-01	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 6 GM	1 EA	VL	U	EA	500 MG				12	01/01/2002	08/12/2003					
00002-7241-16	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME 6 GM	1 EA	VL	U	EA	500 MG				12	01/01/2002	08/12/2003					
00002-7266-01	J0690			1/1/2002	6/5/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	06/05/2003					
00002-7266-25	J0690			1/1/2002	6/5/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	06/05/2003					
00002-7271-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (10 ML VIAL) 750 MG	1 EA	VL	U	EA	750 MG				1	01/01/2002	03/28/2003					
00002-7271-25	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (10 ML VIAL) 750 MG	1 EA	VL	U	EA	750 MG				1	01/01/2002	03/28/2003					
00002-7272-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (20 ML VIAL) 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-7272-10	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (20 ML VIAL) 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-7275-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (TRAYPACK, 100 ML VIAL) 7.5 GM	1 EA	VL	U	EA	750 MG				10	01/01/2002	03/28/2003					
00002-7278-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (ADD-TAGE) 750 MG	1 EA	VL	U	EA	750 MG				1	01/01/2002	03/28/2003					
00002-7278-25	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX (ADD-VANTAGE) 750 MG	1 EA	VL	U	EA	750 MG				1	01/01/2002	03/28/2003					
00002-7278-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFUROX 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-7278-10	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	KEFURILX (ADD-VANTAGE) 1.5 GM	1 EA	VL	U	EA	750 MG				2	01/01/2002	03/28/2003					
00002-7290-01	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	08/12/2003					
00002-7290-25	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	500 MG				2	01/01/2002	08/12/2003					
00002-7291-01	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME (ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	500 MG				4	01/01/2002	08/12/2003					
00002-7291-10	J0713			1/1/2002	8/12/2003	INJECTION, CEFTAZIDIME, PER 500 MG	TAZIDIME (ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	500 MG				4	01/01/2002	08/12/2003					
00002-7321-01	J3370			1/1/2002	5/20/2004	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOGIN HCL (TRAYPAK) 1 GM	1 EA	VL	IV	EA	500 MG				2	01/01/2002	05/20/2004					
00002-7321-25	J3370			1/1/2002	5/20/2004	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOGIN HCL (TRAYPAK) 1 GM	1 EA	VL	IV	EA	500 MG				2	01/01/2002	05/20/2004					
00002-7335-01	J2941			1/1/2002	2/28/2006	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (W/DILUENT) 5 MG	1 EA	VL	SC	EA	1 MG				5	01/01/2002	02/28/2006					
00002-7335-11	J2941			3/1/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (W/DILUENT) 5 MG	1 EA	VL	SC	EA	1 MG				5	03/01/2006	99/99/9999					
00002-7335-16	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (W/DILUENT) 5 MG	1 EA	VL	SC	EA	1 MG				5	01/01/2002	99/99/9999					
00002-7355-01	J3370			1/1/2002	3/14/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOGIN HCL (BULK VIAL) 10 GM	1 EA	VL	IV	GM	500 MG				2	01/01/2002	03/14/2003					
00002-7382-16	J3260			1/1/2002	3/14/2003	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE NOVATION 40 MG/ML	30 ML	VL	U	ML	80 MG				0.5	01/01/2002	03/14/2003					
00002-7501-01	J9201			1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG	1 EA	VL	IV	EA	200 MG				1	01/01/2002	99/99/9999					
00002-7501-01	QR J9201	QR		1/28/2005	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG	1 EA	VL	IV	EA	200 MG				1	01/28/2005	99/99/9999					
00002-7502-01	J9201			1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 1 GM	1 EA	VL	IV	EA	200 MG				5	01/01/2002	99/99/9999					
00002-7502-01	QR J9201	QR		1/28/2005	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 1 GM	1 EA	VL	IV	EA	200 MG				5	01/28/2005	99/99/9999					
00002-7510-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG (VIAL) 100 U/ML	10 ML	VL	SC	ML	100 U				1	01/01/2002	12/31/2002					
00002-7510-01	J1817			1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (VIAL) 100 U/ML	10 ML	VL	SC	ML	50 U				2	01/01/2003	99/99/9999					
00002-7511-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10 ML	VL	SC	ML	100 U				1	01/01/2002	12/31/2002					
00002-7511-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10 ML	VL	SC	ML	5 U				20	01/01/2003	99/99/9999					
00002-7512-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 50 U/ML-50 U/ML	10 ML	VL	SC	ML	5 U				2	11/01/2006	99/99/9999					
00002-7515-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	1.5 ML	CT	SC	ML	100 U				1	01/01/2002	12/31/2002					
00002-7515-59	J1815			1/1/2003	6/3/2005	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	1.5 ML	CT	SC	ML	5 U				20	01/01/2003	06/03/2005					
00002-7516-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML	100 U				1	01/01/2002	12/31/2002					
00002-7516-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML	5 U				20	01/01/2003	99/99/9999					
00002-7623-01	J3490			2/5/2004	12/31/2004	UNCLASSIFIED DRUGS	ALIMTA 500 MG	1 EA	VL	IV	EA												

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00002-8090-01	J2941			1/1/2002	11/11/2005	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT/PEN) 12 MG	1 EA	CT	SC	EA		1 MG			12	01/01/2002	11/11/2005					
00002-8091-01	J2941			1/1/2002	11/7/2005	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT/PEN) 24 MG	1 EA	CT	SC	EA		1 MG			24	01/01/2002	11/07/2005					
00002-8147-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 6 MG	1 EA	CT	IJ	EA		1 MG			6	08/30/2005	99/99/9999					
00002-8148-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 12 MG	1 EA	CT	IJ	EA		1 MG			12	08/30/2005	99/99/9999					
00002-8149-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1 EA	CT	IJ	EA		1 MG			24	08/30/2005	99/99/9999					
00002-8211-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	ILETIN II REGULAR PORK (VIAL) 100 U/ML	10 ML	VL	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00002-8211-01	J1815			1/1/2003	4/1/2006	INJECTION, INSULIN, PER 5 UNITS	ILETIN II REGULAR PORK (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	01/01/2003	04/01/2006					
00002-8215-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00002-8215-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	01/01/2003	99/99/9999					
00002-8311-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	ILETIN II NPH PORK (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8311-01	J1815			1/1/2003	4/1/2006	INJECTION, INSULIN, PER 5 UNITS	ILETIN II NPH PORK (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	04/01/2006					
00002-8315-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8315-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	99/99/9999					
00002-8411-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	ILETIN II LENTE PORK (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8411-01	J1815			1/1/2003	2/1/2005	INJECTION, INSULIN, PER 5 UNITS	ILETIN II LENTE PORK (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	02/01/2005					
00002-8415-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN L (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8415-01	J1815			1/1/2003	9/19/2006	INJECTION, INSULIN, PER 5 UNITS	HUMULIN L (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	09/19/2006					
00002-8501-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20 ML	VL	IJ	ML		100 U			5	01/01/2002	12/31/2002					
00002-8501-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20 ML	VL	IJ	ML		5 U			100	01/01/2003	99/99/9999					
00002-8615-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN U (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8615-01	J1815			1/1/2003	7/1/2007	INJECTION, INSULIN, PER 5 UNITS	HUMULIN U (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	07/01/2007					
00002-8715-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8715-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	99/99/9999					
00002-8725-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	SR	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8725-59	J1815			1/1/2003	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	SR	SC	ML		5 U			20	01/01/2003	12/10/2010					
00002-8730-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN N PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8730-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	99/99/9999					
00002-8770-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 70/30 PEN (PREFILLED DISPOSABLE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8770-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 PEN (PREFILLED DISPOSABLE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	99/99/9999					
00002-8793-59	J1815			1/20/2006	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 (PEN,5X3ML) 50 U/ML-50 U/ML	3 ML	SR	SC	ML		5 U			2	01/20/2006	12/10/2010					
00002-8794-59	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG MIX 75/25 PEN (PREFILLED DISPOSABLE) 75 U/ML-25 U/ML	3 ML	SR	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-8794-59	J1815			1/1/2003	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 PEN (PREFILLED DISPOSABLE) 75 U/ML-25 U/ML	3 ML	SR	SC	ML		5 U			20	01/01/2003	12/10/2010					
00002-8797-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3 ML	SR	SC	ML		5 U			20	12/10/2007	99/99/9999					
00002-8798-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 (KWIKPEN,5X3ML) 50 U/ML-50 U/ML	3 ML	SR	SC	ML		5 U			2	12/10/2007	99/99/9999					
00002-8799-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (KWIKPEN,5X3ML) 100 U/ML	3 ML	SR	SC	ML		5 U			20	12/10/2007	99/99/9999					
00002-8971-01	J3590			1/1/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	FORTEO 250 MCG/ML	3 ML	SR	SC	ML		1 EA			1	01/01/2003	12/31/2004					
00002-8971-01	J3110			1/1/2005	10/15/2008	INJECTION, TERIPARATIDE, 10 MCG	FORTEO 250 MCG/ML	3 ML	SR	SC	ML		10 MCG			25	01/01/2005	10/15/2008					
00002-8989-25	J3260			1/1/2002	8/12/2003	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN AMERINET CHOICE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML		80 MG			0.5	01/01/2002	08/12/2003					
00002-8994-25	J0697			1/1/2002	6/5/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME AMERINET CHOICE 750 MG	1 EA	VL	IJ	EA		750 MG			1	01/01/2002	06/05/2003					
00002-8995-19	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME AMERINET CHOICE 1.5 GM	1 EA	VL	IJ	EA		750 MG			2	01/01/2002	03/28/2003					
00002-9500-01	J0697			1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME AMERINET CHOICE 7.5 GM	1 EA	VL	IJ	EA		750 MG			10	01/01/2002	03/28/2003					
00002-9504-25	J0690			1/1/2002	3/28/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM AMERINET CHOICE (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG			2	01/01/2002	03/28/2003					
00002-9505-01	J0690			1/1/2002	3/28/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM AMERINET CHOICE 10 GM	1 EA	VL	IJ	EA		500 MG			20	01/01/2002	03/28/2003					
00002-9509-01	J3370			1/1/2002	3/14/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN AMERINET CHOICE 10 GM	1 EA	VL	IV	GM		500 MG			2	01/01/2002	03/14/2003					
00002-9515-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 50/50 (VIAL) 50 U/ML-50 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00002-9515-01	J1815			1/1/2003	2/15/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG 50/50 (VIAL) 50 U/ML-50 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	2/15/2010					
00003-0437-30	J0285			1/1/2002	9/3/2004	INJECTION, AMPHOTERICIN B, 50 MG	FUNGIZONE INTRAVENOUS 50 MG	1 EA	VL	IV	EA		50 MG			1	01/01/2002	09/03/2004					
00003-0437-32	J0285			1/1/2002	9/3/2004	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B VHA PLUS 50 MG	1 EA	VL	IV	EA		50 MG			1	01/01/2002	09/03/2004					
00003-0437-60	J0285			1/1/2002	9/3/2004	INJECTION, AMPHOTERICIN B, 50 MG	FUNGIZONE FOR TISSUE CULTURE 50 MG	1 EA	VL	NA	EA		50 MG			1	01/01/2002	09/03/2004					
00003-0494-20	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML		10 MG			1	01/01/2002	99/99/9999					
00003-0569-15	J2680			1/1/2002	12/31/2004	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	PROLIXIN DECANOATE (VIAL) 25 MG/ML	5 ML	VL	IJ	ML		25 MG			1	01/01/2002	12/31/2004					
00003-0830-50	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00003-2187-10	J3490			1/3/2006	12/31/2006	UNCLASSIFIED DRUGS	ORENCIA (W/SYRINGE, PF) 250 MG	1 EA	VL	IV	EA	1 EA				1	01/03/2006	12/31/2006						
00003-2187-10	J0129			1/1/2007	99/99/9999	INJECTION, ABATACEPT, 10 MG	ORENCIA (W/SYRINGE, PF) 250 MG	1 EA	VL	IV	EA	10 MG				25	01/01/2007	99/99/9999						
00003-2725-10	J3260			1/1/2002	1/31/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL) 40 MG/ML	2 ML	VL	IJ	ML	80 MG				0.5	01/01/2002	01/31/2005						
00003-2725-30	J3260			1/1/2002	1/31/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	30 ML	VL	IJ	ML	80 MG				0.5	01/01/2002	01/31/2005						
00003-6335-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 200 MG	60 EA	BO	PO	EA	1 EA				1	01/01/2002	99/99/9999						
00003-6336-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 300 MG	60 EA	BO	PO	EA	1 EA				1	01/01/2002	99/99/9999						
00003-6337-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	DROXIA 400 MG	60 EA	BO	PO	EA	1 EA				1	01/01/2002	99/99/9999						
00003-7731-99	J0692			1/1/2002	10/17/2003	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG				1	01/01/2002	10/17/2003						
00004-0038-22	J3490			1/1/2002	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	VALCYTE 450 MG	60 EA	BO	PO	EA	1 EA				1	01/01/2002	99/99/9999						
00004-0188-09	J3490			2/24/2006	12/31/2006	UNCLASSIFIED DRUGS	BONIVA 1 MG/ML	3 ML	BX	IV	EA	1 EA				1	02/24/2006	12/31/2006						
00004-0188-09	J1740			1/1/2007	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	BONIVA 1 MG/ML	3 ML	BX	IV	EA	1 MG				1	01/01/2007	99/99/9999						
00004-0237-09	Q0166			1/1/2002	99/99/9999	HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24	KYTRIL (ORANGE) 2 MG/10 ML	30 ML	BO	PO	ML	1 MG			0.2	01/01/2002	99/99/9999						
00004-0239-09	J1626			1/3/2002	7/18/2007	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	KYTRIL (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML	100 MCG				10	01/03/2002	7/18/2007						
00004-0240-09	J1626			1/1/2002	11/4/2008	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	KYTRIL (M.D.V.) 1 MG/ML	4 ML	VL	IV	ML	100 MCG				10	01/01/2002	11/4/2008						
00004-0241-26	Q0166			1/1/2002	10/8/2007	HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24	KYTRIL 1 MG	20 EA	BX	PO	EA	1 MG			1	01/01/2002	10/8/2007						
00004-0241-33	Q0166			1/1/2002	6/14/2007	HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24	KYTRIL (UNIT OF USE) 1 MG	2 EA	BX	PO	EA	1 MG			1	01/01/2002	6/14/2007						
00004-0242-08	J1626			11/8/2004	7/10/2006	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	KYTRIL (PF) 0.1 MG/ML	1 ML	VL	IV	ML	100 MCG				1	11/08/2004	7/10/2006						
00004-0259-01	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100 EA	BO	PO	EA	250 MG				1	01/01/2002	99/99/9999						
00004-0259-05	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	120 EA	BO	PO	EA	250 MG				1	01/01/2002	99/99/9999						
00004-0259-43	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	500 EA	BO	PO	EA	250 MG				1	01/01/2002	99/99/9999						
00004-0260-01	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	100 EA	BO	PO	EA	250 MG				2	01/01/2002	99/99/9999						
00004-0260-43	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	500 EA	BO	PO	EA	250 MG				2	01/01/2002	99/99/9999						
00004-0261-29	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (FRUIT) 200 MG/ML	175 ML	BO	PO	ML	250 MG				0.8	01/01/2002	99/99/9999						
00004-0267-06	J3265			1/1/2002	4/30/2008	INJECTION, TORSEMIDE, 10 MG/ML	DEMADEX (AMP) 10 MG/ML	2 ML	AM	IV	ML	10 MG				1	01/01/2002	4/30/2008						
00004-0268-06	J3265			1/1/2002	5/30/2008	INJECTION, TORSEMIDE, 10 MG/ML	DEMADEX (AMP) 10 MG/ML	5 ML	AM	IV	ML	10 MG				1	01/01/2002	5/30/2008						
00004-0350-09	J3490			10/16/2002	99/99/9999	UNCLASSIFIED DRUGS	PEGASYS (S.D.V.) 180 MCG/ML	1 ML	VL	MR	EA	1 EA				1	10/16/2002	99/99/9999						
00004-0350-39	J3490			1/10/2003	8/31/2005	UNCLASSIFIED DRUGS	PEGASYS 180 MCG/ML	1 EA	BX	MR	EA	1 EA				1	01/10/2003	08/31/2005						
00004-0352-39	J3490			1/19/2004	99/99/9999	UNCLASSIFIED DRUGS	PEGASYS (MONTHLY CONVENIENCE PK) 180 MCG/0.5 ML	2 ML	BX	MR	EA	1 EA				1	01/19/2004	99/99/9999						
00004-0380-39	J3490			3/12/2003	12/31/2006	UNCLASSIFIED DRUGS	FUZEON (PF) 90 MG	1 EA	PG	SC	EA	1 EA				1	03/12/2003	12/31/2006						
00004-0380-39	J1324			1/1/2007	99/99/9999	INJECTION, ENFUVIRTIDE, 1 MG	FUZEON (PF) 90 MG	1 EA	PG	SC	EA	1 MG				90	01/01/2007	99/99/9999						
00004-0501-09	J7513			1/1/2002	2/18/2009	OSELTAMIVIR PHOSPHATE, ORAL, BRAND, PER 75 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	ZENAPAX (S.D.V.) 5 MG/ML	5 ML	VL	IV	ML	25 MG				0.2	01/01/2002	2/18/2009						
00004-0800-85	G9035			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	OSELTAMIVIR PHOSPHATE, ORAL, BRAND, PER 75 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	TAMIFLU (BLISTER PACK) 75 MG	10 EA	DP	PO	EA	75 MG				1	12/01/2004	05/31/2005					
00004-0810-95	G9035			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	OSELTAMIVIR PHOSPHATE, ORAL, BRAND, PER 75 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	TAMIFLU (TUTTI FRUTTI) 12 MG/ML	25 ML	BO	PO	ML	75 MG			0.16	12/01/2004	05/31/2005						
00004-1100-20	None			10/1/2003	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60 EA	BO	PO	EA	150 MG				1	10/01/2003	99/99/9999						
00004-1100-20	QR J8520	QR		1/28/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	60 EA	BO	PO	EA	150 MG				1	01/28/2005	99/99/9999						
00004-1100-51	None			1/1/1999	4/1/2007	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	120 EA	BO	PO	EA	150 MG				1	01/01/1999	04/01/2007						
00004-1100-51	QR J8520	QR		1/28/2005	4/1/2007	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	120 EA	BO	PO	EA	150 MG				1	01/28/2005	04/01/2007						
00004-1101-16	None			1/1/1999	4/1/2007	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	240 EA	BO	PO	EA	500 MG				1	01/01/1999	04/01/2007						
00004-1101-16	QR J8521	QR		1/28/2005	4/1/2007	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	240 EA	BO	PO	EA	500 MG				1	01/28/2005	04/01/2007						
00004-1101-50	None			10/1/2003	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120 EA	BO	PO	EA	500 MG				1	10/01/2003	99/99/9999						
00004-1101-50	QR J8521	QR		1/28/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA	500 MG				1	01/28/2005	99/99/9999						
00004-1911-06	J1960			1/1/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVO-DROMORAN (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	2 MG				1	01/01/2002	99/99/9999						
00004-1962-01	J0696			1/1/2002	11/12/2004	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA	250 MG				1	01/01/2002	11/12/2004						
00004-1962-02	J0696			1/1/2002	11/12/2004	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA	250 MG				1	01/01/2002	11/12/2004						
00004-1963-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA	250 MG				2	01/01/2002	99/99/9999						
00004-1963-02	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA	250 MG				2	01/01/2002	99/99/9999						
00004-1964-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA	250 MG				4	01/01/2002	99/99/9999						
00004-1964-02	J0696			1/1/2002	4/5/2005	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (P.B.) 1 GM	1 EA	VL	IJ	EA	250 MG				4	01/01/2002	04/05/2005						
00004-1964-04	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA	250 MG				4	01/01/2002	99/99/9999						
00004-1965-01	J0696			1/1/2002	9/2/2008	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 2 GM	1 EA	VL	IJ	EA	250 MG				8	01/01/2002	9/2/2008						
00004-1965-02	J0696			1/1/2002	4/5/2005	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (P.B.) 2 GM	1 EA	VL	IJ	EA	250 MG				8	01/01/2002	04/05/2005						
00004-1965-05	J0696			1/1/2002	3/30/2007	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	250 MG				8	01/01/2002	3/30/2007						
00004-1971-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL, BULK) 10 GM	1 EA	VL	IJ	EA	250 MG				40	01/01/2002	99/99/9999						
00004-2002-78	J0696			1/1/2002	7/16/2005	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (GALAXY-PREMI) 1 GM/50 ML	50 ML	PC	IV	ML	250 MG				0.08	01/01/2002	7/16/2005						
00004-2003-78	J0696			1/1/2002	7/16/2005	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (GALAXY-PREMI) 2 GM/50 ML	50 ML	PC	IV	ML	250 MG				0.16	01/01/2002	7/16/2005						
00004-2011-09	J9213			1/1/2002	4/1/2003	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (VIAL) 6 Million U/ML	3 ML	VL	IJ	ML	3 MU				2	01/01/2002	04/01/2003						
00004-2012-09	J9213			1/1/2002	4/1/2003	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (VIAL) 36 Million U/ML	1 ML	VL	IJ	ML</													

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00004-2017-07	J9213			1/1/2002	2/28/2008	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 9 Million IU/0.5 ML	6 SR	BX	MR	EA		3 MU		18	01/01/2002	02/28/2008						
00004-2017-09	J9213			1/1/2002	2/28/2007	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 9 Million IU/0.5 ML	1 SR	BX	MR	EA		3 MU		3	01/01/2002	02/28/2007						
00004-6940-03	J1570			1/1/2002	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOTENE IV (VIAL) 500 MG	1 EA	VL	IV	EA		500 MG		1	01/01/2002	99/99/9999						
00005-0104-32	J3490			1/1/2002	4/3/2007	UNCLASSIFIED DRUGS	HIBTITER (S.D.V.,TAX INCL) 10 MCG	1 EA	VL	IM	EA		1 EA		1	01/01/2002	04/03/2007						
00005-4507-04	None			1/1/1994	6/30/2003	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X2) 2.5 MG	8 EA	DP	PO	EA		2.5 MG		1	01/01/1994	06/30/2003						
00005-4507-05	None			1/1/1994	6/30/2003	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X3) 2.5 MG	12 EA	DP	PO	EA		2.5 MG		1	01/01/1994	06/30/2003						
00005-4507-07	None			1/1/1994	6/30/2003	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X4) 2.5 MG	16 EA	DP	PO	EA		2.5 MG		1	01/01/1994	06/30/2003						
00005-4507-09	None			1/1/1994	6/30/2003	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X5) 2.5 MG	20 EA	DP	PO	EA		2.5 MG		1	01/01/1994	06/30/2003						
00005-4507-23	None			1/1/1994	9/1/2006	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	07/08/2002	09/01/2006	1/1/1994	7/7/2002	1			
00005-4507-91	None			1/1/1994	6/30/2003	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X6) 2.5 MG	24 EA	DP	PO	EA		2.5 MG		1	01/01/1994	06/30/2003						
00006-0041-68	Q0181			1/1/2002	3/30/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DECADRON 0.5 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	03/30/2005						
00006-0063-12	Q0181			1/1/2002	11/22/2004	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DECADRON (5-12 PAK) 0.75 MG	12 EA	DP	PO	EA		1 EA		1	01/01/2002	11/22/2004						
00006-0063-68	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DECADRON 0.75 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00006-0063-68	J8540			1/1/2006	11/5/2007	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	01/01/2006	11/05/2007						
00006-0097-50	Q0181			1/1/2002	1/17/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DECADRON 4 MG	50 EA	BO	PO	EA		1 EA		1	01/01/2002	01/17/2003						
00006-0461-02	J8501			1/29/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (BI-PACK) 80 MG	2 EA	DP	PO	EA		5 MG		16	01/29/2008	99/99/9999						
00006-0461-05	K0415			4/11/2003	12/31/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	EMEND 80 MG	5 EA	BX	PO	EA		1 MG		80	04/11/2003	12/31/2004						
00006-0461-05	J8501			1/1/2005	11/5/2007	APREPITANT, ORAL, 5 MG	EMEND 80 MG	5 EA	BX	PO	EA		5 MG		16	01/01/2005	11/05/2007						
00006-0461-06	J8501			7/1/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6 EA	BX	PO	EA		5 MG		16	07/01/2006	99/99/9999						
00006-0461-30	K0415			4/11/2003	12/31/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	EMEND 80 MG	30 EA	BO	PO	EA		1 MG		80	04/11/2003	12/31/2004						
00006-0461-30	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 80 MG	30 EA	BO	PO	EA		5 MG		16	01/01/2005	08/01/2007						
00006-0462-05	K0415			4/11/2003	12/31/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	EMEND 125 MG	5 EA	BX	PO	EA		1 MG		125	04/11/2003	12/31/2004						
00006-0462-05	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 125 MG	5 EA	BX	PO	EA		5 MG		25	01/01/2005	08/01/2007						
00006-0462-06	J8501			7/1/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 125 MG	6 EA	BX	PO	EA		5 MG		25	07/01/2006	99/99/9999						
00006-0462-30	K0415			4/11/2003	12/31/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	EMEND 125 MG	30 EA	BO	PO	EA		1 MG		125	04/11/2003	12/31/2004						
00006-0462-30	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 125 MG	30 EA	BO	PO	EA		5 MG		25	01/01/2005	08/01/2007						
00006-0464-05	J8501			7/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	5 EA	BX	PO	EA		5 MG		8	07/24/2006	99/99/9999						
00006-0464-10	J8501			7/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1 EA	BX	PO	EA		5 MG		8	07/24/2006	99/99/9999						
00006-3222-10	J0380			1/1/2002	1/31/2003	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	ARAMINE 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	01/01/2002	01/31/2003						
00006-3275-16	J0515			1/1/2002	6/30/2004	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2 ML	AM	IJ	ML		1 MG		1	01/01/2002	06/30/2004						
00006-3275-38	J0515			3/5/2002	1/20/2006	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2 ML	AM	IJ	ML		1 MG		1	03/05/2002	01/20/2006						
00006-3298-22	J9120			1/1/2002	1/20/2006	INJECTION, DACTINOMYCIN, 0.5 MG	COSMEGEN 0.5 MG	1 EA	VL	IV	EA		0.5 MG		1	01/01/2002	01/20/2006						
00006-3356-45	J0694			1/1/2002	7/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	07/30/2003						
00006-3357-53	J0694			1/1/2002	7/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	07/30/2003						
00006-3388-67	J0694			1/1/2002	7/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		1 GM		10	01/01/2002	07/30/2003						
00006-3514-58	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	01/01/2002	99/99/9999						
00006-3516-58	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (VIAL) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	01/01/2002	99/99/9999						
00006-3517-75	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (P.B.) 500 MG-500 MG	1 EA	GC	IV	EA		250 MG		2	01/01/2002	99/99/9999						
00006-3537-50	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	PEPCID (GALAXY PC,PF) 0.4 MG/ML	50 ML	PC	IV	ML		1 EA		1	01/01/2002	11/05/2007						
00006-3539-04	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	PEPCID (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML		1 EA		1	01/01/2002	11/05/2007						
00006-3541-14	J3490			1/1/2002	5/31/2004	UNCLASSIFIED DRUGS	PEPCID (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML		1 EA		1	01/01/2002	05/31/2004						
00006-3541-20	J3490			1/1/2002	4/30/2003	UNCLASSIFIED DRUGS	PEPCID (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	04/30/2003						
00006-3541-49	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	PEPCID (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	01/31/2003						
00006-3545-24	J0694			1/1/2002	11/5/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (PREMIXED IN GALAXY) 1 GM/50 ML	50 ML	FC	IV	ML		1 GM		0.02	01/01/2002	11/05/2007						
00006-3547-25	J0694			1/1/2002	11/5/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (PREMIXED IN GALAXY) 2 GM/50 ML	50 ML	FC	IV	ML		1 GM		0.04	01/01/2002	11/05/2007						
00006-3548-45	J0694			1/1/2002	7/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	07/30/2003						
00006-3549-53	J0694			1/1/2002	7/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	07/30/2003						
00006-3551-58	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	01/01/2002	99/99/9999						
00006-3552-59	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	01/01/2002	99/99/9999						
00006-3582-75	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IM (VIAL) 500 MG-500 MG	1 EA	VL	IM	EA		250 MG		2	01/01/2002	99/99/9999						
00006-3619-32	J1205			1/1/2002	1/20/2006	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	DIURIL SODIUM (VIAL) 0.5 GM	1 EA	VL	IV	EA		500 MG		1	01/01/2002	01/20/2006						
00006-3666-59	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (MONOVIAL) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	01/01/2002	99/99/9999						
00006-3713-50	J3245			1/1/2002	4/30/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (VIAL,PF) 0.25 MG/ML	50 ML	VL	IV	ML		12.5 MG		0.02	01/01/2002	04/30/2004						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00006-3739-55	J3245			8/16/2002	12/31/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	100	ML	BG	IV	ML	12.5	MG		0.004	05/01/2004	12/31/2004	8/16/2002	4/30/2004	0.004			
00006-3739-55	J3246			1/1/2005	9/30/2005	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	100	ML	BG	IV	ML	0.25	MG		0.2	01/01/2005	09/30/2005						
00006-3739-96	J3245			1/1/2002	12/31/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (S.D. INTRA VIA P.C.) 0.05 MG/ML	250	ML	PC	IV	ML	12.5	MG		0.004	05/01/2004	12/31/2004	1/1/2002	4/30/2004	0.004			
00006-3739-96	J3246			1/1/2005	10/31/2005	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (S.D. INTRA VIA P.C.) 0.05 MG/ML	250	ML	PC	IV	ML	0.25	MG		0.2	01/01/2005	10/31/2005						
00006-3822-10	J0637			1/1/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 50 MG	1	EA	VL	IV	EA	5	MG		10	01/01/2003	99/99/9999						
00006-3823-10	J0637			1/1/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 70 MG	1	EA	VL	IV	EA	5	MG		14	01/01/2003	99/99/9999						
00006-3843-71	J3490			2/4/2002	12/31/2003	UNCLASSIFIED DRUGS	INVANZ (S.D.V.) 1 GM	1	EA	VL	U	EA	1	EA		1	02/04/2002	12/31/2003						
00006-3843-71	J1335			1/1/2004	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (S.D.V.) 1 GM	1	EA	VL	U	EA	500	MG		2	01/01/2004	99/99/9999						
00006-3845-71	J1335			4/16/2007	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (SD,ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500	MG		2	04/16/2007	99/99/9999						
00006-3862-03	K0415			4/11/2003	12/31/2004	PRESCRIPTION ANTIEMETIC DRUG, ORAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	EMEND (COMBO PACK) 1 125mg/ 2 80mg	3	EA	PG	PO	EA	1	MG		95	04/11/2003	12/31/2004						
00006-3862-03	J8501			1/1/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK) 1 125mg/ 2 80mg	3	EA	PG	PO	EA	5	MG		19	01/01/2005	99/99/9999						
00006-3884-32	J1453			1/30/2008	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG	EMEND (115 MG, EA)	1	EA	VL	IV	MG	1	MG		115	1/30/2008	99/99/9999						
00006-4094-06	J3490			6/19/2007	8/29/2009	UNCLASSIFIED DRUGS	RECOMBIVAX HB (SD,6X1ML,TAX INCL,PF) 10 MCG/ML	1	ML	SR	IM	ML	1	EA		1	06/19/2007	8/29/2009						
00006-4094-31	J3490			6/19/2007	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (TAX INCL,PF) 10 MCG/ML	1	ML	SR	IM	ML	1	EA		1	06/19/2007	99/99/9999						
00006-4612-00	J9020			1/1/2002	11/15/2006	INJECTION, ASPARAGINASE, 10,000 UNITS	ELSPAR 10000 IU	1	EA	VL	U	EA	10000	U		1	01/01/2002	11/15/2006						
00006-4773-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL,TAX INCL) 10 MCG/ML	3	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4775-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4776-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (DIALYSIS,SDV,TAX INCL) 40 MCG/ML	1	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4872-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4873-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL,TAX INCL) 10 MCG/ML	3	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4876-00	J3490			1/1/2002	5/1/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA		1	01/01/2002	05/01/2003						
00006-4980-00	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA		1	01/01/2002	11/05/2007						
00006-4981-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA		1	01/01/2002	99/99/9999						
00006-4992-00	J3490			7/9/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL.) 40 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/09/2002	99/99/9999						
00006-4995-00	J3490			7/9/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/09/2002	99/99/9999						
00006-4995-41	J3490			7/16/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA		1	07/16/2002	99/99/9999						
00006-7753-31	J9230			1/1/2002	1/20/2006	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	MUSTARGEN (VIAL) 10 MG	1	EA	VL	IV	EA	10	MG		1	01/01/2002	01/20/2006						
00007-3130-16	J0690			1/1/2002	1/7/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF (VIAL) 1 GM	1	EA	VL	U	EA	500	MG		2	01/01/2002	01/07/2005						
00007-3130-76	J0690			5/17/2002	1/7/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF NOVATION (VIAL) 1 GM	1	EA	VL	U	EA	500	MG		2	05/17/2002	01/07/2005						
00007-3135-05	J0690			1/1/2002	5/16/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF (VIAL, BULK) 10 GM	1	EA	VL	U	EA	500	MG		20	01/01/2002	05/16/2005						
00007-3135-76	J0690			5/17/2002	5/16/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF NOVATION (VIAL,BULK) 10 GM	1	EA	VL	U	EA	500	MG		20	05/17/2002	05/16/2005						
00007-3137-05	J0690			1/1/2002	5/16/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF (P.B.) 1 GM	1	EA	VL	U	EA	500	MG		2	01/01/2002	05/16/2005						
00007-3230-02	J1652			2/6/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG		10	02/06/2006	99/99/9999						
00007-3230-11	J1652			6/3/2005	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG		10	06/03/2005	99/99/9999						
00007-3232-02	J1652			2/6/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG		25	02/06/2006	99/99/9999						
00007-3232-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG		25	11/16/2004	99/99/9999						
00007-3234-02	J1652			2/6/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	02/06/2006	99/99/9999						
00007-3234-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG		25	11/16/2004	99/99/9999						
00007-3236-02	J1652			2/6/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG		25	02/06/2006	99/99/9999						
00007-3236-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG		25	11/16/2004	99/99/9999						
00007-3360-03	K0416			1/1/2002	2/26/2004	WITH ORAL ANTI-CANCER DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 2.5 MG	12	EA	BX	RC	EA	1	MG		2.5	01/01/2002	02/26/2004						
00007-3361-03	K0416			1/1/2002	2/26/2004	WITH ORAL ANTI-CANCER DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 5 MG	12	EA	BX	RC	EA	1	MG		5	01/01/2002	02/26/2004						
00007-3362-03	K0416			1/1/2002	2/26/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12	EA	BX	RC	EA	1	MG		25	01/01/2002	02/26/2004						
00007-3367-20	Q0165			1/1/2002	2/26/2004	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPazine 10 MG	100	EA	BO	PO	EA	10	MG		1	01/01/2002	02/26/2004						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPazine 10 MG	100 EA	BX	PO	EA	10 MG	1			01/01/2002	02/26/2004						
00007-3367-21	Q0165			1/1/2002	2/26/2004	12/31/2010 INJECTION, TOPOTECAN, 4 MG	HYCAMTIN (S.D.V.) 4 MG	1 EA	VL	IV	EA	4 MG	1			01/01/2002	12/31/2010						
00007-4201-01	J9350			1/1/2002	8/4/2010	INJECTION, TOPOTECAN, 4 MG	HYCAMTIN (S.D.V.) 4 MG	1 EA	VL	IV	EA	4 MG	1			01/01/2002	8/4/2010						
00007-4201-05	J9350			1/1/2002	8/4/2010	INJECTION, TOPOTECAN, 4 MG	HYCAMTIN (S.D.V.) 4 MG	1 EA	VL	IV	EA	4 MG	1			01/01/2002	8/4/2010						
00007-4401-01	J9261			4/2/2008	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/ML	50 ML	VL	IV	ML	50 MG	0.1			04/02/2008	99/99/9999						
00007-4401-06	J3490			1/27/2006	12/31/2006	UNCLASSIFIED DRUGS	ARRANON (6X50ML,LATEX-FREE) 5 MG/ML	50 ML	VL	IV	ML	1 EA	1			01/27/2006	12/31/2006						
00007-4401-06	J9261			1/1/2007	99/99/9999	INJECTION, NELARABINE, 50 MG	MG/ML	50 ML	VL	IV	ML	50 MG	0.1			01/01/2007	99/99/9999						
00007-4205-11	J8999			9/16/2008	6/30/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TOPOTECAN HYDROCHLORIDE	10 EA	PG	PO	EA	1 EA	1			09/16/2008	6/30/2009						
00007-4205-11	None			7/1/2009	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10 EA	BO	PO	EA	0.25 MG	1			07/01/2009	99/99/9999						
00007-4207-11	J8999			9/16/2008	6/30/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TOPOTECAN HYDROCHLORIDE	10 EA	PG	PO	EA	1 EA	1			09/16/2008	6/30/2009						
00007-4207-11	None			7/1/2009	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 1 MG	10 EA	BO	PO	EA	0.25 MG	4			07/01/2009	99/99/9999						
00007-5061-11	J3230			1/1/2002	5/14/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	THORAZINE 25 MG/ML	2 ML	AM	IJ	ML	50 MG	0.5			01/01/2002	05/14/2003						
00007-5062-01	J3230			1/1/2002	11/1/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	THORAZINE 25 MG/ML	10 ML	VL	IJ	ML	50 MG	0.5			01/01/2002	11/01/2003						
00007-5071-03	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	THORAZINE 100 MG	12 EA	BX	RC	EA	1 MG	100			01/01/2002	12/31/2005						
00007-5071-03	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	THORAZINE 100 MG	12 EA	BX	RC	EA	1 EA	1			01/01/2006	99/99/9999						
00007-5072-44	Q0171			1/1/2002	5/14/2003	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	THORAZINE (AF) 10 MG/5 ML	120 ML	BO	PO	ML	10 MG	0.2			01/01/2002	05/14/2003						
00008-0019-01	Q0169			1/1/2002	7/7/2004	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PHENERGAN 12.5 MG	100 EA	BO	PO	EA	12.5 MG	1			01/01/2002	07/07/2004						
00008-0212-01	K0416			1/1/2002	12/1/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	BX	RC	EA	1 MG	25			01/01/2002	12/01/2005						
00008-0498-01	K0416			1/1/2002	12/1/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	1 MG	12.5			01/01/2002	12/01/2005						
00008-0814-01	J0282			1/1/2002	4/26/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	CORDARONE IV (AMP) 50 MG/ML	3 ML	AM	IV	ML	30 MG	1.66666			01/01/2002	04/26/2006						
00008-0923-03	J3490			1/1/2002	6/16/2004	UNCLASSIFIED DRUGS	PROTONIX (VIAL/WINLINE FILTERS) 40 MG	1 EA	VL	IV	EA	1 EA	1			01/01/2002	06/16/2004						
00008-0923-51	J3490			5/20/2004	5/21/2004	UNCLASSIFIED DRUGS	PROTONIX 40 MG	1 EA	VL	IV	EA	1 EA	1			05/20/2004	05/21/2004						
00008-0923-55	J3490			5/18/2004	99/99/9999	UNCLASSIFIED DRUGS	PROTONIX 40 MG	1 EA	VL	IV	EA	1 EA	1			05/18/2004	99/99/9999						
00008-1030-06	J7520			1/1/2002	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (M.D. BOTTLE) 1 MG/ML	60 ML	BO	PO	ML	1 MG	1			01/01/2002	99/99/9999						
00008-1031-05	J7520			1/1/2002	1/31/2006	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 1 MG	100 EA	BO	PO	EA	1 MG	1			01/01/2002	01/31/2006						
00008-1031-10	J7520			1/1/2002	5/25/2006	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK,10X10) 1 MG	100 EA	DP	PO	EA	1 MG	1			01/01/2002	05/25/2006						
00008-1032-05	J7520			3/12/2003	1/31/2006	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 2 MG	100 EA	BO	PO	EA	1 MG	2			03/12/2003	01/31/2006						
00008-1040-05	J7520			4/9/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100 EA	EA	PO	EA	1 MG	0.5			4/9/2010	99/99/9999						
00008-1041-05	J7520			2/1/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 1 MG	100 EA	BO	PO	EA	1 MG	1			02/01/2006	99/99/9999						
00008-1040-10	J7520			4/9/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100 EA	BX	PO	EA	1 MG	0.5			4/9/2010	99/99/9999						
00008-1041-10	J7520			5/26/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK,10X10) 1 MG	100 EA	BX	PO	EA	1 MG	1			05/26/2006	99/99/9999						
00008-1042-05	J7520			2/1/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 2 MG	100 EA	BO	PO	EA	1 MG	2			02/01/2006	99/99/9999						
00008-1179-01	J9330			6/27/2007	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TORISEL (WITH DILUENT) 25MG/ML	1 ML	VL	IV	MG	1 MG	25.0			6/27/2007	99/99/9999						
00008-2564-01	J3590			1/1/2003	5/12/2003	UNCLASSIFIED BIOLOGICS	NORPLANT SYSTEM 36 MG	1 EA	BX	ID	EA	1 EA	1			01/01/2003	05/12/2003						
00008-4510-01	J9300			1/1/2002	10/15/2010	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	MYLOTARG (VIAL,PF) 5 MG	1 EA	VL	IV	EA	5 MG	1			01/01/2002	10/15/2010						
00008-4990-02	J3243			7/27/2007	4/8/2010	INJECTION, TIGECYCLINE, 1 MG	TYGACIL (SDV,PF) 50 MG	1 EA	VL	IV	EA	1 MG	50			07/27/2007	4/8/2010						
00008-5360-02	J3490			6/17/2005	12/31/2006	UNCLASSIFIED DRUGS	TYGACIL (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	1 EA	1			06/17/2005	12/31/2006						
00008-5360-02	J3243			1/1/2007	7/26/2007	INJECTION, TIGECYCLINE, 1 MG	TYGACIL (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	1 MG	50			01/01/2007	07/26/2007						
00008-9149-01	J7320			1/1/2002	1/6/2005	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	SYNVISC (SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	16 MG	0.5			01/01/2002	01/06/2005						
00008-9149-02	J7320			1/1/2002	1/6/2005	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	SYNVISC (3X2 ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	16 MG	0.5			01/01/2002	01/06/2005						
00009-0022-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	25 EA	BO	PO	EA	4 MG	2			01/01/2002	99/99/9999						
00009-0049-02	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	100 EA	BO	PO	EA	4 MG	0.5			01/01/2002	99/99/9999						
00009-0056-02	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100 EA	BO	PO	EA	4 MG	1			01/01/2002	99/99/9999						
00009-0056-03	J7509			1/1/2002	8/6/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	500 EA	BO	PO	EA	4 MG	1			01/01/2002	08/06/2007						
00009-0056-04	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21 EA	DP	PO	EA	4 MG	1			01/01/2002	99/99/9999						
00009-0056-05	J7509			1/1/2002	6/19/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100 EA	BX	PO	EA	4 MG	1			01/01/2002	06/19/2007						
00009-0073-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	50 EA	BO	PO	EA	4 MG	4			01/01/2002	99/99/9999						
00009-0113-19	J2920			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (ACT-O-VIAL, 25 PACK) 40 MG	1 EA	VL	IJ	EA	40 MG	1			01/01/2002	1/14/2010						
00009-0155-01	J7509			1/1/2002	1/2/2004	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 24 MG	25 EA	BO	PO	EA	4 MG	6			01/01/2002	01/02/2004						
00009-0176-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 32 MG	25 EA	BO	PO	EA	4 MG	8			01/01/2002	99/99/9999						
00009-0190-16	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG	1			01/01/2002	1/14/2010						
00009-0193-01	J7506			1/1/2002	1/2/2004	PREDNISONE, ORAL, PER 5MG	DELTAZONE 10 MG	100 EA	BO	PO	EA	5 MG	2			01/01/2002	01/02/2004						
00009-0193-02	J7506			1/1/2002	4/26/2004	PREDNISONE, ORAL, PER 5MG	DELTAZONE 10 MG	500 EA	BO	PO	EA	5 MG	2			01/01/2002	04/26/2004						
00009-0233-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN 5000 U	1 EA	VL	IM	EA	1 EA	1			01/01/2002	99/99/9999						
00009-0253-02	J1060			1/1/2002	2/25/2003	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	DEPO-TESTADIOL (VIAL) 2 MG/ML-50 MG/ML	10 ML	VL	IM	ML	1 ML	1			01/01/2002	02/25/2003						
00009-0268-12	J1644			1/1/2002	9/21/2004	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL) 1000 U/ML	10 ML	VL	IJ	ML	1000 U	1			01/01/2002	09/21/2004						
00009-0271-01	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5 ML	VL	IM	ML	5 MG	1			01/01/2002	99/99/9999						
00009-0280-02	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5 ML	VL	IJ	ML	40 MG	1			01/01/2002	99/99/9999						
00009-0280-03	J1030			1/1/																			

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00009-0347-02	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10 ML	VL	IM	ML	100 MG		1	01/01/2002	99/99/9999							
00009-0373-01	J9100			1/1/2002	6/4/2003	INJECTION, CYTARABINE, 100 MG	CYTOSAR-U (M.D.V.) 100 MG	1 EA	VL	IJ	EA	100 MG		1	01/01/2002	06/04/2003							
00009-0388-01	J7506			1/1/2002	5/1/2003	PREDNISONE, ORAL, PER 5MG	DELTAZONE 50 MG	100 EA	BO	PO	EA	5 MG		10	01/01/2002	05/01/2003							
00009-0417-01	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1 ML	VL	IM	ML	200 MG		1	01/01/2002	99/99/9999							
00009-0417-02	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML	200 MG		1	01/01/2002	99/99/9999							
00009-0473-01	J9110			1/1/2002	6/4/2003	INJECTION, CYTARABINE, 500 MG	CYTOSAR-U (M.D.V.) 500 MG	1 EA	VL	IJ	EA	500 MG		1	01/01/2002	06/04/2003							
00009-0555-01	J2010			1/1/2002	12/31/2010	INJECTION, LINCOSYCLIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	2 ML	VL	IJ	ML	300 MG		1	01/01/2002	12/31/2010							
00009-0555-02	J2010			1/1/2002	12/31/2010	INJECTION, LINCOSYCLIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	10 ML	VL	IJ	ML	300 MG		1	01/01/2002	12/31/2010							
00009-0566-01	J3320			1/1/2002	11/10/2005	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	TROBICIN (W/DILUENT) 2 GM	1 EA	VL	IM	EA	2 GM		1	01/01/2002	11/10/2005							
00009-0626-01	J1050			1/1/2002	12/31/2002	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML	100 MG		4	01/01/2002	12/31/2002							
00009-0626-01	J1051			1/1/2003	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML	50 MG		8	01/01/2003	99/99/9999							
00009-0698-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 1 GM	1 EA	VL	IJ	EA	125 MG		8	01/01/2002	99/99/9999							
00009-0728-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	60 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-0746-30	J1055			1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1 ML	VL	IM	ML	150 MG		1	01/01/2002	99/99/9999							
00009-0746-35	J1055			1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL 25X1ML) 150 MG/ML	1 ML	VL	IM	ML	150 MG		1	01/01/2002	99/99/9999							
00009-0758-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (VIAL) 500 MG	1 EA	VL	IJ	EA	125 MG		4	01/01/2002	99/99/9999							
00009-0765-02	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 500 MG	1 EA	VL	IJ	EA	125 MG		4	01/01/2002	1/14/2010							
00009-0775-26	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-0796-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (W/DILUENT) 2 GM	1 EA	VL	IJ	EA	125 MG		16	01/01/2002	99/99/9999							
00009-0825-01	J1720			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF 100 MG	1 EA	VL	IJ	EA	100 MG		1	01/01/2002	99/99/9999							
00009-0844-01	J9320			1/1/2002	4/13/2003	INJECTION, STREPTOZOCIN, 1 GRAM	ZANOSAR (STERILE) 1 GM	1 EA	VL	IV	EA	1 GM		1	01/01/2002	04/13/2003							
00009-0870-26	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-0900-13	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 100 MG	1 EA	VL	IJ	EA	100 MG		1	01/01/2002	4/15/2010							
00009-0900-20	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL, 25 PACK) 100 MG	1 EA	VL	IJ	EA	100 MG		1	01/01/2002	4/15/2010							
00009-0902-18	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	6 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-0909-08	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 250 MG	1 EA	VL	IJ	EA	100 MG		2.5	01/01/2002	4/15/2010							
00009-0909-16	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL, 25 PACK) 250 MG	1 EA	VL	IJ	EA	100 MG		2.5	01/01/2002	4/15/2010							
00009-0912-05	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 500 MG	1 EA	VL	IJ	EA	100 MG		5	01/01/2002	4/15/2010							
00009-0920-03	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 1 GM	1 EA	VL	IJ	EA	100 MG		10	01/01/2002	4/15/2010							
00009-3073-01	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.) 40 MG/ML	1 ML	VL	IJ	ML	40 MG		1	01/01/2002	99/99/9999							
00009-3073-03	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.,25X1ML) 40 MG/ML	1 ML	VL	IJ	ML	40 MG		1	01/01/2002	99/99/9999							
00009-3124-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-3169-06	J0270			1/1/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTIN VR PEDIATRIC (AMP,5X1ML) 0.5 MG/ML	1 ML	AM	IV	ML	1.25 MCG		400	01/01/2002	99/99/9999							
00009-3295-01	J9110			1/1/2002	6/4/2003	INJECTION, CYTARABINE, 500 MG	CYTOSAR-U (30 ML VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG		2	01/01/2002	06/04/2003							
00009-3296-01	J9110			1/1/2002	4/13/2003	INJECTION, CYTARABINE, 500 MG	CYTOSAR-U 2 GM	1 EA	VL	IJ	EA	500 MG		4	01/01/2002	04/13/2003							
00009-3375-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 600 MG/50 ML	50 ML	PC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00009-3381-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 300 MG/50 ML	50 ML	PC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00009-3382-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 900 MG/50 ML	50 ML	PC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00009-3389-01	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 1 GM	1 EA	VL	IJ	EA	125 MG		8	01/01/2002	1/14/2010							
00009-3447-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X5ML) 150 MG/ML	6 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
00009-3484-04	J1056			1/1/2002	10/16/2003	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	LUNELLE MONTHLY CONTRACEPTIVE (S.D.V.) 5 MG/0.5 ML-25 MG/0.5 ML	0.5 ML	VL	IM	ML	5 MG		2	01/01/2002	10/16/2003							
00009-3484-05	J1056			1/1/2002	10/16/2003	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	LUNELLE MONTHLY CONTRACEPTIVE (S.D.V.) 5 MG/0.5 ML-25 MG/0.5 ML	0.5 ML	VL	IM	ML	5 MG		2	01/01/2002	10/16/2003							
00009-3484-06	J1056			1/7/2002	10/16/2003	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	LUNELLE MONTHLY CONTRACEPTIVE (PREFILLED SRN) 5 MG/0.5 ML-25 MG/0.5 ML	0.5 ML	SR	IM	ML	5 MG		2	01/07/2002	10/16/2003							
00009-3701-05	J0270			1/1/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 20 MCG	1 EA	VL	IC	EA	1.25 MCG		16	01/01/2002	99/99/9999							
00009-3778-05	J0270			1/1/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 10 MCG	1 EA	VL	IC	EA	1.25 MCG		8	01/01/2002	99/99/9999							
00009-3794-01	J1742			1/1/2002	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG	CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10 ML	VL	IV	ML	1 MG		0.1	01/01/2002	99/99/9999							
00009-4709-01	J1051			4/6/2005	12/30/2009	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-SUBO PROVERA 104 (PRE-FILLED W/NEEDLE) 104 MG/0.65 ML	0.65 ML	SR	SC	ML	50 MG		3.2	04/06/2005	12/30/2009							
00009-5091-01	J9180			1/1/2002	12/31/2003	EPIRUBICIN HYDROCHLORIDE, 50 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML	50 MG		0.04	01/01/2002	12/31/2003							
00009-5091-01	J9178			1/1/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG		1	01/01/2004	99/99/9999							
00009-5093-01	J9180			1/1/2002	12/31/2003	EPIRUBICIN HYDROCHLORIDE, 50 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	100 ML	VL	IV	ML	50 MG		0.04	01/01/2002	12/31/2003							
00009-5093-01	J9178			1/1/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG		1	01/01/2004	99/99/9999							
00009-5137-01	J2020			1/1/2002	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	100 ML	FC	IV	ML	200 MG		0.01	01/01/2002	99/99/9999							
00009-5140-01	J2020			1/1/2002	99/99/9999	INJECTION, LINEZOLID, 200MG	ZYVOX (P.C.) 2 MG/ML	300 ML	FC	IV	ML	200 MG		0.01	01/01/2002	99/99/9999							
00009-5181-01	J0270			6/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 10 MCG	1 EA	BX	IC	EA	1.25 MCG		8	06/25/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00009-5182-01	J0270			6/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE (SYSTEM) 20 MCG	1 EA	BX	IC	EA	1.25 MCG				16	06/25/2002	99/99/9999						
00009-5215-01	J9999			1/10/2002	12/31/2002	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	TRELSTAR LA (S.D.V.) 11.25 MG	1 EA	VL	IM	EA	1 EA				1	01/10/2002	12/31/2002						
00009-5215-01	J3315			1/1/2003	12/31/2004	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	TRELSTAR LA (S.D.V.) 11.25 MG	1 EA	VL	IM	EA	3.75 MG				3	01/01/2003	12/31/2004						
00009-7224-02	J7504			1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	ATGAM (AMP,5X5ML) 50 MG/ML	5 ML	AM	IV	ML	250 MG				0.2	01/01/2002	99/99/9999						
00009-7376-01	J1055			1/1/2002	4/20/2003	MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1 ML	SR	IM	ML	150 MG				1	01/01/2002	04/20/2003						
00009-7376-02	J1055			1/1/2002	4/20/2003	MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1 ML	SR	IM	ML	150 MG				1	01/01/2002	04/20/2003						
00009-7376-03	J1055			1/1/2002	4/20/2003	MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1 ML	SR	IM	ML	150 MG				1	01/01/2002	04/20/2003						
00009-7376-04	J1055			4/21/2003	99/99/9999	MG	DEPO-PROVERA CONTRACEPTIVE (W/ SAFETY GLIDE NEEDLE) 150 MG/ML	1 ML	SR	IM	ML	150 MG				1	04/21/2003	99/99/9999						
00009-7529-01	J9206			1/1/2002	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	5 ML	VL	IV	ML	20 MG				1	01/01/2002	12/14/2010						
00009-7529-01	QR J9206	QR		1/28/2005	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	5 ML	VL	IV	ML	20 MG				1	01/28/2005	12/14/2010						
00009-7529-02	J9206			1/1/2002	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	2 ML	VL	IV	ML	20 MG				1	01/01/2002	12/14/2010						
00009-7529-02	QR J9206	QR		1/28/2005	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	2 ML	VL	IV	ML	20 MG				1	01/28/2005	12/14/2010						
00009-7650-02	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (SYSTEM) 0.02 MG/ML	2 ML	AM	IC	ML	1.25 MCG				16	05/03/2002	99/99/9999	1/1/2002	3/26/2002	16			
00009-7663-04	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO	EA	1 EA				1	01/01/2002	99/99/9999						
00009-7664-01	J9999			1/10/2002	12/31/2002	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	TRELSTAR DEPOT (S.D.V.) 3.75 MG	1 EA	VL	IM	EA	1 EA				1	01/10/2002	12/31/2002						
00009-7664-01	J3315			1/1/2003	12/31/2004	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR DEPOT (S.D.V.) 3.75 MG	1 EA	VL	IM	EA	3.75 MG				1	01/01/2003	12/31/2004						
00009-7686-04	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 40 MCG	1 EA	VL	IC	EA	1.25 MCG				32	01/01/2002	99/99/9999						
00013-1036-91	J9190			1/1/2002	4/13/2003	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (VIAL) 50 MG/ML	10 ML	VL	IV	ML	500 MG				0.1	01/01/2002	04/13/2003						
00013-1046-94	J9190			1/1/2002	4/13/2003	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (VIAL) 50 MG/ML	50 ML	VL	IV	ML	500 MG				0.1	01/01/2002	04/13/2003						
00013-1056-94	J9190			1/1/2002	4/13/2003	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (VIAL) 50 MG/ML	100 ML	VL	IV	ML	500 MG				0.1	01/01/2002	04/13/2003						
00013-1405-44	J0285			1/1/2002	4/6/2007	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOCIN 50 MG	1 EA	VL	IV	EA	50 MG				1	01/01/2002	04/06/2007						
00013-2200-01	J9211			1/7/2003	9/28/2004	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (S.D. GLASS VIAL,PF) 1 MG/ML	5 ML	VL	IV	ML	5 MG				0.2	01/07/2003	09/28/2004						
00013-2201-01	J9211			1/7/2003	1/2/2004	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (S.D. GLASS VIALS,PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG				0.2	01/07/2003	01/02/2004						
00013-2202-01	J9211			1/7/2003	1/2/2004	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (S.D. GLASS VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG				0.2	01/07/2003	01/02/2004						
00013-2406-91	J1645			1/1/2002	6/25/2007	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN) 2500 IU/0.2 ML	0.2 ML	SR	SC	ML	2500 IU				5	01/01/2002	06/25/2007						
00013-2426-01	J1645			6/14/2002	2/5/2007	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	7500 IU/0.3 ML	0.3 ML	SR	SC	ML	2500 IU				10	06/14/2002	02/05/2007						
00013-2426-91	J1645			1/1/2002	10/9/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN) 5000 IU/0.2 ML	0.2 ML	SR	SC	ML	2500 IU				10	01/01/2002	10/09/2006						
00013-2436-06	J1645			1/1/2002	7/9/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (M.D.V.) 10000 IU/ML	9.5 ML	VL	SC	ML	2500 IU				4	01/01/2002	07/09/2006						
00013-2576-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	5 ML	VL	IV	ML	5 MG				0.2	01/01/2002	99/99/9999						
00013-2586-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG				0.2	01/01/2002	99/99/9999						
00013-2596-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG				0.2	01/01/2002	99/99/9999						
00013-2606-94	J2941			1/1/2002	6/1/2005	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN (INTRA-MIX,PF) 1.5 MG	1 EA	CT	SC	EA	1 MG				1.5	01/01/2002	06/01/2005						
00013-2616-81	J2941			1/1/2002	6/1/2005	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN (INTRA-MIX) 5.8 MG	1 EA	CT	SC	EA	1 MG				5.8	01/01/2002	06/01/2005						
00013-2616-94	J2941			1/1/2002	6/1/2005	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN (INTRA-MIX) 5.8 MG	1 EA	CT	SC	EA	1 MG				5.8	01/01/2002	06/01/2005						
00013-2626-81	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1 EA	CT	SC	EA	1 MG				5.8	01/01/2002	99/99/9999						
00013-2626-94	J2941			1/1/2002	6/9/2008	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1 EA	CT	SC	EA	1 MG				5.8	01/01/2002	6/9/2008						
00013-2646-81	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA	1 MG				13.8	01/01/2002	99/99/9999						
00013-2646-94	J2941			1/1/2002	1/7/2008	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA	1 MG				13.8	01/01/2002	01/07/2008						
00013-2649-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED,PF) 0.2 MG	1 EA	CT	SC	EA	1 MG				0.2	01/01/2002	99/99/9999						
00013-2650-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED,PF) 0.4 MG	1 EA	CT	SC	EA	1 MG				0.4	01/01/2002	99/99/9999						
00013-2651-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED,PF) 0.6 MG	1 EA	CT	SC	EA	1 MG				0.6	01/01/2002	99/99/9999						
00013-2652-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED,PF) 0.8 MG	1 EA	CT	SC	EA	1 MG				0.8	01/01/2002	99/99/9999						
00013-2653-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN, PREFILLED,PF) 1 MG	1 EA	CT	SC	EA	1 MG				1	01/01/2002	99/99/9999						
00013-2654-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.2 MG	1 EA	CT	SC	EA	1 MG				1.2	01/01/2002	99/99/9999						
00013-2655-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.4 MG	1 EA	CT	SC	EA	1 MG				1.4	01/01/2002	99/99/9999						
00013-2656-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.6 MG	1 EA	CT	SC	EA	1 MG				1.6	01/01/2002	99/99/9999						
00013-2657-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.8 MG	1 EA	CT	SC	EA	1 MG				1.8	01/01/2002	99/99/9999						
00013-2658-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 2 MG	1 EA	CT	SC	EA	1 MG				2	01/01/2002	99/99/9999						
00013-5190-01	J1645			6/13/2002	11/19/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN, PREFILLED,27GX1/2") 10000 IU/ML	1 ML	SR	SC	ML	2500 IU				4	06/13/2002	11/19/2006						
00013-5191-01	J1645			6/17/2002	11/19/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (M.D.V.) 25000 IU/ML	3.8 ML	VL	SC	ML	2500 IU												

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00013-5616-93	J9094			1/1/2002	4/13/2003	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	NEOSAR (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG	1	01/01/2002	04/13/2003								
00013-5626-93	J9095			1/1/2002	4/13/2003	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	NEOSAR (S.D.V.) 500 MG	1 EA	VL	IV	EA	500 MG	1	01/01/2002	04/13/2003								
00013-5636-70	J9096			1/1/2002	4/13/2003	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	NEOSAR (M.D.V.) 1 GM	1 EA	VL	IV	EA	1 GM	1	01/01/2002	04/13/2003								
00013-5646-70	J9097			1/1/2002	4/13/2003	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	NEOSAR (S.D.V.) 2 GM	1 EA	VL	IV	EA	2 GM	1	01/01/2002	04/13/2003								
00013-7001-12	Q2001			1/1/2002	12/31/2006	ORAL, CABERGOLINE, 0.5 MG	DOSTINEX 0.5 MG	8 EA	BO	PO	EA	0.5 MG	1	01/01/2002	12/31/2006								
00013-7001-12	J8515			1/1/2006	4/5/2006	CABERGOLINE, ORAL, 0.25 MG	DOSTINEX 0.5 MG	8 EA	BO	PO	EA	0.25 MG	2	01/01/2006	04/05/2006								
00013-7336-91	J9181			1/1/2002	4/13/2003	INJECTION, ETOPOSIDE, 10 MG	TOPOSAR (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML	10 MG	2	01/01/2002	04/13/2003								
00013-7346-94	J9181			1/1/2002	4/13/2003	INJECTION, ETOPOSIDE, 10 MG	TOPOSAR (M.D.V.) 20 MG/ML	10 ML	VL	IV	ML	10 MG	2	01/01/2002	04/13/2003								
00013-7356-88	J9181			1/1/2002	4/13/2003	INJECTION, ETOPOSIDE, 10 MG	TOPOSAR (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG	2	01/01/2002	04/13/2003								
00013-7456-86	J9370			1/1/2002	4/13/2003	VINCISTINE SULFATE, 1 MG	VINCASAR PFS (VIAL) 1 MG/ML	1 ML	VL	IV	ML	1 MG	1	01/01/2002	04/13/2003								
00013-7466-86	J9370			1/1/2002	4/13/2003	VINCISTINE SULFATE, 1 MG	VINCASAR PFS (VIAL) 1 MG/ML	2 ML	VL	IV	ML	1 MG	1	01/01/2002	04/13/2003								
00013-8715-62	J1190			1/1/2002	9/1/2009	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	ZINECARD (S.D.V.) 250 MG	1 EA	VL	IV	EA	250 MG	1	01/01/2002	09/01/2009								
00013-8725-89	J1190			1/1/2002	9/1/2009	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	ZINECARD (S.D.V.) 500 MG	1 EA	VL	IV	EA	250 MG	2	01/01/2002	09/01/2009								
00015-0502-41	J9095			5/15/2004	8/6/2006	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	CYTOXAN (VIAL) 500 MG	1 EA	VL	IV	EA	500 MG	1	05/15/2004	8/6/2008								
00015-0503-01	None			1/1/1994	10/31/2007	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYTOXAN 50 MG	100 EA	BO	PO	EA	50 MG	1	01/01/1994	10/31/2007								
00015-0503-02	None			1/1/1994	9/1/2006	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYTOXAN 50 MG	1000 EA	BO	PO	EA	50 MG	1	01/01/1994	09/01/2006								
00015-0504-01	None			1/1/1994	10/31/2007	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYTOXAN 25 MG	100 EA	BO	PO	EA	25 MG	1	01/01/1994	10/31/2007								
00015-0505-41	J9096			5/15/2004	8/14/2008	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYTOXAN (VIAL) 1 GM	1 EA	VL	IV	EA	1 GM	1	05/15/2004	8/14/2008								
00015-0506-41	J9097			5/15/2004	8/6/2008	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	CYTOXAN (VIAL) 2 GM	1 EA	VL	IV	EA	2 GM	1	05/15/2004	8/6/2008								
00015-0508-42	J9099			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240 ML	BO	PO	ML	1 EA	1	01/01/2002	99/99/9999								
00015-0546-41	J9094			1/1/2002	12/31/2004	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	CYTOXAN LYOPHILIZED (VIAL) 200 MG	1 EA	VL	IV	EA	200 MG	1	05/08/2003	12/31/2004		1/1/2002	10/15/2002		1			
00015-0547-41	J9095			1/1/2002	5/27/2004	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	CYTOXAN LYOPHILIZED (VIAL) 500 MG	1 EA	VL	IV	EA	500 MG	1	01/01/2002	05/27/2004								
00015-0548-41	J9096			1/1/2002	9/2/2004	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYTOXAN LYOPHILIZED (VIAL) 1 GM	1 EA	VL	IV	EA	1 GM	1	01/01/2002	09/02/2004								
00015-0549-41	J9097			1/1/2002	12/20/2004	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	CYTOXAN LYOPHILIZED (VIAL) 2 GM	1 EA	VL	IV	EA	2 GM	1	01/01/2002	12/20/2004								
00015-0556-05	J9208			1/1/2002	3/3/2009	INJECTION, IFOSFAMIDE, 1 GRAM	IFEX (S.D.V.) 1 GM	1 EA	VL	IV	EA	1 GM	1	01/01/2002	3/3/2009								
00015-0557-41	J9208			1/1/2002	3/3/2009	INJECTION, IFOSFAMIDE, 1 GRAM	IFEX (S.D.V.) 3 GM	1 EA	VL	IV	EA	1 GM	3	01/01/2002	3/3/2009								
00015-1179-80	J1590			1/1/2002	6/2/2006	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (VIAL) 10 MG/ML	40 ML	VL	IV	ML	10 MG	1	01/01/2002	06/02/2006								
00015-1180-78	J1590			1/23/2006	6/2/2006	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	100 ML	FC	IV	ML	10 MG	0.2	01/23/2006	06/02/2006								
00015-1180-79	J1590			9/4/2003	1/22/2006	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	100 ML	BG	IV	ML	10 MG	0.2	09/04/2003	01/22/2006								
00015-1180-80	J1590			1/1/2002	9/3/2003	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	100 ML	BG	IV	ML	10 MG	0.2	01/01/2002	09/03/2003								
00015-1181-78	J1590			1/23/2006	6/2/2006	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	200 ML	FC	IV	ML	10 MG	0.2	01/23/2006	06/02/2006								
00015-1181-79	J1590			12/16/2003	1/22/2006	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	200 ML	BG	IV	ML	10 MG	0.2	12/16/2003	01/22/2006								
00015-1181-80	J1590			1/1/2002	12/31/2003	INJECTION, GATIFLOXACIN, 10MG	TEQUIN (PREMIX BAG) 2 MG/ML	200 ML	BG	IV	ML	10 MG	0.2	01/01/2002	12/31/2003								
00015-3001-20	J9280			1/1/2002	5/3/2007	MITOMYCIN, 5 MG	MUTAMYCIN (VIAL) 5 MG	1 EA	VL	IV	EA	5 MG	1	01/01/2002	05/03/2007								
00015-3002-20	J9280			1/1/2002	5/3/2007	MITOMYCIN, 20 MG	MUTAMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA	20 MG	1	01/01/2002	05/03/2007								
00015-3010-20	J9040			1/1/2002	10/31/2007	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLENOXANE (VIAL) 15 U	1 EA	VL	IV	EA	15 U	1	01/01/2002	10/31/2007								
00015-3012-38	J9050			1/1/2002	4/7/2008	INJECTION, CARMUSTINE, 100 MG	BICNU (VIAL, W/DILUENT) 100 MG	1 EA	VL	IV	EA	100 MG	1	01/01/2002	4/7/2008								
00015-3012-60	J9050			4/7/2008	99/99/9999	INJECTION, CARMUSTINE, 100 MG	BICNU (W/DILUENT) 100 MG	1 EA	VL	IV	EA	100 MG	1	04/07/2008	99/99/9999								
00015-3015-20	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKIN PEDIATRIC (VIAL) 50 MG/ML	2 ML	VL	IV	ML	1 EA	1	01/01/2002	12/31/2005								
00015-3015-20	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKIN PEDIATRIC (VIAL) 50 MG/ML	2 ML	VL	IV	ML	100 MG	0.5	01/01/2006	99/99/9999								
00015-3015-97	J3490			1/1/2002	9/3/2004	UNCLASSIFIED DRUGS	AMIKIN PEDIATRIC (VIAL) 50 MG/ML	2 ML	VL	IV	ML	1 EA	1	01/01/2002	09/03/2004								
00015-3020-20	J3490			1/1/2002	1/31/2005	UNCLASSIFIED DRUGS	AMIKIN (VIAL) 250 MG/ML	2 ML	VL	IV	ML	1 EA	1	01/01/2002	01/31/2005								
00015-3020-97	J3490			1/1/2002	9/3/2004	UNCLASSIFIED DRUGS	AMIKIN (VIAL) 250 MG/ML	2 ML	VL	IV	ML	1 EA	1	01/01/2002	09/03/2004								
00015-3023-20	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKIN (VIAL) 250 MG/ML	4 ML	VL	IV	ML	1 EA	1	01/01/2002	12/31/2005								
00015-3023-20	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKIN (VIAL) 250 MG/ML	4 ML	VL	IV	ML	100 MG	2.5	01/01/2006	99/99/9999								
00015-3023-97	J3490			1/1/2002	9/3/2004	UNCLASSIFIED DRUGS	AMIKIN (VIAL) 250 MG/ML	4 ML	VL	IV	ML	1 EA	1	01/01/2002	09/03/2004								
00015-3030-20	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 10 MG	20 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
00015-3031-20	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 40 MG	20 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
00015-3032-20	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 100 MG	20 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
00015-3034-10	J8999			1/1/2002	10/19/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU (DOSE PACK,2X10,40,100MG) 10 MG	6 EA	DP	PO	EA	1 EA	1	01/01/2002	10/19/2008								
00015-3059-20	J9291			1/1/2002	5/3/2007	MITOMYCIN, 40 MG	MUTAMYCIN (VIAL) 40 MG	1 EA	VL	IV	EA	40 MG	1	01/01/2002	05/03/2007								
00015-3061-20	J9181			1/1/2002	2/2/2005	INJECTION, ETOPOSIDE, 10 MG	VEPESID (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG	2	01/01/2002	02/02/2005								
00015-3062-20	J9181			1/1/2002	2/16/2005	INJECTION, ETOPOSIDE, 10 MG	VEPESID (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG	2	01/01/2002	02/16/2005								
00015-3063-01	J9040			1/1/2002	5/3/2007	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLENOXANE (VIAL) 30 U	1 EA	VL	IV	EA	15 U	2	01/01/2002	05/03/2007								
00015-3075-19	Q2017			1/1/2002	99/99/9999	INJECTION, TENIPOSIDE, 50 MG	VUMON (AMP) 10 MG/ML	5 ML	AM	IV	ML	50 MG	0.2	01/01/2002	99/99/9999								
00015-3075-97	Q2017			1/1/2002	12/31/2006	INJECTION, TENIPOSIDE, 50 MG	VUMON (AMP) 10 MG/ML	5 ML	AM	IV	ML	50 MG	0.2	01/01/2002	12/31/2006								
00015-3084-20	J9181			1/1/2002	2/17/2005	INJECTION, ETOPOSIDE, 10 MG	VEPESID (M.D.V.) 20 MG/ML	7.5 ML	VL	IV	ML	10 MG	2	01/01/2002	02/17/2005								
00015-3091-45	None			1/1/1994	11/15/2007	ETOPOSIDE, 50 MG, ORAL	VEPESID (BLISTER PACK) 50 MG	20 EA	BX	PO	EA	50 MG	1	01/01/1994	11/15/2007								
00015-3095-20	J9181			1/1/2002	4/7/2006	INJECTION, ETOPOSIDE, 10 MG	VEPESID (M.D.V.)																

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00015-3232-11	J9045			10/11/2004	4/30/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN OTN (MDV 450MG/45ML PF) 10 MG/ML	45 ML	VL	IV	ML	50 MG			0.2	10/11/2004	4/30/2006						
00015-3233-11	J9045			10/11/2004	5/31/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN OTN (MDV 600MG/60ML PF) 10 MG/ML	60 ML	VL	IV	ML	50 MG			0.2	10/11/2004	5/31/2006						
00015-3404-20	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (S.D.V.) 100 MG	1 EA	VL	IV	EA	10 MG			10	01/01/2002	99/99/9999						
00015-3475-30	J9265			1/1/2002	7/9/2008	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG			0.2	01/01/2002	7/9/2008						
00015-3476-30	J9265			1/1/2002	6/8/2009	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG			0.2	01/01/2002	6/8/2009						
00015-3479-11	J9265			1/1/2002	2/3/2009	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG			0.2	01/01/2002	2/3/2009						
00015-3503-20	J1840			1/1/2002	2/1/2005	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANTREX (VIAL) 1 GM/3 ML	3 ML	VL	IJ	ML	500 MG			0.666	01/01/2002	02/01/2005						
00015-3503-99	J1840			1/1/2002	2/1/2005	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANTREX (VIAL) 1 GM/3 ML	3 ML	VL	IJ	ML	500 MG			0.666	01/01/2002	02/01/2005						
00015-3554-27	J9999			1/1/2002	10/31/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFEX/MESNEX (COMBO-PACK) 10 GM-10 GM	1 EA	BX	IV	EA	1 EA			1	01/01/2002	10/31/2007						
00015-3556-26	J9999			1/1/2002	10/31/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFEX/MESNEX (COMBO-PACK) 5 GM-3 GM	1 EA	BX	IV	EA	1 EA			1	01/01/2002	10/31/2007						
00015-3563-02	J9209			1/1/2002	6/8/2009	INJECTION, MESNA, 200 MG	MESNEX (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG			0.5	01/01/2002	6/8/2009						
00015-3563-03	J9209			1/1/2002	5/13/2009	INJECTION, MESNA, 200 MG	MESNEX (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG			0.5	01/01/2002	5/13/2009						
00015-3564-15	J9999			1/1/2002	5/3/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFEX/MESNEX (COMBO-PACK) 6 GM-6 GM	1 EA	BX	IV	EA	1 EA			1	01/01/2002	05/03/2007						
00015-5644-15	J3490			4/16/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 EA			1	04/16/2002	12/31/2003						
00015-5644-15	J0595			1/1/2004	9/1/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 MG			2	01/01/2004	09/01/2004						
00015-5644-20	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
00015-5644-20	J0595			1/1/2004	10/4/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 MG			2	01/01/2004	10/04/2004						
00015-5644-33	J3490			1/1/2002	11/24/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	11/24/2003						
00015-5645-15	J3490			4/16/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 EA			1	04/16/2002	12/31/2003						
00015-5645-15	J0595			1/1/2004	9/1/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 MG			1	01/01/2004	09/01/2004						
00015-5645-20	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
00015-5645-20	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 MG			1	01/01/2004	99/99/9999						
00015-5646-15	J3490			4/16/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 EA			1	04/16/2002	12/31/2003						
00015-5646-15	J0595			1/1/2004	7/1/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 MG			2	01/01/2004	07/01/2004						
00015-5646-20	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
00015-5646-20	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 MG			2	01/01/2004	99/99/9999						
00015-5648-20	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
00015-5648-20	J0595			1/1/2004	12/1/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 MG			2	01/01/2004	12/01/2004						
00015-5648-97	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
00015-5648-97	J0595			1/1/2004	12/1/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 MG			2	01/01/2004	12/01/2004						
00015-7100-28	J0290			1/1/2002	7/1/2005	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA	500 MG			20	01/01/2002	07/01/2005						
00015-7100-98	J0290			1/1/2002	5/11/2004	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA	500 MG			20	01/01/2002	05/11/2004						
00015-7101-28	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	99/99/9999						
00015-7101-98	J3490			1/1/2002	6/28/2006	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	06/28/2006						
00015-7103-28	J2700			1/1/2002	10/1/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA	250 MG			40	01/01/2002	10/01/2004						
00015-7103-98	J2700			1/1/2002	8/30/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA	250 MG			40	01/01/2002	08/30/2004						
00015-7225-18	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	99/99/9999						
00015-7225-20	J3490			1/1/2002	5/1/2004	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	05/01/2004						
00015-7225-99	J3490			1/1/2002	2/22/2005	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	02/22/2005						
00015-7225-99	J3490			1/1/2002	5/1/2004	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	05/01/2004						
00015-7226-18	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	99/99/9999						
00015-7226-20	J3490			1/1/2002	6/1/2004	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	06/01/2004						
00015-7226-89	J3490			1/1/2002	2/22/2005	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL) 2 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	02/22/2005						
00015-7226-99	J3490			1/1/2002	6/1/2004	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (VIAL) 2 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	06/01/2004						
00015-7338-12	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/01/2002	99/99/9999						
00015-7338-99	J0690			1/1/2002	9/3/2004	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/01/2002	09/03/2004						
00015-7339-12	J0690			1/1/2002	1/1/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	01/01/2005						
00015-7339-99	J0690			1/1/2002	1/1/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	01/01/2005						
00015-7346-39	J0690			1/1/2002	6/17/2004	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA	500 MG			20	01/01/2002	06/17/2004						
00015-7346-97	J0690			1/1/2002	6/17/2004	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA	500 MG			20	01/01/2002	06/17/2004						
00015-7401-20	J0290			1/1/2002	6/1/2004	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 125 MG	1 EA	VL	IJ	EA	500 MG			0.25	01/01/2002	06/01/2004						
00015-7401-99	J0290			1/1/2002	5/11/2004	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 125 MG	1 EA	VL	IJ	EA	500 MG			0.25	01/01/2002	05/11/2004						
00015-7402-20	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	01/01/2002	99/99/9999						
00015-7402-99	J0290			1/1/2002	7/20/2006	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	01/01/2002	07/20/2006						
00015-7403-20	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/01/2002	99/99/9999						
00015-7403-99	J0290			1/1/2002	8/14/2006	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/01/2002	08/14/2006						
00015-7404-18	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	99/99/9999						
00015-7404-20	J0290			1/1/2002	8/14/2006	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	08/14/2006						
00015-7404																							

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00015-7405-89	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	500 MG			4	01/01/2002	99/99/9999						
00015-7405-99	J0290			1/1/2002	7/20/2006	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 2 GM	1 EA	VL	U	EA	500 MG			4	01/01/2002	07/20/2006						
00015-7970-18	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	250 MG			8	01/01/2002	99/99/9999						
00015-7970-20	J2700			1/1/2002	7/1/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL) 2 GM	1 EA	VL	U	EA	250 MG			8	01/01/2002	07/01/2004						
00015-7970-89	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	250 MG			8	01/01/2002	99/99/9999						
00015-7970-99	J2700			1/1/2002	7/1/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1 EA	VL	U	EA	250 MG			8	01/01/2002	07/01/2004						
00015-7981-18	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	250 MG			4	01/01/2002	99/99/9999						
00015-7981-20	J2700			1/1/2002	12/2/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL) 1 GM	1 EA	VL	U	EA	250 MG			4	01/01/2002	12/02/2004						
00015-7981-89	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	250 MG			4	01/01/2002	99/99/9999						
00015-7981-99	J2700			1/1/2002	12/2/2004	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL) 1 GM	1 EA	VL	U	EA	250 MG			4	01/01/2002	12/02/2004						
00023-1145-01	J0585			1/1/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1 EA	VL	IM	EA	1 U			100	01/01/2002	99/99/9999						
00023-9232-01	J0585			6/7/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX COSMETIC 100 U	1 EA	VL	IM	EA	1 U			100	06/07/2002	99/99/9999						
00024-0222-05	J9217			11/1/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 22.5 MG	1 EA	SR	SC	EA	7.5 MG			3	11/01/2003	99/99/9999						
00024-0590-10	J9263			6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	0.5 MG			10	06/08/2005	99/99/9999						
00024-0590-10	QR J9263	QR		6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	0.5 MG			10	06/08/2005	99/99/9999						
00024-0591-20	J9263			6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	20 ML	VL	IV	ML	0.5 MG			10	06/08/2005	99/99/9999						
00024-0591-20	QR J9263	QR		6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	20 ML	VL	IV	ML	0.5 MG			10	06/08/2005	99/99/9999						
00024-0592-40	J9263			8/20/2007	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (SDV,PF) 5 MG/ML	40 ML	VL	IV	ML	0.5 MG			10	08/20/2007	99/99/9999						
00024-0592-40	QR J9263	QR		8/20/2007	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (SDV,PF) 5 MG/ML	40 ML	VL	IV	ML	0.5 MG			10	08/20/2007	99/99/9999						
00024-0596-02	J9999			8/16/2002	12/31/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ELOXATIN (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	1 EA			1	08/16/2002	12/31/2003						
00024-0596-02	J9263			1/1/2004	6/30/2006	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	0.5 MG			100	01/01/2004	06/30/2006						
00024-0596-02	QR J9263	QR		1/28/2005	6/30/2006	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	0.5 MG			100	01/28/2005	06/30/2006						
00024-0597-04	J9999			8/16/2002	12/31/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ELOXATIN (S.D.V.,PF) 100 MG	1 EA	VL	IV	EA	1 EA			1	08/16/2002	12/31/2003						
00024-0597-04	J9263			1/1/2004	6/30/2006	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 100 MG	1 EA	VL	IV	EA	0.5 MG			200	01/01/2004	06/30/2006						
00024-0597-04	QR J9263	QR		1/28/2005	6/30/2006	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 100 MG	1 EA	VL	IV	EA	0.5 MG			200	01/28/2005	06/30/2006						
00024-0597-07	J9217			5/20/2002	7/24/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 7.5 MG	1 EA	SR	SC	EA	7.5 MG			1	05/20/2002	07/24/2003						
00024-0597-22	J9217			9/13/2002	10/31/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 22.5 MG	1 EA	SR	SC	EA	7.5 MG			3	09/13/2002	10/31/2003						
00024-0605-45	J9217			2/18/2005	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE KIT) 45 MG	1 EA	BX	SC	EA	7.5 MG			6	02/18/2005	99/99/9999						
00024-0610-30	J9217			3/4/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 30 MG	1 EA	BX	SC	EA	7.5 MG			4	03/04/2003	99/99/9999						
00024-0793-75	J9217			7/25/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 7.5 MG	1 EA	SR	SC	EA	7.5 MG			1	07/25/2003	99/99/9999						
00024-1200-05	J2260			1/1/2002	12/23/2003	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (22GX1-1/4",CARPUJECT) 1 MG/ML	5 ML	SR	IV	ML	5 MG			0.2	01/01/2002	12/23/2003						
00024-1200-06	J2260			1/1/2002	3/29/2004	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (INTERLINK SYS,CARPUJECT) 1 MG/ML	5 ML	SR	IV	ML	5 MG			0.2	01/01/2002	03/29/2004						
00024-1200-10	J2260			1/1/2002	5/12/2006	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D.V.,CARPUJECT) 1 MG/ML	10 ML	VL	IV	ML	5 MG			0.2	01/01/2002	05/12/2006						
00024-1200-20	J2260			1/1/2002	5/12/2006	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D.V.,CARPUJECT) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	01/01/2002	05/12/2006						
00024-1200-25	J2260			1/1/2002	5/1/2006	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D.V.,VALUE PACK) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	01/01/2002	05/01/2006						
00024-1200-50	J2260			1/1/2002	5/18/2005	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG			0.2	01/01/2002	05/18/2005						
00024-1203-01	J2260			1/1/2002	4/3/2008	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D. FLEXIBLE CONTAINER) 5%-20 MG/100 ML	100 ML	FC	IV	ML	5 MG			0.04	01/01/2002	04/03/2008						
00024-1203-02	J2260			1/1/2002	9/16/2008	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D. FLEXIBLE CONTAINER) 5%-20 MG/100 ML	200 ML	FC	IV	ML	5 MG			0.04	01/01/2002	9/16/2008						
00024-1203-15	J2260			1/1/2002	1/24/2007	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (BAG,PREFILLED,VALUEPACK) 5%-20 MG/100 ML	100 ML	FC	IV	ML	5 MG			0.04	01/01/2002	01/24/2007						
00024-1203-25	J2260			1/1/2002	9/30/2005	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (BAG,PREFILLED,VALUEPACK) 5%-20 MG/100 ML	200 ML	FC	IV	ML	5 MG			0.04	01/01/2002	09/30/2005						
00024-5150-10	J3490			9/4/2002	12/31/2003	UNCLASSIFIED DRUGS	ELITEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1 EA	VL	IV	EA	1 EA			1	09/04/2002	12/31/2003						
00024-5150-10	J2783			1/1/2004	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1 EA	VL	IV	EA	0.5 MG			3	01/01/2004	99/99/9999						
00024-5151-75	J2783			6/27/2006	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITEK (SDV,W/DILUENT) 7.5 MG	1 EA	VL	IV	EA	0.5 MG			15	06/27/2006	99/99/9999						
00024-5820-05	J8999			11/12/2009	06/30/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	OFORTA (INNER PACK) 10 MG	1 EA	BO	PO	EA	1 EA			1	11/12/2009	06/30/2010						
00024-5820-05	None			7/1/2010	99/99/9999	FLUDARABINE PHOSPHATE, ORAL, 10MG	OFORTA (INNER PACK) 10 MG	1 EA	BO	PO	EA	1 MG			1	7/1/2010	99/99/9999						
00024-5820-20	J8999			11/12/2009	06/30/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	OFORTA (4X5 STRIP,FILM COATED) 10 MG	20 EA	BO	PO	EA	1 EA			1	11/12/2009	06/30/2010						
00024-5820-20	None			7/1/2010	99/99/9999	FLUDARABINE PHOSPHATE, ORAL, 10MG	OFORTA (4X5 STRIP,FILM COATED) 10 MG	20 EA	BO	PO	EA	1 MG			1	7/1/2010	99/99/9999						
00026-0372-20	J7192			1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA	1 IU			1	01/01/2002	6/30/2008						
00026-0372-30	J7192			1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA	1 IU			1	01/01/2002	6/30/2008						
00026-0372-50	J7192			1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA	1 IU			1	01/01/2002	6/30/2008						
00026-0379-20	J7192			1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (250IU,VIAL W/DILUENT,PF) 1 IU	250 IU	VL	IV	EA	1 IU			1	01/01/2006	6/30/2008						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00026-0379-30	J7192			1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (500IU,VIAL W/DILUENT) PF 1 IU	500 IU	VL	IV	EA		1 IU			1	01/01/2006	6/30/2008					
00026-0379-50	J7192			1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (1000IU,VIAL W/DILUENT) 1 IU	1000 IU	VL	IV	EA		1 IU			1	01/01/2006	6/30/2008					
00026-0601-30	J0256			1/1/2002	10/13/2006	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	PROLASTIN (APPRX 500 MG VIAL) 1 MG	500 MG	VL	IV	EA		10 MG			0.1	01/01/2002	10/13/2006					
00026-0601-35	J0256			1/1/2002	10/13/2006	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	PROLASTIN (APPRX 1000 MG VIAL) 1 MG	1000 MG	VL	IV	EA		10 MG			0.1	01/01/2002	10/13/2006					
00026-0603-20	J7197			1/1/2002	10/13/2006	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT, - 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	01/01/2002	10/13/2006					
00026-0603-30	J7197			1/1/2002	10/13/2006	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT, -1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	01/01/2002	10/13/2006					
00026-0631-02	J2790			1/1/2002	10/13/2006	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	BAYRHO-D FULL DOSE (SRN,PREFILLED ULTRASE)	1 ML	SR	IM	ML		300 MCG			1	01/01/2002	10/13/2006					
00026-0631-06	J2790			3/21/2002	12/31/2002	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	BAYRHO-D (MINI-DOSE,SRN)	0.17 ML	SR	IM	ML		300 MCG			1	03/21/2002	12/31/2002					
00026-0631-06	J2788			1/1/2003	10/13/2006	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	BAYRHO-D (MINI-DOSE,SRN)	0.17 ML	SR	IM	ML		50 MCG			6	01/01/2003	10/13/2006					
00026-0634-02	J1670			1/1/2002	10/13/2006	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	BAYTET (SRN,PREFILLED ULTRASE) 250 U	1 ML	SR	IM	ML		250 U			1	01/01/2002	10/13/2006					
00026-0635-04	J1460			1/1/2002	10/13/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF)	2 ML	VL	IM	ML		1 ML			1	01/01/2002	10/13/2006					
00026-0635-12	J1460			1/1/2002	10/13/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF)	10 ML	VL	IM	ML		1 ML			1	01/01/2002	10/13/2006					
00026-0636-01	J3590			6/18/2003	10/13/2006	UNCLASSIFIED BIOLOGICS	BAYHEP B (S.D.V.,200 IU/ML)	1 ML	VL	IM	ML		1 EA			1	06/18/2003	10/13/2006					
00026-0636-02	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BAYHEP B	1 ML	SR	IM	ML		1 EA			1	01/01/2002	12/31/2002					
00026-0636-02	J3590			1/1/2003	10/13/2006	UNCLASSIFIED BIOLOGICS	BAYHEP B	1 ML	SR	IM	ML		1 EA			1	01/01/2003	10/13/2006					
00026-0636-03	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BAYHEP B (S.D.SRN)	0.5 ML	SR	IM	ML		1 EA			1	01/01/2002	12/31/2002					
00026-0636-03	J3590			1/1/2003	10/13/2006	UNCLASSIFIED BIOLOGICS	BAYHEP B (S.D.SRN)	0.5 ML	SR	IM	ML		1 EA			1	01/01/2003	10/13/2006					
00026-0636-05	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BAYHEP B (S.D.V.,200 IU/ML)	5 ML	VL	IM	ML		1 EA			1	01/01/2002	12/31/2002					
00026-0636-05	J3590			1/1/2003	10/13/2006	UNCLASSIFIED BIOLOGICS	BAYHEP B (S.D.V.,200 IU/ML)	5 ML	VL	IM	ML		1 EA			1	01/01/2003	10/13/2006					
00026-0645-12	J1563			10/9/2003	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML		1 GM			0.1	10/09/2003	03/31/2005					
00026-0645-12	Q9943			4/1/2005	7/14/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML		1 GM			0.1	04/01/2005	07/14/2005					
00026-0645-15	J1563			10/9/2003	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML		1 GM			0.1	10/09/2003	03/31/2005					
00026-0645-15	Q9943			4/1/2005	7/14/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML		1 GM			0.1	04/01/2005	07/14/2005					
00026-0645-20	J1563			10/9/2003	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML		1 GM			0.1	10/09/2003	03/31/2005					
00026-0645-20	Q9943			4/1/2005	7/14/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML		1 GM			0.1	04/01/2005	07/14/2005					
00026-0645-24	J1563			10/9/2003	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML		1 GM			0.1	10/09/2003	03/31/2005					
00026-0645-24	Q9943			4/1/2005	7/14/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML		1 GM			0.1	04/01/2005	07/14/2005					
00026-0645-71	J1563			10/9/2003	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML		1 GM			0.1	10/09/2003	03/31/2005					
00026-0645-71	Q9943			4/1/2005	7/14/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML		1 GM			0.1	04/01/2005	07/14/2005					
00026-0648-12	J1563			1/1/2002	12/31/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMIMUNE N 10 % (1 GM/VIAL) 100 MG/ML	10 ML	VL	IV	ML		1 GM			0.1	01/01/2002	12/31/2004					
00026-0648-15	J1563			1/1/2002	12/31/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMIMUNE N 10 % (2.5 GM/VIAL) 100 MG/ML	25 ML	VL	IV	ML		1 GM			0.1	01/01/2002	12/31/2004					
00026-0648-20	J1563			1/1/2002	12/31/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMIMUNE N 10 % (5 GM/VIAL) 100 MG/ML	50 ML	VL	IV	ML		1 GM			0.1	01/01/2002	12/31/2004					
00026-0648-24	J1563			1/1/2002	12/31/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMIMUNE N 10 % (20 GM/VIAL) 100 MG/ML	200 ML	VL	IV	ML		1 GM			0.1	01/01/2002	12/31/2004					
00026-0648-71	J1563			1/1/2002	12/31/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMIMUNE N 10 % (10 GM/VIAL) 100 MG/ML	100 ML	VL	IV	ML		1 GM			0.1	01/01/2002	12/31/2004					
00026-0665-20	J7190			1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU			1	01/01/2002	11/01/2007					
00026-0665-30	J7190			1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	01/01/2002	11/01/2007					
00026-0665-50	J7190			1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	01/01/2002	11/01/2007					
00026-3786-60	J7192			7/2/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	KOGENATE FS (2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU			1	07/02/2007	99/99/9999					
00026-3796-60	J7192			7/2/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	KOGENATE FS (2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU			1	07/02/2007	99/99/9999					
00026-8151-20	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DTIC-DOME (VIAL) 200 MG	1 EA	VL	IV	EA		200 MG			1	01/01/2002	12/31/2010					
00026-8196-36	Q2003			1/1/2002	12/31/2005	INJECTION, APROTININ, 10,000 KIU	TRASLYOL 10000 KIU/ML	100 ML	VL	IV	ML		10000 KIU			1	01/01/2002	12/31/2005					
00026-8196-36	J0365			1/1/2006	99/99/9999	INJECTION, APROTININ, 10,000 KIU	TRASLYOL 10000 KIU/ML	100 ML	VL	IV	ML		10000 KIU			1	01/01/2006	99/99/9999					
00026-8197-63	Q2003			1/1/2002	12/31/2005	INJECTION, APROTININ, 10,000 KIU	TRASLYOL 10000 KIU/ML	200 ML	VL	IV	ML		10000 KIU			1	01/01/2002	12/31/2005					
00026-8197-63	J0365			1/1/2006	99/99/9999	INJECTION, APROTININ, 10,000 KIU	TRASLYOL 10000 KIU/ML	200 ML	VL	IV	ML		10000 KIU			1	01/01/2006	99/99/9999					
00026-8527-36	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (BAXTER DELIVERY SYSTEM) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG			0.01	01/01/2002	08/16/2005					
00026-8527-63	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (BAXTER DELIVERY SYSTEM) 400 MG/200 ML	400 ML	FC	IV	ML		200 MG			0.01	01/01/2002	08/16/2005					
00026-8552-36	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PREMIX,LATEX-FREE) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG			0.01	01/01/2002	08/16/2005					
00026-8554-63	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PREMIX,LATEX-FREE) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG			0.01	01/01/2002	08/16/2005					
00026-8562-20	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	40 ML	VL	IV	ML		200 MG			0.05	01/01/2002	08/16/2005					
00026-8564-64	J0744			1/1/2002	8/16/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	40 ML	VL	IV	ML		200 MG			0.05	01/01/2002	08/16/2005					
00026-8566-65	J0744			1/1/2002	8/17/2005	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (BULK VIAL) 10 MG/ML	120 ML	VL	IV	ML		200 MG			0.05	01/01/2002	08/17/2005					
00026-8582-31	J3490			1/10/2002	12/31/2003	UNCLASSIFIED DRUGS	AVELOX I.V. (FLEXIBAG,PF) 400 MG/250 ML	250 ML	FC	IV	ML		1 EA			1	01/10/2002	12/31/2003					
00026-8582-31	J2280			1/1/2004	8/16/2005	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (FLEXIBAG,PF) 400 MG/250 ML	250 ML	FC	IV	ML		100 MG			0.016	01/01/2004	08/16/2005					
00026-8711-01	J9219			1/1/2002	99/99/9999	LEUPROLIDE ACETATE IMPLANT, 65 MG	VIADUR 65 MG	65 mg	BX	ID	EA		65 MG			1	01/01/2002	99/99/9999					
00028-7507-01	J3105			1/1/2002	7/15/2004	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	BRETHINE (AMP) 1 MG/ML	1 ML	AM	SC	ML		1 MG			1	01/24/2002	07/15/2004					
00028-7507-23	J3105			1/1/2002	5/22/2003	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	BRETHINE (AMP) 1 MG/ML	1 ML</															

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00029-6571-40	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	TIMENTIN (ADD-VANTAGE) 100 MG-3 GM	1 EA	VL	IV	EA		1 EA		1	01/01/2002	99/99/9999						
00029-6571-56	J3490			1/1/2002	7/11/2006	UNCLASSIFIED DRUGS	TIMENTIN NOVAPLUS (VIAL) 100 MG-3 GM	1 EA	VL	IV	EA		1 EA		1	01/01/2002	07/11/2006						
00029-6571-57	J3490			1/1/2002	7/11/2006	UNCLASSIFIED DRUGS	TIMENTIN NOVAPLUS (ADD-VANTAGE) 100 MG-3 GM	1 EA	VL	IV	EA		1 EA		1	01/01/2002	07/11/2006						
00029-6579-21	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	TIMENTIN (BULK VIAL) 1 GM-30 GM	1 EA	VL	IV	EA		1 EA		1	01/01/2002	99/99/9999						
00029-6579-76	J3490			1/1/2002	7/11/2006	UNCLASSIFIED DRUGS	TIMENTIN NOVAPLUS (BULK VIAL) 1 GM-30 GM	1 EA	VL	IV	EA		1 EA		1	01/01/2002	07/11/2006						
00031-7409-87	J2800			1/1/2002	5/21/2003	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (S.D.V.) 100 MG/ML	10 ML	VL	IJ	ML		10 ML		0.1	01/01/2002	05/21/2003						
00031-7890-06	J7643			1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-06	KO J7643	KO		1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-11	J7643			1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-11	KO J7643	KO		1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-83	J7643			1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-83	KO J7643	KO		1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-95	J7643			1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00031-7890-95	KO J7643	KO		1/1/2002	2/12/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	02/12/2004						
00039-0017-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 500 MG	1 EA	VL	IJ	EA		1 GM		0.5	01/01/2002	99/99/9999						
00039-0018-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	99/99/9999						
00039-0018-11	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (P.B.) 1 GM	1 EA	GC	IJ	EA		1 GM		1	01/01/2002	7/6/2010						
00039-0018-25	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	7/6/2010						
00039-0018-49	J0698			4/1/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN 1 GM	1 EA	VL	IJ	EA		1 GM		1	04/01/2006	99/99/9999						
00039-0018-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	7/6/2010						
00039-0019-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	99/99/9999						
00039-0019-11	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (P.B.) 2 GM	1 EA	GC	IJ	EA		1 GM		2	01/01/2002	7/6/2010						
00039-0019-25	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	7/6/2010						
00039-0019-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN 2 GM	1 EA	VL	IJ	EA		1 GM		2	06/01/2005	99/99/9999						
00039-0019-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	7/6/2010						
00039-0020-01	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (BULK VIAL) 10 GM	1 EA	GC	IJ	EA		1 GM		10	01/01/2002	99/99/9999						
00039-0020-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN (PHARMACY BULK PACKAGE) 10 GM	1 EA	GC	IJ	EA		1 GM		10	06/01/2005	99/99/9999						
00039-0023-25	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	99/99/9999						
00039-0023-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN (ADD-VANTAGE SYSTEM) 1 GM	1 EA	VL	IJ	EA		1 GM		1	06/01/2005	99/99/9999						
00039-0023-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	7/6/2010						
00039-0023-61	J0698			4/3/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	AMERINET CLAFORAN 1 GM	1 EA	VL	IJ	EA		1 GM		1	04/03/2006	99/99/9999						
00039-0024-25	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	99/99/9999						
00039-0024-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN (ADD-VANTAGE SYSTEM) 2 GM	1 EA	VL	IJ	EA		1 GM		2	06/01/2005	99/99/9999						
00039-0024-50	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	01/01/2002	99/99/9999						
00044-1040-01	J1170			1/1/2002	2/9/2003	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID	1 EA	BO	NA	GM		4 MG		250	01/01/2002	02/09/2003						
00045-0065-55	J1956			1/1/2002	9/13/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	30 ML	VL	IV	ML		250 MG		0.1	01/01/2002	9/13/2009						
00045-0066-01	J1956			1/1/2002	5/2/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML	150 ML	PC	IV	ML		250 MG		0.02	01/01/2002	5/2/2010						
00045-0067-01	J1956			1/1/2002	5/26/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML	50 ML	FC	IV	ML		250 MG		0.02	01/01/2002	5/26/2010						
00045-0068-01	J1956			1/1/2002	5/26/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML	100 ML	FC	IV	ML		250 MG		0.02	01/01/2002	5/26/2010						
00045-0069-51	J1956			1/1/2002	8/23/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	20 ML	VL	IV	ML		250 MG		0.1	01/01/2002	8/23/2009						
00045-0253-01	J1631			1/1/2002	6/24/2010	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	HALDOL DECAANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML		50 MG		1	01/01/2002	6/24/2010						
00045-0253-03	J1631			1/1/2002	7/1/2010	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	HALDOL DECAANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML		50 MG		1	01/01/2002	7/1/2010						
00045-0253-46	J1631			1/1/2002	6/21/2006	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	HALDOL DECAANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	01/01/2002	06/21/2006						
00045-0254-14	J1631			1/1/2002	7/20/2010	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	HALDOL DECAANOATE (AMP) 100 MG/ML	1 ML	AM	IM	ML		50 MG		2	01/01/2002	07/20/2010						
00045-0254-46	J1631			1/1/2002	6/21/2006	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	HALDOL DECAANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	01/01/2002	06/21/2006						
00045-0255-01	J1630			1/1/2002	8/3/2010	INJECTION, HALOPERIDOL, UP TO 5 MG	HALDOL (AMP) 5 MG/ML	1 ML	AM	IM	ML		5 MG		1	01/01/2002	8/3/2010						
00045-0255-49	J1630			1/1/2002	5/16/2005	INJECTION, HALOPERIDOL, UP TO 5 MG	HALDOL (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML		5 MG		1	01/01/2002	05/16/2005						
00045-1515-01	J1956			11/5/2004	8/23/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN 25 MG/ML	480 ML	BO	PO	ML		250 MG		0.1	11/05/2004	8/23/2009						
00046-0374-06	J2730			1/1/2002	3/13/2003	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	03/13/2003						
00046-0749-05	J1410			1/1/2002	99/99/9999	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	PREMARIN INTRAVENOUS (W/SECULE VIAL) 25 MG	1 EA	VL	IV	EA		25 MG		1	01/01/2002	99/99/9999						
00049-0013-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 1 GM-0.5 GM	1 EA	VL	IV	EA		1.5 GM		1	01/01/2002	99/99/9999						
00049-0014-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (VIAL) 2 GM-1 GM	1 EA	VL	IV	EA		1.5 GM		2	01/01/2002	99/99/9999						
00049-0022-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (P.B., ADD-VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA		1.5 GM		1	01/01/2002	99/99/9999						
00049-0023-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (P.B., ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA		1.5 GM		2	01/01/2002	99/99/9999						
00049-0024-28	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (BULK PACKAGE) 10 GM-5 GM	1 EA	VL	IV	EA		1.5 GM		10	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00049-0031-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (ADD-VANTAGE,ADD-VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA	1.5 GM			1	01/01/2002	99/99/9999						
00049-0032-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (ADD-VANTAGE,ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA	1.5 GM			2	01/01/2002	99/99/9999						
00049-0210-35	J0560			1/1/2002	1/2/2003	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	PERMAPEN ISOJECT 600000 U/ML	2 ML	NA	IM	ML	600000 U			1	01/01/2002	01/02/2003						
00049-0520-83	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U	1 EA	VL	IV	EA	600000 U			8.33333	01/01/2002	99/99/9999						
00049-0530-28	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PFIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U	1 EA	VL	IV	EA	600000 U			33.33333	01/01/2002	99/99/9999						
00049-1010-28	J3490			4/25/2006	12/31/2006	UNCLASSIFIED DRUGS	ERAXIS (W/ DILUENT,PF) 50 MG	1 EA	VL	IV	EA	1 EA			1	04/25/2006	12/31/2006						
00049-1010-28	J0348			1/1/2007	1/1/2009	INJECTION, ANADULAFUNGIN, 1 MG	ERAXIS (W/ DILUENT,PF) 50 MG	1 EA	VL	IV	EA	1 MG			50	01/01/2007	1/1/2009						
00049-1219-28	J3490			1/1/2002	1/2/2003	UNCLASSIFIED DRUGS	CEFOBID (BULK VIAL) 10 GM	1 EA	VL	IJ	EA	1 EA			1	01/01/2002	01/02/2003						
00049-3190-28	J3465			1/1/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VFEND I.V. (S.D.V.) 200 MG	1 EA	VL	IV	EA	10 MG			20	01/01/2004	99/99/9999						
00049-3371-26	J1450			1/1/2002	7/26/2010	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (SODIUM CHLORIDE DILUENT) 200 MG/100 ML	100 ML	GC	IV	ML	200 MG			0.01	01/01/2002	7/26/2010						
00049-3372-26	J1450			1/1/2002	9/30/2010	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (SODIUM CHLORIDE DILUENT) 400 MG/200 ML	200 ML	GC	IV	ML	200 MG			0.01	01/01/2002	9/30/2010						
00049-3382-25	J3490			10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5 ML	VL	IJ	ML	1 EA			1	10/19/2005	99/99/9999						
00049-3435-26	J1450			1/1/2002	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX,SODIUM CHLORIDE) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG			0.01	01/01/2002	99/99/9999						
00049-3436-26	J1450			1/1/2002	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX,SODIUM CHLORIDE) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG			0.01	01/01/2002	99/99/9999						
00049-3437-26	J1450			1/1/2002	1/1/2009	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX, DEXTROSE,AF) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG			0.01	01/01/2002	1/1/2009						
00049-3438-26	J1450			1/1/2002	9/30/2010	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX, DEXTROSE,AF) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG			0.01	01/01/2002	9/30/2010						
00049-3890-28	J0200			1/1/2002	7/10/2003	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	TROVAN IV 5 MG/ML	40 ML	VL	IV	ML	100 MG			0.05	01/01/2002	07/10/2003						
00049-3900-28	J0200			1/1/2002	7/10/2003	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	TROVAN IV 5 MG/ML	60 ML	VL	IV	ML	100 MG			0.05	01/01/2002	07/10/2003						
00049-3920-83	J3490			8/26/2002	12/31/2003	UNCLASSIFIED DRUGS	GEODON 20 MG	1 EA	VL	IM	EA	1 EA			1	08/26/2002	12/31/2003						
00049-3920-83	J3486			1/1/2004	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	GEODON 20 MG	1 EA	VL	IM	EA	10 MG			2	01/01/2004	99/99/9999						
00049-5460-74	J3410			1/1/2002	7/10/2003	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	VISTARIL IM (VIAL) 50 MG/ML	10 ML	VL	IM	ML	25 MG			2	01/01/2002	07/10/2003						
00051-0021-21	Q0167			1/1/2002	99/99/9999	DRONABINOL, 2.5 MG, ORAL, 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	MARINOL 2.5 MG	60 EA	BO	PO	EA	2.5 MG			1	01/01/2002	99/99/9999						
00051-0022-11	Q0168			1/1/2002	8/14/2006	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	25 EA	BO	PO	EA	5 MG			1	01/01/2002	8/14/2006						
00051-0022-21	Q0168			8/14/2006	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFT GELATIN) 5 MG	60 EA	BO	PO	EA	5 MG			1	08/14/2006	99/99/9999						
00051-0023-21	Q0168			1/1/2002	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 10 MG	60 EA	BO	PO	EA	5 MG			2	01/01/2002	99/99/9999						
00052-0272-01	J3490			8/10/2006	12/31/2007	UNCLASSIFIED DRUGS	IMPLANON (HOSPITAL USE ONLY) 68 MG	1 EA	PG	ID	EA	1 EA			1	08/10/2006	12/31/2007						
00052-0272-01	J7307			1/1/2008	99/99/9999	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	IMPLANON (HOSPITAL USE ONLY) 68 MG	1 EA	PG	ID	EA	1 IMPLANT			1	01/01/2008	99/99/9999						
00052-0301-51	J3490			5/1/2003	99/99/9999	UNCLASSIFIED DRUGS	GANIRELUX ACETATE 250 MCG/0.5 ML	0.5 ML	SR	SC	ML	1 EA			1	05/01/2003	99/99/9999						
00052-0301-61	J3490			6/1/2003	6/2/2003	UNCLASSIFIED DRUGS	ANTAGON 250 MCG/0.5 ML	0.5 ML	SR	SC	ML	1 EA			1	06/01/2003	06/02/2003						
00052-0315-10	J0725			1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1 EA	VL	IM	EA	1000 USP Units			10	01/01/2002	99/99/9999						
00052-0445-10	J0330			1/1/2002	8/23/2004	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (VIAL) 20 MG/ML	10 ML	VL	IV	ML	20 MG			1	01/01/2002	08/23/2004						
00052-0602-02	J9031			1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION	TICE BCG (VIAL) 800 Million CFU	1 EA	VL	IL	EA	1 INSTILLATION			1	01/01/2002	99/99/9999						
00052-0603-02	J9031			1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION	BCG VACCINE (VIAL)	1 EA	VL	ID	EA	1 INSTILLATION			1	01/01/2002	99/99/9999						
00052-0731-10	J0835			1/1/2002	1/13/2003	INJECTION, COSYNTROPIN, PER 0.25 MG	CORTROSYN (W/DILUENT) 0.25 MG	1 EA	VL	IJ	EA	0.25 MG			1	01/01/2002	01/13/2003						
00052-0731-12	J0835			1/13/2003	6/26/2003	INJECTION, COSYNTROPIN, PER 0.25 MG	CORTROSYN (WITHOUT DILUENT) 0.25 MG	1 EA	VL	IJ	EA	0.25 MG			1	01/13/2003	06/26/2003						
00053-1770-01	J2995			9/17/2002	4/3/2007	INJECTION, STREPTOKINASE, PER 250,000 IU	STREPTASE (BML VIAL) 250000 IU	1 EA	VL	IV	EA	250000 IU			1	09/17/2002	4/3/2007						
00053-1771-01	J2995			9/17/2002	11/28/2006	INJECTION, STREPTOKINASE, PER 250,000 IU	STREPTASE (BML VIAL) 750000 IU	1 EA	VL	IV	EA	250000 IU			3	09/17/2002	11/28/2006						
00053-1773-01	J2995			9/17/2002	6/28/2006	INJECTION, STREPTOKINASE, PER 250,000 IU	STREPTASE (BML VIAL) 1.5 Million IU	1 EA	VL	IV	EA	250000 IU			6	09/17/2002	6/28/2006						
00053-7201-02	J0256			8/18/2003	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ZEMAIRA (APPRX 1000 MG VIAL,PF) 1 MG	1000 MG	VL	IV	EA	10 MG			0.1	08/18/2003	99/99/9999						
00053-7486-02	J1563			1/1/2002	1/19/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMMAR-P I.V. (W/DILUENT) 1 GM	1 EA	VL	IV	EA	1 GM			2.5	01/01/2002	01/19/2004						
00053-7486-05	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAR-P I.V. (W/DILUENT) 5 GM	1 EA	VL	IV	EA	1 GM			5	04/01/2005	12/31/2005						
00053-7486-05	J1566			1/1/2006	11/15/2007	OTHERWISE SPECIFIED, 500 MG	GAMMAR-P I.V. (W/DILUENT) 5 GM	1 EA	VL	IV	EA	500 MG			10	01/01/2006	11/15/2007						
00053-7486-06	J1563			1/1/2002	1/19/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	GAMMAR-P I.V. (BULK PACKAGE) 5 GM	1 EA	VL	IV	EA	1 GM			5	01/01/2002	01/19/2004						
00053-7486-10	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAR-P I.V. (W/DILUENT) 10 GM	1 EA	VL	IV	EA	1 GM			10	04/01/2005	12/31/2005						
00053-7486-10	J1566			1/1/2006	3/1/2007	OTHERWISE SPECIFIED, 500 MG	GAMMAR-P I.V. (W/DILUENT) 10 GM	1 EA	VL	IV	EA	500 MG			20	01/01/2006	3/1/2007						
00053-7596-03	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	3 ML	VL	SC	ML	1 EA			1	03/01/2006	12/31/2006						
00053-7596-03	J1562			1/1/2007	2/10/2010	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	3 ML	VL	SC	ML	100 MG			1.6	01/01/2007	2/10/2010						
00053-7596-10	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML	1 EA			1	03/01/2006	12/31/2006						
00053-7596-10	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML	100 MG			1.6	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00053-7596-15	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML	1 EA	1	03/01/2006	12/31/2006								
00053-7596-15	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML	100 MG	1.6	01/01/2007	99/99/9999								
00053-7596-20	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML	1 EA	1	03/01/2006	12/31/2006								
00053-7596-20	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML	100 MG	1.6	01/01/2007	99/99/9999								
00053-7596-25	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML	1 EA	1	03/01/2006	12/31/2006								
00053-7596-25	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML	100 MG	1.6	01/01/2007	99/99/9999								
00053-7615-05	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (600IU) 1 IU-1 IU	600 IU	VL	IV	EA	1 IU	1	02/15/2006	12/31/2006								
00053-7615-05	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (600IU) 1 IU-1 IU	600 IU	VL	IV	EA	1 IU	1	01/01/2007	04/30/2010								
00053-7615-10	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (1200IU) 1 IU-1 IU	1200 IU	VL	IV	EA	1 IU	1	02/15/2006	12/31/2006								
00053-7615-10	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (1200IU) 1 IU-1 IU	1200 IU	VL	IV	EA	1 IU	1	01/01/2007	4/30/2010								
00053-7615-20	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (2400IU) 1 IU-1 IU	2400 IU	VL	IV	EA	1 IU	1	02/15/2006	12/31/2006								
00053-7615-20	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (2400IU) 1 IU-1 IU	2400 IU	VL	IV	EA	1 IU	1	01/01/2007	4/30/2010								
00053-7620-05	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (10 ML SDV, PASTEURIZED) 1 IU-1 IU	500 IU	VL	IV	EA	1 IU	1	01/01/2006	12/31/2006								
00053-7620-05	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (10 ML SDV, PASTEURIZED) 1 IU-1 IU	500 IU	VL	IV	EA	1 IU	1	01/01/2007	11/9/2009								
00053-7620-10	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (20 ML SDV, PASTEURIZED) 1 IU-1 IU	1000 IU	VL	IV	EA	1 IU	1	01/01/2006	12/31/2006								
00053-7620-10	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (20 ML SDV, PASTEURIZED) 1 IU-1 IU	1000 IU	VL	IV	EA	1 IU	1	01/01/2007	11/9/2009								
00053-7620-20	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (30 ML SDV, PASTEURIZED) 1 IU-1 IU	2000 IU	VL	IV	EA	1 IU	1	01/01/2006	12/31/2006								
00053-7620-20	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (30 ML SDV, PASTEURIZED) 1 IU-1 IU	2000 IU	VL	IV	EA	1 IU	1	01/01/2007	11/9/2009								
00053-7656-01	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONOCLATE-P (250 IU) 1 IU	250 IU	BX	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-7656-02	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONOCLATE-P (500 IU) 1 IU	500 IU	BX	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-7656-04	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONOCLATE-P (1000 IU) 1 IU	1000 IU	BX	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-7656-05	J7190			5/26/2004	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONOCLATE-P (1500 IU) 1 IU	1500 IU	BX	IV	EA	1 IU	1	05/26/2004	99/99/9999								
00053-7668-02	J7193			1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	MONONINE (500 IU) 1 IU	500 IU	VL	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-7668-04	J7193			1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	MONONINE (1000 IU) 1 IU	1000 IU	VL	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-8130-01	J7192			1/1/2002	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE	HELIXATE FS (APPROX. 250 IU/IAL) 1 IU	250 IU	VL	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-8130-02	J7192			1/1/2002	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE	HELIXATE FS (APPROX. 500 IU/IAL) 1 IU	500 IU	VL	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00053-8130-04	J7192			1/1/2002	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE	HELIXATE FS (APPROX. 1000 IU/IAL) 1 IU	1000 IU	VL	IV	EA	1 IU	1	01/01/2002	99/99/9999								
00054-0017-20	J7506			12/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100 EA	BO	PO	EA	5 MG	2	12/01/2004	99/99/9999								
00054-0017-25	J7506			1/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG	2	01/01/2005	99/99/9999								
00054-0017-29	J7506			12/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA	5 MG	2	12/01/2004	99/99/9999								
00054-0018-20	J7506			9/7/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100 EA	BO	PO	EA	5 MG	4	09/07/2004	99/99/9999								
00054-0018-25	J7506			10/14/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG	4	10/14/2004	99/99/9999								
00054-0018-29	J7506			10/8/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA	5 MG	4	10/08/2004	99/99/9999								
00054-0019-20	J7506			9/24/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 50 MG	100 EA	BO	PO	EA	5 MG	10	09/24/2004	99/99/9999								
00054-0019-25	J7506			8/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100 EA	BO	PO	EA	5 MG	10	08/10/2004	99/99/9999								
00054-1218-42	J1230			1/1/2002	6/1/2003	INJECTION, METHADONE HCL, UP TO 10 MG	DOLOPHINE HCL (VIAL) 10 MG/ML	20 ML	VL	IJ	ML	10 MG	1	01/01/2002	06/01/2003								
00054-2247-25	J8999			1/1/2002	5/5/2004	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA	1 EA	1	01/01/2002	05/05/2004								
00054-3025-02	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML	1 GM	0.1	01/01/2002	99/99/9999								
00054-3025-02	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML	1 GM	0.1	01/01/2002	99/99/9999								
00054-3026-02	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML	1 GM	0.2	01/01/2002	99/99/9999								
00054-3026-02	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML	1 GM	0.2	01/01/2002	99/99/9999								
00054-3027-02	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML	1 GM	0.1	01/01/2002	99/99/9999								
00054-3027-02	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML	1 GM	0.1	01/01/2002	99/99/9999								
00054-3028-02	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10 ML	VL	IH	ML	1 GM	0.2	01/01/2002	99/99/9999								
00054-3028-02	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10 ML	VL	IH	ML	1 GM	0.2	01/01/2002	99/99/9999								
00054-3146-58	Q0172			1/1/2002	1/21/2003	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL INTENSOL 100 MG/ML	240 ML	BO	PO	ML	25 MG	4	01/01/2002	01/21/2003								
00054-3176-44	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE INTENSOL 1 MG/ML	30 ML	BO	PO	ML	1 EA	1	01/01/2002	12/31/2005								
00054-3176-44	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE INTENSOL 1 MG/ML	30 ML	BO	PO	ML	0.25 MG	4	01/01/2006	99/99/9999								
00054-3177-57	J8540			7/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (1X240ML) 40 MG/ML	240 ML	BO	PO	ML	0.25 MG	2	07/31/2008	99/99/9999								
00054-3542-58	J8999			4/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON LIME) 40 MG/ML	240 ML	BO	PO	ML	1 EA	1	04/11/2002	99/99/9999								
00054-3721-44	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE INTENSOL 5 MG/ML	30 ML	BO	PO	ML	5 MG	1	01/01/2002	99/99/9999								
00054-3722-50	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120 ML	BO	PO	ML	5 MG	0.2	01/01/2002	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-3722-63	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500 ML	BO	PO	ML	5 MG			0.2	01/01/2002	99/99/9999						
00054-4084-25	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
00054-4129-25	None			3/28/2000	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA	25 MG			1	03/28/2000	99/99/9999						
00054-4130-25	None			3/28/2000	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA	50 MG			1	03/28/2000	99/99/9999						
00054-4179-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4179-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100 EA	BO	PO	EA	0.25 MG			2	01/01/2006	99/99/9999						
00054-4180-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4180-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
00054-4181-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 1 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4181-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100 EA	BO	PO	EA	0.25 MG			4	01/01/2006	99/99/9999						
00054-4182-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4182-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA	0.25 MG			6	01/01/2006	99/99/9999						
00054-4183-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 2 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4183-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100 EA	BO	PO	EA	0.25 MG			8	01/01/2006	99/99/9999						
00054-4184-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
00054-4184-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
00054-4550-15	None			9/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA	2.5 MG			1	09/27/1994	99/99/9999						
00054-4550-25	None			9/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA	2.5 MG			1	09/27/1994	99/99/9999						
00054-4581-11	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	25 EA	BO	PO	EA	1 EA			1	02/19/2004	99/99/9999						
00054-4581-27	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	250 EA	BO	PO	EA	1 EA			1	02/19/2004	99/99/9999						
00054-4603-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
00054-4604-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
00054-4728-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
00054-4728-31	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
00054-4729-25	J7506			1/1/2002	10/13/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG			4	01/01/2002	10/13/2004						
00054-4729-29	J7506			1/1/2002	10/7/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA	5 MG			4	01/01/2002	10/07/2004						
00054-4730-25	J7506			1/1/2002	12/31/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG			2	01/01/2002	12/31/2004						
00054-4730-29	J7506			1/1/2002	11/30/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA	5 MG			2	01/01/2002	11/30/2004						
00054-4733-25	J7506			1/1/2002	8/9/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100 EA	BO	PO	EA	5 MG			10	01/01/2002	08/09/2004						
00054-4741-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100 EA	BO	PO	EA	5 MG			0.2	01/01/2002	99/99/9999						
00054-4741-31	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000 EA	BO	PO	EA	5 MG			0.2	01/01/2002	99/99/9999						
00054-4742-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100 EA	BO	PO	EA	5 MG			0.5	01/01/2002	99/99/9999						
00054-4748-25	Q0174			1/1/2002	12/18/2003	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, 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	TORECAN 10 MG	100 EA	BO	PO	EA	10 MG			1	08/09/2002	12/18/2003	1/1/2002	8/8/2002	1			
00054-4831-21	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA			1	02/21/2003	4/17/2007						
00054-4831-26	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA	1 EA			1	02/21/2003	4/17/2007						
00054-4834-13	J8999			2/21/2003	6/20/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA	1 EA			1	02/21/2003	6/20/2007						
00054-4834-22	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA	1 EA			1	02/21/2003	4/17/2007						
00054-8063-11	J7619			1/1/2002	9/25/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	09/25/2003						
00054-8063-11	KO J7619	KO		1/1/2002	9/25/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	09/25/2003						
00054-8063-13	J7619			1/1/2002	3/28/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	03/28/2003						
00054-8063-13	KO J7619	KO		1/1/2002	3/28/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	03/28/2003						
00054-8063-21	J7619			1/1/2002	9/25/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	09/25/2003						
00054-8063-21	KO J7619	KO		1/1/2002	9/25/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PROTECTPAK) 0.083%	3 ML	VL	IH	ML	1 MG			0.83	01/01/2002	09/25/2003						
00054-8084-25	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (10X10) 50 MG	100 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
00054-8089-25	None			3/28/2000	6/1/2005	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE (10X10) 25 MG	100 EA	BO	PO	EA	25 MG			1	03/28/2000	6/1/2005						
00054-8130-25	None			3/28/2000	3/23/2005	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE (10X10) 50 MG	100 EA	BO	PO	EA	50 MG			1	03/28/2000	3/23/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-8167-21	J7631			1/1/2002	2/1/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG		1	01/01/2002	02/01/2005						
00054-8167-21	KO J7631	KO		1/1/2002	2/1/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG		1	01/01/2002	02/01/2005						
00054-8167-23	J7631			1/1/2002	10/19/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG		1	01/01/2002	10/19/2004						
00054-8167-23	KO J7631	KO		1/1/2002	10/19/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG		1	01/01/2002	10/19/2004						
00054-8174-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 1 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8174-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 1 MG	100 EA	BX	PO	EA		0.25 MG		4	01/01/2006	99/99/9999						
00054-8175-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 4 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8175-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 4 MG	100 EA	BX	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
00054-8176-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 2 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8176-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 2 MG	100 EA	BX	PO	EA		0.25 MG		8	01/01/2006	99/99/9999						
00054-8179-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 0.5 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8179-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 0.5 MG	100 EA	BX	PO	EA		0.25 MG		2	01/01/2006	99/99/9999						
00054-8180-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 0.75 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8180-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 0.75 MG	100 EA	BX	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
00054-8181-25	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 1.5 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00054-8181-25	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (10X10) 1.5 MG	100 EA	BX	PO	EA		0.25 MG		6	01/01/2006	99/99/9999						
00054-8233-01	J0735			1/1/2002	7/25/2005	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (S.D.V.) 0.1 MG/ML	10 ML	VL	EP	ML		1 MG		0.1	01/01/2002	07/25/2005						
00054-8234-01	J0735			1/1/2002	9/22/2005	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (S.D.V.,PF) 0.5 MG/ML	10 ML	VL	EP	ML		1 MG		0.5	01/01/2002	09/22/2005						
00054-8247-25	J8999			1/1/2002	1/13/2004	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA (10X10) 500 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	01/13/2004						
00054-8402-11	J7644			1/1/2002	12/11/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,5X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	12/11/2003						
00054-8402-11	KO J7644	KO		1/1/2002	12/11/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,5X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	12/11/2003						
00054-8402-13	J7644			1/1/2002	4/7/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,6X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	04/07/2004						
00054-8402-13	KO J7644	KO		1/1/2002	4/7/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,6X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	04/07/2004						
00054-8402-21	J7644			1/1/2002	11/5/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,12X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	11/05/2004						
00054-8402-21	KO J7644	KO		1/1/2002	11/5/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (S.D.V.,12X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	11/05/2004						
00054-8404-11	J7644			1/1/2002	4/8/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,5X5, PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	04/08/2004						
00054-8404-11	KO J7644	KO		1/1/2002	4/8/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,5X5, PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	04/08/2004						
00054-8404-13	J7644			1/1/2002	5/3/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,6X5 PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	05/03/2004						
00054-8404-13	KO J7644	KO		1/1/2002	5/3/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,6X5 PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	05/03/2004						
00054-8404-21	J7644			1/1/2002	3/22/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,12X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	03/22/2004						
00054-8404-21	KO J7644	KO		1/1/2002	3/22/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE NOVAPLUS (S.D.V.,12X5,PROTECTAPAK) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	01/01/2002	03/22/2004						
00054-8550-25	None			9/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (10X10) 2.5 MG	100 EA	BX	PO	EA		2.5 MG		1	09/27/1994	99/99/9999						
00054-8603-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00054-8604-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-8722-16	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	5 ML	CP	PO	ML	5 MG		0.2	01/01/2002	99/99/9999							
00054-8724-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 5 MG	100 EA	BX	PO	EA	5 MG		1	01/01/2002	99/99/9999							
00054-8725-25	J7506			1/1/2002	11/30/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100 EA	BX	PO	EA	5 MG		2	01/01/2002	11/30/2004							
00054-8726-25	J7506			1/1/2002	9/6/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100 EA	BX	PO	EA	5 MG		4	01/01/2002	09/06/2004							
00054-8729-25	J7506			1/1/2002	9/23/2004	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 50 MG	100 EA	BX	PO	EA	5 MG		10	01/01/2002	09/23/2004							
00054-8739-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 1 MG	100 EA	BX	PO	EA	5 MG		0.2	01/01/2002	99/99/9999							
00054-8740-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 2.5 MG	100 EA	BX	PO	EA	5 MG		0.5	01/01/2002	99/99/9999							
00054-8831-25	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (BLISTER PACK 10X10) 10 MG	100 EA	BX	PO	EA	1 EA		1	02/21/2003	4/17/2007							
00054-8834-25	J8999			2/21/2003	2/5/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (BLISTER PACK 10X10) 20 MG	100 EA	BX	PO	EA	1 EA		1	02/21/2003	2/5/2007							
00065-0543-01	J3301			11/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIESENCE 40 MG/ML	1 ML	VL	IJ	ML	10 MG		4	11/29/2007	99/99/9999							
00068-0597-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFADIN IV (VIAL) 600 MG	1 EA	VL	IJ	EA	1 EA		1	01/01/2002	99/99/9999							
00068-0809-23	J0500			1/1/2002	3/22/2007	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2 ML	AM	IM	ML	20 MG		0.5	11/15/2004	03/22/2007	1/1/2002	6/21/2004	0.5				
00069-3051-07	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	10 EA	BX	PO	EA	1 GM		1	01/01/2002	99/99/9999							
00069-3051-75	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	3 PK	BX	PO	EA	1 GM		1	01/01/2002	99/99/9999							
00069-3060-30	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
00069-3060-75	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK (3X6) 250 MG	18 EA	DP	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
00069-3060-86	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BX	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
00069-3070-30	Q0144			8/6/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30 EA	BO	PO	EA	1 GM		0.5	08/06/2002	99/99/9999							
00069-3070-75	Q0144			8/6/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK (3X3) 500 MG	9 EA	DP	PO	EA	1 GM		0.5	08/06/2002	99/99/9999							
00069-3070-86	Q0144			10/21/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (5 X 10) 500 MG	50 EA	BX	PO	EA	1 GM		0.5	10/21/2002	99/99/9999							
00069-3080-30	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 600 MG	30 EA	BO	PO	EA	1 GM		0.6	01/01/2002	99/99/9999							
00069-3110-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML	1 GM		0.02	01/01/2002	99/99/9999							
00069-3120-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999							
00069-3130-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999							
00069-3140-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999							
00069-3150-14	J0456			2/25/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (V/VIAL MATE) 500 MG	1 EA	VL	IJ	EA	500 MG		1	02/25/2002	99/99/9999							
00069-3150-83	J0456			1/1/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG		1	01/01/2002	99/99/9999							
00069-4170-21	Q0144			7/11/2005	10/12/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/60 ML	1 EA	BO	PO	EA	1 GM		2	07/11/2005	10/12/2009							
00069-5410-66	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	VISTARIL 25 MG	100 EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999							
00069-5420-66	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	VISTARIL 50 MG	100 EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							
00069-5430-66	Q0178			1/1/2002	1/2/2004	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	VISTARIL 100 MG	100 EA	BO	PO	EA	50 MG		2	01/01/2002	01/02/2004							
00069-5440-93	Q0177			1/1/2002	3/7/2007	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	VISTARIL 25 MG/5 ML	480 ML	BO	PO	ML	25 MG		0.2	01/01/2002	03/07/2007							
00069-5440-97	Q0177			1/1/2002	12/11/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	VISTARIL 25 MG/5 ML	120 ML	BO	PO	ML	25 MG		0.2	01/01/2002	12/11/2006							
00071-0840-13	Q0163			1/1/2002	1/19/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	BENADRYL 25 MG	24 EA	BX	PO	EA	50 MG		0.5	01/01/2002	1/19/2009							
00071-0840-18	Q0163			1/1/2002	1/19/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	BENADRYL 25 MG	48 EA	BX	PO	EA	50 MG		0.5	01/01/2002	1/19/2009							
00071-2195-17	Q0163			11/18/2003	12/20/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	BENYLIN DECONGESTANT COUGH 12.5 MG/5 ML	118 ML	BO	PO	ML	50 MG		0.05	11/18/2003	12/20/2006							
00071-2333-17	Q0163			11/17/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	BENADRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML	50 MG		0.05	11/17/2003	99/99/9999							
00071-4007-05	Q2009			1/1/2002	1/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	CEREBYX (VIAL) 50 MG/ML	2 ML	VL	IJ	ML	50 MG		1	01/01/2002	1/1/2009							
00071-4008-10	Q2009			1/1/2002	1/1/2010	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	CEREBYX (VIAL) 50 MG/ML	10 ML	VL	IJ	ML	50 MG		1	01/01/2002	1/1/2010							
00071-4259-03	J1200			1/1/2002	2/3/2005	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (AMP) 50 MG/ML	1 ML	AM	IJ	ML	50 MG		1	01/01/2002	02/03/2005							
00071-4259-13	J1200			1/1/2002	10/6/2006	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (STERI-VIAL) 50 MG/ML	1 ML	VL	IJ	ML	50 MG		1	01/01/2002	10/06/2006							
00071-4259-45	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (SRN, STERI-DOSE) 50 MG/ML	1 ML	SR	IJ	ML	50 MG		1	01/01/2002	99/99/9999							
00071-4402-10	J1200			1/1/2002	11/16/2006	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (STERI-VIAL) 50 MG/ML	10 ML	VL	IJ	ML	50 MG		1	01/01/2002	11/16/2006							
00074-1036-30	J0670			1/1/2002	3/20/2006	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 1%	30 ML	VL	IJ	ML	10 ML		0.1	01/01/2002	3/20/2006							
00074-1038-50	J0670			1/1/2002	10/7/2007	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (M.D.V.) 1%	50 ML	VL	IJ	ML	10 ML		0.1	01/01/2002	10/07/2007							
00074-1041-30	J0670			1/1/2002	4/25/2006	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 1.5%	30 ML	VL	IJ	ML	10 ML		0.1	01/01/2002	4/25/2006							
00074-1067-20	J0670			1/1/2002	1/14/2007	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 2%	20 ML	VL	IJ	ML	10 ML		0.1	01/01/2002	01/14/2007							
00074-1067-20	J0670			10/1/2009	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 2%	20 ML	VL	IJ	ML	10 ML		0.1	10/1/2009	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1081-01	A4216			4/25/2005	12/26/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (THERMOJECT KIT PF) 0.9%	10 ML	VL	IV	EA		10 ML		4	04/25/2005	12/26/2006						
00074-1097-02	J0745			1/1/2002	6/6/2003	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (22GX1-1/4") 15 MG/ML	2 ML	SR	IJ	ML		30 MG		0.5	01/01/2002	06/06/2003						
00074-1097-32	J0745			1/1/2002	11/14/2005	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER LOCK,CARPUJECT) 15 MG/ML	2 ML	SR	IJ	ML		30 MG		0.5	01/01/2002	11/14/2005						
00074-1102-02	J0745			1/1/2002	6/6/2003	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (22GX1-1/4") 30 MG/ML	2 ML	SR	IJ	ML		30 MG		1	01/01/2002	06/06/2003						
00074-1102-32	J0745			1/1/2002	10/4/2005	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER LOCK,CARPUJECT) 30 MG/ML	2 ML	SR	IJ	ML		30 MG		1	01/01/2002	10/04/2005						
00074-1130-02	J7799			1/1/2002	5/12/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 23.4%	250 ML	VL	IV	ML		1 EA		1	01/01/2002	05/12/2005						
00074-1133-03	J2270			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 25 MG/ML	20 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	09/05/2003						
00074-1133-04	J2270			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, 50 ML FLIPTOP) 25 MG/ML	40 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	09/05/2003						
00074-1133-21	J2270			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, 5 ML FLIPTOP) 25 MG/ML	4 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	10/24/2003						
00074-1133-22	J2270			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 25 MG/ML	10 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	09/05/2003						
00074-1134-03	J2271			1/1/2002	9/14/2005	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20 ML	VL	IJ	ML		100 MG		0.5	01/01/2002	09/14/2005						
00074-1134-05	J2271			1/1/2002	8/7/2005	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	50 ML	VL	IJ	ML		100 MG		0.5	01/01/2002	08/07/2005						
00074-1134-22	J2271			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	10 ML	VL	IJ	ML		100 MG		0.5	01/01/2002	09/05/2003						
00074-1135-01	J2275			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (VIAL, 5 ML FLIPTOP,PF) 25 MG/ML	4 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	10/24/2003						
00074-1135-02	J2275			1/1/2002	7/20/2005	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP,PF) 25 MG/ML	10 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	07/20/2005						
00074-1135-03	J2275			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP,PF) 25 MG/ML	20 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	10/24/2003						
00074-1135-04	J2275			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP,PF) 25 MG/ML	50 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	10/24/2003						
00074-1141-01	J7799			1/1/2002	10/24/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL, FLIPTOP, BULK PKG) 23.4%	50 ML	VL	IV	ML		1 EA		1	01/01/2002	10/24/2003						
00074-1141-02	J7799			1/1/2002	4/12/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL, FLIPTOP, BULK PKG) 23.4%	100 ML	VL	IV	ML		1 EA		1	01/01/2002	04/12/2005						
00074-1151-12	J1642			1/1/2002	7/13/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 10 U/ML	10 ML	VL	IV	ML		10 U		1	01/01/2002	07/13/2005						
00074-1151-14	J1642			1/1/2002	2/19/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 10 U/ML	30 ML	VL	IV	ML		10 U		1	01/01/2002	02/19/2003						
00074-1151-70	J1642			1/1/2002	7/19/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 10 U/ML	10 ML	VL	IV	ML		10 U		1	01/01/2002	07/19/2005						
00074-1151-78	J1642			1/1/2002	9/18/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 10 U/ML	30 ML	VL	IV	ML		10 U		1	01/01/2002	09/18/2005						
00074-1152-12	J1642			1/1/2002	3/14/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	10 ML	VL	IV	ML		10 U		10	01/01/2002	03/14/2005						
00074-1152-14	J1642			1/1/2002	5/16/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	30 ML	VL	IV	ML		10 U		10	01/01/2002	05/16/2005						
00074-1152-70	J1642			1/1/2002	9/6/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LATEX-FREE) 100 U/ML	10 ML	VL	IV	ML		10 U		10	01/01/2002	09/06/2005						
00074-1152-78	J1642			1/1/2002	2/24/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 100 U/ML	30 ML	VL	IV	ML		10 U		10	01/01/2002	02/24/2005						
00074-1158-01	J3490			1/1/2002	7/26/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,5X30ML,LATEX-FREE) 0.25%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	07/26/2005						
00074-1158-02	J3490			1/1/2002	10/27/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.25%	50 ML	AM	IJ	ML		1 EA		1	01/01/2002	10/27/2005						
00074-1159-01	J3490			1/1/2002	6/28/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.25%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	06/28/2005						
00074-1159-02	J3490			1/1/2002	8/9/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.25%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	08/09/2005						
00074-1160-01	J3490			1/1/2002	4/11/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, FLIPTOP) 0.25%	50 ML	VL	IJ	ML		1 EA		1	01/01/2002	04/11/2005						
00074-1161-01	J3490			1/1/2002	10/17/2004	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	10/17/2004						
00074-1162-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	10 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	01/01/2002	03/07/2006			1	
00074-1162-02	J3490			1/1/2002	11/21/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	11/21/2005						
00074-1163-01	J3490			1/1/2002	3/29/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, FLIPTOP) 0.5%	50 ML	VL	IJ	ML		1 EA		1	01/01/2002	03/29/2005						
00074-1164-01	J3490			1/1/2002	3/23/2006	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.75%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	3/23/2006						
00074-1165-01	J3490			1/1/2002	12/7/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/07/2005						
00074-1165-02	J3490			1/1/2002	5/23/2005	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	05/23/2005						
00074-1176-01	J2175			1/1/2002	6/6/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (22GX1-1/4") 25 MG/ML	1 ML	SR	IJ	ML		100 MG		0.25	01/01/2002	06/06/2003						
00074-1176-02	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (SLIM PK,LATEX-FREE) 25 MG/ML	1 ML	SR	IJ	ML		100 MG		0.25	01/01/2002	10/24/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1176-11	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (BLUNT CANNULA) 25 MG/ML	1 ML	SR	U	ML	100 MG	0.25	01/01/2002	10/24/2003								
00074-1176-21	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (INTERLINK,LATEX-FREE) 25 MG/ML	1 ML	SR	U	ML	100 MG	0.25	01/01/2002	10/24/2003								
00074-1176-30	J2175			1/1/2002	8/24/2005	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 25 MG/ML	1 ML	SR	U	ML	100 MG	0.25	01/01/2002	08/24/2005								
00074-1176-31	J2175			1/1/2002	6/6/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LUER LOCK,LATEX-FREE) 25 MG/ML	1 ML	SR	U	ML	100 MG	0.25	01/01/2002	06/06/2003								
00074-1178-01	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (22GX1-1/4"LATEX-FREE) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	10/24/2003								
00074-1178-02	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (SLIM PK,LATEX-FREE) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	03/18/2004								
00074-1178-11	J2175			1/1/2002	8/16/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (BLUNT CANNULA) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	08/16/2004								
00074-1178-21	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (INTERLINK,LATEX-FREE) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	10/24/2003								
00074-1178-30	J2175			1/1/2002	9/13/2005	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	09/13/2005								
00074-1178-31	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LUER LOCK,LATEX-FREE) 50 MG/ML	1 ML	SR	U	ML	100 MG	0.5	01/01/2002	03/18/2004								
00074-1179-01	J2175			1/1/2002	12/10/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (22GX1-1/4") 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	01/01/2002	12/10/2003								
00074-1179-02	J2175			1/1/2002	12/10/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (SLIM PK,LATEX-FREE) 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	01/01/2002	12/10/2003								
00074-1179-11	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (BLUNT CANNULA) 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	01/01/2002	03/18/2004								
00074-1179-21	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (INTERLINK,LATEX-FREE) 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	01/01/2002	99/99/9999								
00074-1179-30	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	3/1/2009	99/99/9999		01/01/2002	12/07/2005		0.75			
00074-1179-31	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LUER LOCK,LATEX-FREE) 75 MG/ML	1 ML	SR	U	ML	100 MG	0.75	01/01/2002	03/18/2004								
00074-1180-01	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (22GX1-1/4"LATEX-FREE) 100 MG/ML	1 ML	SR	U	ML	100 MG	1	01/01/2002	10/24/2003								
00074-1180-02	J2175			1/1/2002	5/6/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (SLIM PK,CARPUJECT) 100 MG/ML	1 ML	SR	U	ML	100 MG	1	01/01/2002	05/06/2004								
00074-1180-11	J2175			1/1/2002	10/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (BLUNT CANNULA,CARPUJECT) 100 MG/ML	1 ML	SR	U	ML	100 MG	1	01/01/2002	10/24/2003								
00074-1180-21	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (INTERLINK,CARPUJECT) 100 MG/ML	1 ML	SR	U	ML	100 MG	1	01/01/2002	03/18/2004								
00074-1180-31	J2175			1/1/2002	3/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LUER LOCK,CARPUJECT) 100 MG/ML	1 ML	SR	U	ML	100 MG	1	01/01/2002	03/18/2004								
00074-1180-69	J2175			3/8/2002	9/13/2005	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1 ML	SR	U	ML	100 MG	1	03/08/2002	09/13/2005								
00074-1181-30	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (M.D.V.,LATEX-FREE) 50 MG/ML	30 ML	VL	U	ML	100 MG	0.5	3/1/2009	99/99/9999		01/01/2002	01/30/2006		0.5			
00074-1184-01	J0610			1/1/2002	7/28/2006	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (AMP,LATEX-FREE) 100 MG/ML	1 ML	AM	IV	ML	10 ML	0.1	01/01/2002	07/28/2006								
00074-1187-01	J1790			1/1/2002	8/22/2005	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (S.D.AMP,LATEX-FREE) 2.5 MG/ML	2 ML	AM	U	ML	5 MG	0.5	01/01/2002	08/22/2005								
00074-1201-20	J2175			1/1/2002	3/8/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (M.D.V.,LATEX-FREE) 100 MG/ML	20 ML	VL	U	ML	100 MG	1	01/01/2002	03/08/2006								
00074-1203-01	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP,SXS,LATEX-FREE) 50 MG/ML	0.5 ML	AM	U	ML	100 MG	0.5	10/01/2008	99/99/9999		01/01/2002	12/15/2005		0.5			
00074-1207-03	J1580			1/1/2002	8/29/2005	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, FLIPTOP) 40 MG/ML	2 ML	VL	U	ML	80 MG	0.5	01/01/2002	08/29/2005								
00074-1211-01	J2310			1/1/2002	5/6/2004	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (AMP) 0.02 MG/ML	2 ML	AM	U	ML	1 MG	0.02	01/01/2002	05/06/2004								
00074-1212-01	J2310			1/1/2002	6/15/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (AMP,LATEX-FREE) 0.4 MG/ML	1 ML	AM	U	ML	1 MG	0.4	01/01/2002	06/15/2005								
00074-1215-01	J2310			1/1/2002	7/7/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1 ML	VL	U	ML	1 MG	0.4	01/01/2002	07/07/2005								
00074-1219-01	J2310			9/7/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	10 ML	VL	U	ML	1 MG	0.4	09/07/2005	99/99/9999								
00074-1253-01	J2175			1/1/2002	1/3/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP,SXS,LATEX-FREE) 50 MG/ML	1 ML	AM	U	ML	100 MG	0.5	01/01/2002	01/03/2006								
00074-1254-01	J2175			1/1/2002	3/19/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP,SXS,LATEX-FREE) 50 MG/ML	1.5 ML	AM	U	ML	100 MG	0.5	01/01/2002	3/19/2006								
00074-1255-02	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP,SXS,LATEX-FREE) 50 MG/ML	2 ML	AM	U	ML	100 MG	0.5	3/1/2009	99/99/9999		01/01/2002	11/22/2005		0.5			
00074-1256-01	J2175			1/1/2002	1/25/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP,SXS,LATEX-FREE) 100 MG/ML	1 ML	AM	U	ML	100 MG	1	01/01/2002	01/25/2006								
00074-1258-01	J2270			1/1/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25GX5/8") 4 MG/ML	1 ML	SR	U	ML	10 MG	0.4	01/01/2002	12/10/2003								
00074-1258-02	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25G,SLIM PK,LATEX-FREE) 4 MG/ML	1 ML	SR	U	ML	10 MG	0.4	01/01/2002	03/18/2004								
00074-1258-11	J2270			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (BLUNT CANNULA) 4 MG/ML	1 ML	SR	U	ML	10 MG	0.4	01/01/2002	10/24/2003								
00074-1258-21	J2270			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (INTERLINK,LATEX FREE) 4 MG/ML	1 ML	SR	U	ML	10 MG	0.4	01/01/2002	10/24/2003								
00074-1258-30	J2270			1/1/2002	5/9/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,SLIM PK,LATEX-FREE) 4 MG/ML	1 ML	SR	U	ML	10 MG	0.4	01/01/2002	05/09/2005								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1258-31	J2270			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 4 MG/ML	1	ML	CR	U	ML	10	MG	0.4	01/01/2002	06/06/2003						
00074-1259-01	J2270			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22GX5/8",LATEX-FREE) 8 MG/ML	1	ML	SR	U	ML	10	MG	0.8	01/01/2002	06/06/2003						
00074-1259-60	J2270			3/8/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22GX5/8",LATEX-FREE) 8 MG/ML	1	ML	SR	U	ML	10	MG	0.8	03/08/2002	12/10/2003						
00074-1260-01	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25GX5/8",LATEX-FREE) 8 MG/ML	1	ML	SR	U	ML	10	MG	0.8	01/01/2002	03/18/2004						
00074-1260-31	J2270			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,CARPUJECT) 8 MG/ML	1	ML	CR	U	ML	10	MG	0.8	01/01/2002	06/06/2003						
00074-1260-69	J2270			3/8/2002	3/21/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (CARPUJECT LUER LOCK) 8 MG/ML	1	ML	SR	U	ML	10	MG	0.8	03/08/2002	3/21/2006						
00074-1261-01	J2270			1/1/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22GX5/8") 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	12/10/2003						
00074-1261-02	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22G,SLIM PK,LATEX-FREE) 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	03/18/2004						
00074-1261-30	J2270			1/1/2002	7/20/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,SLIM PK,LATEX-FREE) 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	07/20/2005						
00074-1261-31	J2270			1/1/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 10 MG/ML	1	ML	CR	U	ML	10	MG	1	01/01/2002	12/10/2003						
00074-1262-01	J2271			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (22GX5/8") 15 MG/ML	1	ML	SR	U	ML	100	MG	0.15	01/01/2002	03/18/2004						
00074-1263-01	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25GX5/8") 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	03/18/2004						
00074-1263-11	J2270			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (BLUNT CANNULA) 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	06/06/2003						
00074-1263-21	J2270			1/1/2002	5/6/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (INTERLINK,LATEX-FREE) 10 MG/ML	1	ML	SR	U	ML	10	MG	1	01/01/2002	05/06/2004						
00074-1264-31	J2271			1/1/2002	12/15/2005	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 15 MG/ML	1	ML	CR	U	ML	100	MG	0.15	01/01/2002	12/15/2005						
00074-1273-02	J3360			1/1/2002	6/6/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (22GX1-1/4") 5 MG/ML	2	ML	SR	U	ML	5	MG	1	01/01/2002	06/06/2003						
00074-1273-32	J3360			1/1/2002	8/22/2005	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (LUER LOCK,LATEX-FREE) 5 MG/ML	2	ML	CR	U	ML	5	MG	1	01/01/2002	08/22/2005						
00074-1275-02	J1940			1/1/2002	3/18/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (22GX1-1/4",LATEX-FREE) 10 MG/ML	2	ML	SR	U	ML	20	MG	0.5	01/01/2002	03/18/2004						
00074-1275-22	J1940			1/1/2002	3/18/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (INTERLINK,CARPUJECT) 10 MG/ML	2	ML	SR	U	ML	20	MG	0.5	01/01/2002	03/18/2004						
00074-1275-32	J1940			4/14/2004	8/30/2005	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE 10 MG/ML	2	ML	SR	U	ML	20	MG	0.5	04/14/2004	08/30/2005						
00074-1276-32	J3010			1/1/2002	7/26/2005	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,PF,CARPUJECT) 0.05 MG/ML	2	ML	CR	U	ML	0.1	MG	0.5	01/01/2002	07/26/2005						
00074-1276-35	J3010			1/1/2002	12/10/2003	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,PF,CARPUJECT) 0.05 MG/ML	5	ML	CR	U	ML	0.1	MG	0.5	01/01/2002	12/10/2003						
00074-1280-01	J1642			1/1/2002	9/5/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25GX5/8",LATEX-FREE) 10 U/ML	1	ML	SR	IV	ML	10	U	1	01/01/2002	09/05/2003						
00074-1280-03	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25GX5/8",LATEX-FREE) 10 U/ML	3	ML	CR	IV	ML	10	U	1	01/01/2002	06/06/2003						
00074-1280-11	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA) 10 U/ML	1	ML	SR	IV	ML	10	U	1	01/01/2002	10/01/2004						
00074-1280-12	J1642			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA) 10 U/ML	2	ML	SR	IV	ML	10	U	1	01/01/2002	12/10/2003						
00074-1280-13	J1642			1/1/2002	10/24/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA) 10 U/ML	3	ML	SR	IV	ML	10	U	1	01/01/2002	10/24/2003						
00074-1280-15	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA) 10 U/ML	5	ML	SR	IV	ML	10	U	1	01/01/2002	06/06/2003						
00074-1280-21	J1642			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK,LATEX-FREE) 10 U/ML	1	ML	SR	IV	ML	10	U	1	01/01/2002	12/10/2003						
00074-1280-22	J1642			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK,LATEX-FREE) 10 U/ML	2	ML	SR	IV	ML	10	U	1	01/01/2002	12/10/2003						
00074-1280-31	J1642			1/1/2002	3/27/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1	ML	CR	IV	ML	10	U	1	01/01/2002	03/27/2005						
00074-1280-32	J1642			1/1/2002	4/7/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2	ML	CR	IV	ML	10	U	1	01/01/2002	04/07/2005						
00074-1280-33	J1642			1/1/2002	4/4/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3	ML	CR	IV	ML	10	U	1	01/01/2002	04/04/2005						
00074-1280-35	J1642			1/1/2002	3/31/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5	ML	CR	IV	ML	10	U	1	01/01/2002	03/31/2005						
00074-1281-02	J1642			1/1/2002	2/19/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25GX5/8",LATEX-FREE) 100 U/ML	2	ML	SR	IV	ML	10	U	10	01/01/2002	02/19/2003						
00074-1281-03	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25GX5/8" CARPUJECT) 100 U/ML	3	ML	CR	IV	ML	10	U	10	01/01/2002	06/06/2003						
00074-1281-11	J1642			1/1/2002	10/24/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA,CARPUJECT) 100 U/ML	1	ML	SR	IV	ML	10	U	10	01/01/2002	10/24/2003						
00074-1281-13	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA,CARPUJECT) 100 U/ML	3	ML	SR	IV	ML	10	U	10	01/01/2002	06/06/2003						
00074-1281-15	J1642			1/1/2002	7/12/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (BLUNT CANNULA,CARPUJECT) 100 U/ML	5	ML	SR	IV	ML	10	U	10	01/01/2002	07/12/2004						
00074-1281-21	J1642			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK,LATEX-FREE) 100 U/ML	1	ML	SR	IV	ML	10	U	10	01/01/2002	12/10/2003						
00074-1281-22	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK,LATEX-FREE) 100 U/ML	2	ML	SR	IV	ML	10	U	10	01/01/2002	06/06/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1281-23	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK.CARPUJECT) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	06/06/2003						
00074-1281-25	J1642			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (INTERLINK.CARPUJECT) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	12/10/2003						
00074-1281-31	J1642			1/1/2002	7/21/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK.CARPUJECT) 100 U/ML	1 ML	CR	IV	ML	10 U			10	01/01/2002	07/21/2005						
00074-1281-32	J1642			1/1/2002	4/24/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK.CARPUJECT) 100 U/ML	2 ML	CR	IV	ML	10 U			10	01/01/2002	04/24/2005						
00074-1281-33	J1642			1/1/2002	7/14/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK.CARPUJECT) 100 U/ML	3 ML	CR	IV	ML	10 U			10	01/01/2002	07/14/2005						
00074-1281-35	J1642			1/1/2002	4/24/2005	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK.CARPUJECT) 100 U/ML	5 ML	CR	IV	ML	10 U			10	01/01/2002	04/24/2005						
00074-1282-02	J1642			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-PAK CONVENIENCE PACKAGE (CARPUJECT) 10 U/ML	50 EA	BX	IV	EA	10 U			50	01/01/2002	06/06/2003						
00074-1283-01	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (22GX1-1/4") 1 MG/ML	1 ML	SR	IJ	ML	4 MG			0.25	01/01/2002	99/99/9999						
00074-1283-31	J1170			1/1/2002	6/13/2005	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK.LATEX-FREE) 1 MG/ML	1 ML	CR	IJ	ML	4 MG			0.25	01/01/2002	06/13/2005						
00074-1304-01	J1170			1/1/2002	12/10/2003	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (22GX1-1/4") 4 MG/ML	1 ML	SR	IJ	ML	4 MG			1	01/01/2002	12/10/2003						
00074-1304-31	J1170			1/1/2002	7/12/2005	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK.LATEX-FREE) 4 MG/ML	1 ML	CR	IJ	ML	4 MG			1	01/01/2002	07/12/2005						
00074-1312-01	J1170			1/1/2002	12/10/2003	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (22GX1-1/4") 2 MG/ML	1 ML	SR	IJ	ML	4 MG			0.5	01/01/2002	12/10/2003						
00074-1312-02	J1170			1/1/2002	10/24/2003	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SLIM PK.LATEX-FREE) 2 MG/ML	1 ML	SR	IJ	ML	4 MG			0.5	01/01/2002	10/24/2003						
00074-1312-12	J1170			1/1/2002	11/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U-BLUNT CANN.LATEX-FREE) 2 MG/ML	1 ML	SR	IJ	ML	4 MG			0.5	01/01/2002	11/01/2004						
00074-1312-30	J1170			1/1/2002	7/6/2005	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML, LLK.SLIM PK) 2 MG/ML	1 ML	SR	IJ	ML	4 MG			0.5	01/01/2002	07/06/2005						
00074-1312-31	J1170			1/1/2002	6/6/2003	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK.LATEX-FREE) 2 MG/ML	1 ML	CR	IJ	ML	4 MG			0.5	01/01/2002	06/06/2003						
00074-1316-01	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 10000 U/ML	1 ML	SR	IJ	ML	1000 U			10	01/01/2002	06/06/2003						
00074-1316-02	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 2500 U/ML	0.25 ML	SR	IJ	ML	1000 U			2.5	01/01/2002	06/06/2003						
00074-1316-11	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 10000 U/ML	1 ML	SR	IJ	ML	1000 U			10	01/01/2002	06/06/2003						
00074-1316-12	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 7500 U/ML	0.75 ML	SR	IJ	ML	1000 U			7.5	01/01/2002	06/06/2003						
00074-1316-13	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 10000 U/ML	0.5 ML	SR	IJ	ML	1000 U			10	01/01/2002	06/06/2003						
00074-1316-14	J1644			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8") 10000 U/ML	0.5 ML	SR	IJ	ML	1000 U			10	01/01/2002	12/10/2003						
00074-1316-32	J1644			10/30/2003	3/22/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	0.5 ML	SR	IJ	ML	1000 U			10	10/30/2003	03/22/2005						
00074-1316-66	J1644			6/23/2003	2/10/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF.CARPUJECT) 10000 U/ML	0.5 ML	SR	IJ	ML	1000 U			10	06/23/2003	02/10/2005						
00074-1317-01	J1165			1/1/2002	2/7/2005	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP.LATEX-FREE) 50 MG/ML	2 ML	AM	IV	ML	50 MG			1	01/01/2002	02/07/2005						
00074-1317-02	J1165			1/1/2002	3/29/2005	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP.LATEX-FREE) 50 MG/ML	5 ML	AM	IV	ML	50 MG			1	01/01/2002	03/29/2005						
00074-1323-05	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5 ML	SR	IJ	ML	50 ML			0.02	01/01/2002	12/31/2003						
00074-1323-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5 ML	SR	IJ	ML	10 MG			2	3/1/2009	99/99/9999	01/01/2004	12/07/2005				2
00074-1402-01	J1644			1/1/2002	12/10/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8".CARPUJECT) 5000 U/ML	1 ML	SR	IJ	ML	1000 U			5	01/01/2002	12/10/2003						
00074-1402-11	J1644			1/1/2002	6/6/2003	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25GX5/8".CARPUJECT) 5000 U/ML	1 ML	SR	IJ	ML	1000 U			5	01/01/2002	06/06/2003						
00074-1402-31	J1644			1/1/2002	3/20/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LUER LOCK.CARPUJECT) 5000 U/ML	1 ML	AM	IJ	ML	1000 U			5	01/01/2002	03/20/2005						
00074-1410-01	J7659			2/22/2002	99/99/9999	ISUPREL (25X1ML, AMP.LATEX-FREE) 0.2 MG/ML	ISUPREL (25X1ML, AMP.LATEX-FREE) 0.2 MG/ML	1 ML	AM	IV	ML	1 MG			0.2	10/01/2008	99/99/9999	02/22/2002	07/27/2005				0.2
00074-1410-01	KO J7659	KO		2/22/2002	99/99/9999	ISUPROTENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (25X1ML, AMP.LATEX-FREE) 0.2 MG/ML	1 ML	AM	IV	ML	1 MG			0.2	10/01/2008	99/99/9999	02/22/2002	07/27/2005				0.2
00074-1410-05	J7659			2/22/2002	10/25/2005	ISUPROTENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML, AMP.LATEX-FREE) 0.2 MG/ML	5 ML	AM	IV	ML	1 MG			0.2	02/22/2002	10/25/2005						
00074-1410-05	KO J7659	KO		2/22/2002	10/25/2005	ISUPROTENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML, AMP.LATEX-FREE) 0.2 MG/ML	5 ML	AM	IV	ML	1 MG			0.2	02/22/2002	10/25/2005						
00074-1412-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (10X4ML) 0.25 MG/ML	4 ML	VL	IJ	ML	1 EA			1	3/1/2009	99/99/9999	01/01/2002	06/13/2006				1
00074-1412-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (10X10ML, M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML	1 EA			1	3/1/2009	99/99/9999	01/01/2002	06/28/2006				1
00074-1463-01	J2300			1/1/2002	3/8/2005	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP.LATEX-FREE) 10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	01/01/2002	03/08/2005						
00074-1464-01	J2300			1/1/2002	7/12/2005	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (25X10ML) 10 MG/ML	10 ML	VL	IJ	ML	10 MG			1	01/01/2002	07/12/2005						
00074-1465-01	J2300			1/1/2002	11/17/2004	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP.LATEX-FREE) 20 MG/ML	1 ML	AM	IJ	ML	10 MG			2	01/01/2002	11/17/2004						
00074-1467-01	J2300			1/1/2002	5/11/2005	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (VIAL, FLIPTOP) 20 MG/ML	10 ML	VL	IJ	ML	10 MG			2	01/01/2002	05/11/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1489-01	J7799			1/1/2002	2/19/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL,100 ML PRESS. PNTP) 70%	70 ML	VL	IV	ML		1 EA		1	01/01/2002	02/19/2003						
00074-1497-01	J3480			1/1/2002	6/6/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, PINTOP,LATEX-FREE) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ		1	01/01/2002	06/06/2003						
00074-1505-03	J7110			1/1/2002	12/28/2005	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70 W/SODIUM CHLORIDE 6%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	12/28/2005						
00074-1507-03	J7110			1/1/2002	99/99/9999	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70/DEXTROSE (12X500ML) 6% 5%	500 ML	GC	IV	ML		500 ML		0.002	01/01/2002	99/99/9999						
00074-1508-05	J7799			1/1/2002	8/30/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X1000ML) 2.5%	1000 ML	GC	IV	ML		1 EA		1	01/01/2002	08/30/2005						
00074-1513-02	J3480			1/1/2002	6/15/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, BULK,LATEX-FREE) 2 MEQ/ML	250 ML	VL	IV	ML		2 MEQ		1	01/01/2002	06/15/2005						
00074-1518-05	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 50%	1000 ML	GC	IV	ML		1 EA		1	01/01/2002	03/18/2004						
00074-1519-05	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 70%	1000 ML	GC	IV	ML		1 EA		1	01/01/2002	03/18/2004						
00074-1521-05	J7120			1/1/2002	4/30/2003	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 2.5% IN RINGERS (1/2 STRENGTH LACT RING)	1000 ML	NA	IV	ML		1000 ML		0.0005	01/01/2002	04/30/2003						
00074-1522-01	J7060			1/1/2002	4/10/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	150 ML	GC	IV	ML		500 ML		0.002	01/01/2002	04/10/2005						
00074-1522-02	J7060			1/1/2002	3/8/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	GC	IV	ML		500 ML		0.002	01/01/2002	03/08/2005						
00074-1522-03	J7060			1/1/2002	6/15/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X500ML) 5%	500 ML	GC	IV	ML		500 ML		0.002	01/01/2002	06/15/2005						
00074-1523-01	J7060			1/1/2002	9/15/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (50/150 ML PART FILL) 5%	50 ML	GC	IV	ML		500 ML		0.002	01/01/2002	09/15/2005						
00074-1523-11	J7060			1/1/2002	7/26/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100/150 ML PART FILL) 5%	100 ML	GC	IV	ML		500 ML		0.002	01/01/2002	07/26/2005						
00074-1534-05	J7799			1/1/2002	2/23/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (6X1000ML) 10%-0.9%	1000 ML	GC	IV	ML		1 EA		1	01/01/2002	02/23/2006						
00074-1535-03	J7799			1/1/2002	9/7/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML) 20%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	09/07/2005						
00074-1536-03	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LATEX-FREE) 50%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	03/18/2004						
00074-1539-11	J2060			1/1/2002	4/30/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (22GX1-1/4",LATEX-FREE) 4 MG/ML	1 ML	SR	IJ	ML		2 MG		2	01/01/2002	04/30/2003						
00074-1539-31	J2060			1/1/2002	12/22/2005	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1 ML	CR	IJ	ML		2 MG		2	01/01/2002	12/22/2005						
00074-1540-01	J2560			1/1/2002	3/18/2004	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (AMP) 130 MG/ML	1 ML	AM	IJ	ML		120 MG		1.08333	01/01/2002	03/18/2004						
00074-1559-10	J3490			1/1/2002	8/21/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	08/21/2005						
00074-1559-30	J3490			1/1/2002	9/6/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	09/06/2005						
00074-1559-50	J3490			1/1/2002	8/16/2004	UNCLASSIFIED DRUGS	MARCAINE HCL (AMP,LATEX-FREE) 0.25%	50 ML	AM	IJ	ML		1 EA		1	01/01/2002	08/16/2004						
00074-1560-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	01/01/2002	08/30/2005		1		
00074-1560-29	J3490			1/1/2002	8/4/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	08/04/2005						
00074-1560-30	J3490			1/1/2002	3/18/2004	UNCLASSIFIED DRUGS	MARCAINE HCL (AMP) 0.5%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	03/18/2004						
00074-1582-10	J3490			1/1/2002	7/21/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	07/21/2005						
00074-1582-29	J3490			1/1/2002	8/3/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	08/03/2005						
00074-1582-30	J3490			1/1/2002	5/16/2005	UNCLASSIFIED DRUGS	MARCAINE HCL (AMP,LATEX-FREE) 0.75%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	05/16/2005						
00074-1583-01	J7050			1/1/2002	7/19/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X150ML,PF) 0.9%	150 ML	GC	IV	ML		250 ML		0.004	01/01/2002	07/19/2005						
00074-1583-02	J7050			1/1/2002	9/13/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X250ML,PF) 0.9%	250 ML	GC	IV	ML		250 ML		0.004	01/01/2002	09/13/2005						
00074-1584-01	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (150 ML CONTAINER,PF) 0.9%	50 ML	GC	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1584-01	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150 ML CONTAINER,PF) 0.9%	50 ML	GC	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00074-1584-11	J7050			1/1/2002	9/15/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X100ML,PF) 0.9%	100 ML	GC	IV	ML		250 ML		0.004	01/01/2002	09/15/2005						
00074-1586-03	J7799			1/1/2002	3/23/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X500ML) 5%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	3/23/2006						
00074-1587-50	J3490			1/1/2002	1/9/2006	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50 ML	VL	IJ	ML		1 EA		1	01/01/2002	01/09/2006						
00074-1590-02	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250 ML	GC	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-1590-02	A4217			1/1/2004	8/4/2005	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250 ML	GC	IV	ML		500 ML		0.002	01/01/2004	08/04/2005						
00074-1590-05	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (PF,LATEX-FREE)	1000 ML	GC	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-1590-05	A4217			1/1/2004	6/27/2005	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (PF,LATEX-FREE)	1000 ML	GC	IV	ML		500 ML		0.002	01/01/2004	06/27/2005						
00074-1610-50	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	01/01/2002	11/21/2005		1		
00074-1623-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
00074-1623-01	J0595			1/1/2004	9/19/2005	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1 ML	VL	IJ	ML		1 MG		1	01/01/2004	09/19/2005						
00074-1623-49	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
00074-1623-49	J0595			1/1/2004	10/18/2005	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1 ML	VL	IJ	ML		1 MG		1	01/01/2004	10/18/2005						
00074-1626-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
00074-1626-01	J0595			1/1/2004	3/20/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1 ML	VL	IJ	ML		1 MG		2	01/01/2004	3/20/2006						
00074-1626-02	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1626-02	J0595			1/1/2004	12/20/2005	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	01/01/2004	12/20/2005						
00074-1626-49	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE NOVATION (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	EA	1	01/01/2002	12/31/2003						
00074-1626-49	J0595			1/1/2004	5/23/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	01/01/2004	05/23/2006						
00074-1626-51	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	12/31/2003						
00074-1626-51	J0595			1/1/2004	12/7/2005	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	01/01/2004	12/07/2005						
00074-1630-10	J0460			7/17/2003	1/10/2006	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR, 10X10ML) 0.1 MG/ML	10	ML	SR	IJ	ML	0.3	MG	0.33333	07/17/2003	01/10/2006						
00074-1639-10	J1940			1/1/2002	1/22/2006	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML, ANSYR) 10 MG/ML	10	ML	SR	IJ	ML	20	MG	0.5	01/01/2002	01/22/2006						
00074-1658-01	J2500			1/1/2002	12/31/2002	INJECTION, PARICALCITOL, 5 MCG	ZEMPLAR (S.D.V., FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	5	MCG	1	01/01/2002	12/31/2002						
00074-1658-01	J2501			1/1/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V., FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999						
00074-1658-02	J2500			1/1/2002	12/31/2002	INJECTION, PARICALCITOL, 5 MCG	ZEMPLAR (S.D.V., FLIPTOP) 0.005 MG/ML	2	ML	VL	IV	ML	5	MCG	1	01/01/2002	12/31/2002						
00074-1658-02	J2501			1/1/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V., FLIPTOP) 0.005 MG/ML	2	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999						
00074-1698-10	J3490			1/1/2002	3/18/2004	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE (ANSYR) 50 MG/ML	10	ML	SR	IV	ML	1	EA	1	01/01/2002	03/18/2004						
00074-1754-10	J3475			1/1/2002	11/26/2006	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (ANSYR, LATEX-FREE) 500 MG/ML	10	ML	VL	IJ	ML	500	MG	1	01/01/2002	11/26/2006						
00074-1761-02	J3490			1/1/2002	6/5/2005	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP, W/DEXTROSE, PF) 0.75%	2	ML	AM	IJ	ML	1	EA	1	01/01/2002	06/05/2005						
00074-1762-01	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25GX5/8") 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2002	03/18/2004						
00074-1762-02	J2270			1/1/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (25G, SLIM PK, CARPUJECT) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2002	12/10/2003						
00074-1762-11	J2270			1/1/2002	10/24/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (BLUNT CANNULA, CARPUJECT) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2002	10/24/2003						
00074-1762-21	J2270			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (INTERLINK, CARPUJECT) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2002	09/05/2003						
00074-1762-30	J2270			1/1/2002	5/26/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK, SLIM PK, CARPUJECT) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2002	05/26/2005						
00074-1762-31	J2270			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK, CARPUJECT) 2 MG/ML	1	ML	CR	IJ	ML	10	MG	0.2	01/01/2002	06/06/2003						
00074-1775-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROROSE (10X10ML, ANSYR) 25%	10	ML	SR	IV	ML	1	EA	1	3/1/2009	99/99/9999	01/01/2002	02/19/2006			1	
00074-1782-01	J2310			1/1/2002	3/18/2004	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (22GX1-1/4", LATEX-FREE) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	01/01/2002	03/18/2004						
00074-1782-21	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (INTERLINK, CARPUJECT) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	01/01/2002	99/99/9999						
00074-1782-69	J2310			3/10/2004	9/28/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	03/10/2004	09/28/2005						
00074-1800-01	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	NEO-SYNEPHRINE HCL (AMP, LATEX-FREE) 10 MG/ML	1	ML	AM	IJ	ML	1	ML	1	3/1/2009	99/99/9999	01/01/2002					1
00074-1811-02	J2912			1/1/2002	6/6/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (22GX1-1/4", PF) 0.9%	2	ML	NA	IV	ML	0.9	%	0.5	01/01/2002	06/06/2003						
00074-1811-05	J2912			1/1/2002	6/6/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (22GX1-1/4", PF) 0.9%	5	ML	SR	IV	ML	0.9	%	0.5	01/01/2002	06/06/2003						
00074-1812-02	J2912			1/1/2002	9/5/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (BLUNT-CANNULA, PF) 0.9%	2	ML	SR	IV	ML	0.9	%	0.5	01/01/2002	09/05/2003						
00074-1812-03	J2912			1/1/2002	10/24/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (BLUNT-CANNULA, PF) 0.9%	3	ML	NA	IV	ML	0.9	%	0.5	01/01/2002	10/24/2003						
00074-1812-05	J2912			1/1/2002	3/18/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (BLUNT-CANNULA, PF) 0.9%	5	ML	SR	IV	ML	0.9	%	0.5	01/01/2002	03/18/2004						
00074-1812-22	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (INTERLINK, 50X2ML, PF) 0.9%	2	ML	SR	IV	ML	0.9	%	0.5	01/01/2002	12/31/2006						
00074-1812-22	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INTERLINK, 50X2ML, PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999						
00074-1812-23	J2912			1/1/2002	6/6/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (INTERLINK, PF, LATEX-FREE) 0.9%	3	ML	NA	IV	ML	0.9	%	0.5	01/01/2002	06/06/2003						
00074-1812-25	J2912			1/1/2002	6/6/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (INTERLINK, PF, LATEX-FREE) 0.9%	5	ML	NA	IV	ML	0.9	%	0.5	01/01/2002	06/06/2003						
00074-1844-02	J1165			1/1/2002	1/7/2005	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (22GX1-1/4", LATEX-FREE) 50 MG/ML	2	ML	SR	IV	ML	50	MG	1	01/01/2002	01/07/2005						
00074-1844-15	J1165			1/1/2002	10/24/2003	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (22GX1-1/4", LATEX-FREE) 50 MG/ML	5	ML	SR	IV	ML	50	MG	1	01/01/2002	10/24/2003						
00074-1880-32	J0780			1/1/2002	3/18/2004	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (LUER LOCK, CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	10	MG	0.5	01/01/2002	03/18/2004						
00074-1885-02	J2912			1/1/2002	9/5/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (25GX5/8", PF, LATEX-FREE) 0.9%	2	ML	SR	IV	ML	0.9	%	0.5	01/01/2002	09/05/2003						
00074-1902-01	J2690			1/1/2002	3/9/2006	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (VIAL, FLIPTOP) 100 MG/ML	10	ML	VL	IV	ML	1	GM	0.1	01/01/2002	03/09/2006						
00074-1903-01	J2690			1/1/2002	8/23/2005	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (VIAL, FLIPTOP) 500 MG/ML	2	ML	VL	IV	ML	1	GM	0.5	01/01/2002	08/23/2005						
00074-1918-32	J2912			1/1/2002	11/22/2005	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (50X2ML, LUER LOCK, PF) 0.9%	2	ML	CR	IV	ML	0.9	%	0.5	01/01/2002	11/22/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-1918-33	J2912			1/1/2002	2/16/2005	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		0.9 %		0.5	01/01/2002	02/16/2005						
00074-1918-35	J2912			1/1/2002	4/7/2005	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		0.9 %		0.5	01/01/2002	04/07/2005						
00074-1920-10	J3070			1/1/2002	9/28/2005	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL,LATEX-FREE) 30 MG/ML	10 ML	VL	IJ	ML		30 MG		1	01/01/2002	09/28/2005						
00074-1937-01	J3070			1/1/2002	4/30/2003	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (LUER LOCK,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML		30 MG		1	01/01/2002	04/30/2003						
00074-1937-31	J3070			1/1/2002	2/19/2003	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (LUER LOCK,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML		30 MG		1	01/01/2002	02/19/2003						
00074-1938-02	J3070			1/1/2002	9/5/2003	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (22GX1-1/4",LATEX-FREE) 30 MG/ML	2 ML	SR	IJ	ML		30 MG		1	01/01/2002	09/05/2003						
00074-1941-01	J3070			1/1/2002	11/17/2005	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1 ML	AM	IJ	ML		30 MG		1	01/01/2002	11/17/2005						
00074-1952-02	J3250			1/1/2002	10/1/2004	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (CARPUJECT) 100 MG/ML	2 ML	SR	IM	ML		200 MG		0.5	01/01/2002	10/01/2004						
00074-1952-32	J3250			6/8/2004	1/8/2006	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (LUER LOCK,CARPUJECT) 100 MG/ML	2 ML	SR	IM	ML		200 MG		0.5	06/08/2004	01/08/2006						
00074-1955-01	J3490			1/1/2002	3/10/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL, FLIPTOP) 50 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	03/10/2005						
00074-1956-01	J3490			1/1/2002	9/5/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	09/05/2005						
00074-1957-01	J3490			1/1/2002	9/25/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (10X40ML) 250 MG/ML	4 ML	VL	IJ	ML		1 EA		1	01/01/2002	09/25/2005						
00074-1966-04	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LATEX-FREE) 0.9%	10 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1966-04	A4216			1/1/2004	8/29/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LATEX-FREE) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	01/01/2004	08/29/2005						
00074-1966-05	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL, FLIPTOP) 0.9%	20 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1966-05	A4216			1/1/2004	5/1/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL, FLIPTOP) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	01/01/2004	05/01/2005						
00074-1966-07	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL, FLIPTOP PLASTIC) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1966-07	A4216			1/1/2004	4/4/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL, FLIPTOP PLASTIC) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	04/04/2005						
00074-1966-12	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LS-PLASTIC) 0.9%	10 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1966-12	A4216			1/1/2004	10/5/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LS-PLASTIC) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	01/01/2004	10/05/2005						
00074-1966-14	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00074-1966-14	A4216			1/1/2004	5/31/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	05/31/2005						
00074-1985-01	J2060			1/1/2002	4/24/2005	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	01/01/2002	04/24/2005						
00074-1985-10	J2060			1/1/2002	11/15/2005	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	01/01/2002	11/15/2005						
00074-1985-11	J2060			1/1/2002	6/6/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (22GX1-1/4",CARPUJECT) 2 MG/ML	1 ML	SR	IJ	ML		2 MG		1	01/01/2002	06/06/2003						
00074-1985-12	J2060			1/1/2002	6/6/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U-BLUNT CANN,CARPUJECT) 2 MG/ML	1 ML	SR	IJ	ML		2 MG		1	01/01/2002	06/06/2003						
00074-1985-30	J2060			1/1/2002	5/31/2005	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LLK,SLIM PK,CARPUJECT) 2 MG/ML	1 ML	SR	IJ	ML		2 MG		1	01/01/2002	05/31/2005						
00074-1985-31	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1 ML	CR	IJ	ML		2 MG		1	01/01/2002	10/24/2003						
00074-2000-43	Q2011			1/1/2002	3/17/2005	INJECTION, HEMIN, PER 1 MG	PANHEMATIN 313 MG	1 EA	VL	IV	EA		1 MG		313	01/01/2002	03/17/2005						
00074-2012-01	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (CARPUJECT) 0.3 MG/ML	1 ML	SR	IJ	ML		1 EA		1	01/01/2002	12/31/2002						
00074-2012-01	J0592			1/1/2003	3/1/2005	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (CARPUJECT) 0.3 MG/ML	1 ML	SR	IJ	ML		0.1 MG		3.24	01/01/2003	03/01/2005						
00074-2025-20	J1250			1/1/2002	2/19/2006	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X20ML) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	01/01/2002	02/19/2006						
00074-2025-54	J1250			1/1/2002	11/9/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40 ML	VL	IV	ML		250 MG		0.05	01/01/2002	11/09/2005						
00074-2028-02	J2275			1/1/2002	8/16/2004	10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	30 ML	VL	IJ	ML		10 MG		0.05	01/01/2002	08/16/2004						
00074-2029-02	J2270			1/1/2002	11/23/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (10X30ML,LATEX-FREE) 1 MG/ML	30 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	11/23/2006						
00074-2043-02	J1245			1/1/2002	3/30/2005	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2 ML	AM	IV	ML		10 MG		0.5	01/01/2002	03/30/2005						
00074-2043-10	J1245			1/1/2002	5/16/2005	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	10 ML	AM	IV	ML		10 MG		0.5	01/01/2002	05/16/2005						
00074-2046-01	J2175			1/1/2002	9/5/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (AMP,UNI-NEST,LATEX-FREE) 100 MG/ML	1 ML	AM	IJ	ML		100 MG		1	01/01/2002	09/05/2003						
00074-2047-50	J0670			1/1/2002	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML		10 ML		0.1	3/1/2009	99/99/9999	01/01/2002	09/21/2006	0.1			
00074-2066-05	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5 ML	VL	IJ	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-2066-05	J2001			1/1/2004	9/5/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5 ML	VL	IJ	ML		10 MG		2	01/01/2004	09/05/2005						
00074-2102-02	J2912			1/1/2002	8/15/2005	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL,PF) 0.9%	2 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	08/15/2005						
00074-2102-05	J2912			9/13/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL,PF) 0.9%	5 ML	VL	IV	ML		0.9 %		0.5	09/13/2005	12/31/2006						
00074-2102-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,PF) 0.9%	5 ML	VL	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-2102-32	J2912			1/1/2002	10/24/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL,ALUER,PF)	10 ML	VL	IV	ML	0.9 %	0.5		0.5	01/01/2002	10/24/2003						
00074-2167-01	J1160			1/1/2002	2/19/2003	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN PEDIATRIC (AMP,UNI-NEST) 0.1 MG/ML	1 ML	AM	IV	ML	0.5 MG	0.2	01/01/2002	02/19/2003								
00074-2168-01	J3475			1/1/2002	3/18/2004	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	10 ML	VL	IJ	ML	500 MG	1	01/01/2002	03/18/2004								
00074-2168-02	J3475			1/1/2002	1/30/2005	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	20 ML	VL	IJ	ML	500 MG	1	01/01/2002	01/30/2005								
00074-2168-03	J3475			1/1/2002	10/21/2004	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	50 ML	VL	IJ	ML	500 MG	1	01/01/2002	10/21/2004								
00074-2169-01	J1160			1/1/2002	6/6/2003	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (LATEX-FREE,CARPUJECT) 0.25 MG/ML	1 ML	SR	IV	ML	0.5 MG	0.5	01/01/2002	06/06/2003								
00074-2169-02	J1160			1/1/2002	6/6/2003	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (LATEX-FREE,CARPUJECT) 0.25 MG/ML	2 ML	SR	IV	ML	0.5 MG	0.5	01/01/2002	06/06/2003								
00074-2169-31	J1160			1/1/2002	6/15/2005	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (LUER LOCK,LATEX-FREE) 0.25 MG/ML	1 ML	SR	IV	ML	0.5 MG	0.5	01/01/2002	06/15/2005								
00074-2169-32	J1160			1/1/2002	10/8/2004	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (LUER LOCK,LATEX-FREE) 0.25 MG/ML	2 ML	SR	IV	ML	0.5 MG	0.5	01/01/2002	10/08/2004								
00074-2173-02	J2765			1/1/2002	6/6/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (CARPUJECT) 5 MG/ML	2 ML	SR	IV	ML	10 MG	0.5	01/01/2002	06/06/2003								
00074-2173-32	J2765			1/1/2002	12/10/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (LUER LOCK,CARPUJECT) 5 MG/ML	2 ML	SR	IV	ML	10 MG	0.5	01/01/2002	12/10/2003								
00074-2265-01	J2597			1/1/2002	2/3/2005	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1 ML	AM	IJ	ML	1 MCG	4	01/01/2002	02/03/2005								
00074-2269-32	J1790			1/1/2002	12/10/2003	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (LUER LOCK,CARPUJECT) 2.5 MG/ML	2 ML	SR	IJ	ML	5 MG	0.5	01/01/2002	12/10/2003								
00074-2287-01	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-02	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE,CARPUJECT) 30 MG/ML	2 ML	SR	IM	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-11	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (BLUNT CANNULA,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-31	J1885			1/1/2002	4/24/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	01/01/2002	04/24/2005								
00074-2287-49	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (LATEX-FREE,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-51	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (LATEX-FREE,CARPUJECT) 30 MG/ML	2 ML	SR	IM	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-54	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (LL,LATEX-FREE,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	01/01/2002	99/99/9999								
00074-2287-55	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (LL,LATEX-FREE,CARPUJECT) 30 MG/ML	2 ML	CT	IM	ML	15 MG	2	01/01/2002	12/10/2003								
00074-2287-61	J1885			1/1/2002	6/19/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 30 MG/ML	2 ML	SR	IM	ML	15 MG	2	01/01/2002	06/19/2005								
00074-2288-01	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE,CARPUJECT) 15 MG/ML	1 ML	SR	IJ	ML	15 MG	1	01/01/2002	12/10/2003								
00074-2288-11	J1885			1/1/2002	12/10/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (BLUNT CANNULA) 15 MG/ML	1 ML	SR	IJ	ML	15 MG	1	01/01/2002	12/10/2003								
00074-2288-31	J1885			1/1/2002	8/28/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 15 MG/ML	1 ML	SR	IJ	ML	15 MG	1	01/01/2002	08/28/2005								
00074-2290-31	J1200			1/1/2002	4/24/2005	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1 ML	SR	IJ	ML	50 MG	1	01/01/2002	04/24/2005								
00074-2295-02	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (CARPUJECT) 1 MG/ML	2 ML	SR	IJ	ML	1 MG	1	01/01/2002	02/19/2003								
00074-2295-05	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (CARPUJECT) 1 MG/ML	5 ML	SR	IJ	ML	1 MG	1	01/01/2002	02/19/2003								
00074-2295-32	J2250			1/1/2002	5/6/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,CARPUJECT) 1 MG/ML	2 ML	SR	IJ	ML	1 MG	1	01/01/2002	05/06/2004								
00074-2295-35	J2250			1/1/2002	12/10/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,CARPUJECT) 1 MG/ML	5 ML	SR	IJ	ML	1 MG	1	01/01/2002	12/10/2003								
00074-2295-36	J2250			1/1/2002	12/10/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (LUER LOCK,CARPUJECT) 1 MG/ML	2 ML	SR	IJ	ML	1 MG	1	01/01/2002	12/10/2003								
00074-2295-39	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (LUER LOCK,CARPUJECT) 1 MG/ML	5 ML	CT	IJ	ML	1 MG	1	01/01/2002	02/19/2003								
00074-2296-01	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (CARPUJECT) 5 MG/ML	1 ML	SR	IJ	ML	1 MG	5	01/01/2002	02/19/2003								
00074-2296-02	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (CARPUJECT) 5 MG/ML	2 ML	SR	IJ	ML	1 MG	5	01/01/2002	02/19/2003								
00074-2296-31	J2250			1/1/2002	12/10/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,CARPUJECT) 5 MG/ML	1 ML	SR	IJ	ML	1 MG	5	01/01/2002	12/10/2003								
00074-2296-32	J2250			1/1/2002	5/6/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,CARPUJECT) 5 MG/ML	2 ML	SR	IJ	ML	1 MG	5	01/01/2002	05/06/2004								
00074-2296-36	J2250			1/1/2002	2/19/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (LL,CARPUJECT) 5 MG/ML	2 ML	CT	IJ	ML	1 MG	5	01/01/2002	02/19/2003								
00074-2301-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (CARPUJECT) 1 MG/ML	1 ML	SR	IJ	ML	1 EA	1	01/01/2002	12/31/2003								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-2301-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (CARPUJECT) 1 MG/ML	1 ML	SR	U	ML		1 MG		1	01/01/2004	99/99/9999						
00074-2302-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (CARPUJECT) 2 MG/ML	1 ML	SR	U	ML		1 EA		1	01/01/2002	12/31/2003						
00074-2302-01	J0595			1/1/2004	7/6/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (CARPUJECT) 2 MG/ML	1 ML	SR	U	ML		1 MG		2	01/01/2004	7/6/2010						
00074-2305-02	J2250			5/1/2003	8/14/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP,PF) 1 MG/ML	2 ML	VL	U	ML		1 MG		1	05/01/2003	08/14/2005						
00074-2305-05	J2250			5/1/2003	12/20/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 1 MG/ML	5 ML	VL	U	ML		1 MG		1	05/01/2003	12/20/2005						
00074-2305-49	J2250			5/1/2003	8/1/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 1 MG/ML	2 ML	VL	U	ML		1 MG		1	05/01/2003	08/01/2005						
00074-2305-50	J2250			5/1/2003	9/12/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 1 MG/ML	5 ML	VL	U	ML		1 MG		1	05/01/2003	09/12/2005						
00074-2306-62	J2250			5/1/2003	3/9/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2 ML	SR	U	ML		1 MG		1	05/01/2003	03/09/2005						
00074-2307-60	J2250			5/1/2003	4/24/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF,CARPUJECT) 5 MG/ML	1 ML	SR	U	ML		1 MG		5	05/01/2003	04/24/2005						
00074-2307-62	J2250			5/1/2003	1/7/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF,CARPUJECT) 5 MG/ML	2 ML	SR	U	ML		1 MG		5	05/01/2003	01/07/2005						
00074-2308-01	J2250			5/1/2003	6/6/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (FLIPTOP VIAL,PF) 5 MG/ML	1 ML	VL	U	ML		1 MG		5	05/01/2003	06/06/2005						
00074-2308-02	J2250			5/1/2003	10/9/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (FLIPTOP VIAL,PF) 5 MG/ML	2 ML	VL	U	ML		1 MG		5	05/01/2003	10/09/2005						
00074-2308-49	J2250			5/1/2003	12/29/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1 ML	VL	U	ML		1 MG		5	05/01/2003	12/29/2005						
00074-2308-50	J2250			5/1/2003	11/17/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	2 ML	VL	U	ML		1 MG		5	05/01/2003	11/17/2005						
00074-2312-01	J2550			1/1/2002	6/6/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (CARPUJECT) 25 MG/ML	1 ML	SR	U	ML		50 MG		0.5	01/01/2002	06/06/2003						
00074-2312-11	J2550			1/1/2002	6/6/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (BLUNT CANNULA,CARPUJECT) 25 MG/ML	1 ML	SR	U	ML		50 MG		0.5	01/01/2002	06/06/2003						
00074-2312-31	J2550			1/1/2002	4/4/2005	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 25 MG/ML	1 ML	SR	U	ML		50 MG		0.5	01/01/2002	04/04/2005						
00074-2332-11	J1170			11/5/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 1 MG/ML	1 ML	AM	U	ML		4 MG		0.25	11/05/2002	9/14/2008						
00074-2333-11	J1170			11/14/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 2 MG/ML	1 ML	AM	U	ML		4 MG		0.5	11/14/2002	09/14/2008						
00074-2333-26	J1170			12/11/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 2 MG/ML	1 ML	AM	U	ML		4 MG		0.5	12/11/2002	9/14/2008						
00074-2334-11	J1170			12/19/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 4 MG/ML	1 ML	AM	U	ML		4 MG		1	12/19/2002	11/2/2008						
00074-2335-01	J2550			1/1/2002	6/6/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (CARPUJECT) 50 MG/ML	1 ML	SR	U	ML		50 MG		1	01/01/2002	06/06/2003						
00074-2335-31	J2550			1/1/2002	6/6/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1 ML	SR	U	ML		50 MG		1	01/01/2002	06/06/2003						
00074-2336-10	J0895			2/26/2004	4/24/2005	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1 EA	VL	U	EA		500 MG		1	02/26/2004	04/24/2005						
00074-2337-25	J0895			2/26/2004	3/20/2005	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1 EA	VL	U	EA		500 MG		4	02/26/2004	03/20/2005						
00074-2343-01	J2560			1/1/2002	6/6/2003	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (CARPUJECT) 60 MG/ML	1 ML	SR	U	ML		120 MG		0.5	01/01/2002	06/06/2003						
00074-2343-31	J2560			1/1/2002	9/18/2005	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,CARPUJECT) 60 MG/ML	1 ML	SR	U	ML		120 MG		0.5	01/01/2002	09/18/2005						
00074-2344-01	J1250			1/1/2002	7/26/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL, FLIPTOP) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	01/01/2002	07/26/2005						
00074-2344-02	J1250			1/1/2002	6/28/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL, FLIPTOP) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	01/01/2002	06/28/2005						
00074-2346-32	J1250			1/1/2002	8/10/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-100 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.004	01/01/2002	08/10/2005						
00074-2346-34	J1250			1/1/2002	2/6/2006	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-100 MG/100 ML	500 ML	FC	IV	ML		250 MG		0.004	01/01/2002	02/06/2006						
00074-2347-32	J1250			1/1/2002	1/10/2006	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.008	01/01/2002	01/10/2006						
00074-2349-01	J2560			1/1/2002	6/6/2003	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (CARPUJECT) 130 MG/ML	1 ML	SR	U	ML		120 MG		1.08333	01/01/2002	06/06/2003						
00074-2349-31	J2560			1/1/2002	9/6/2005	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,CARPUJECT) 130 MG/ML	1 ML	SR	U	ML		120 MG		1.08333	01/01/2002	09/06/2005						
00074-2414-21	J1170			12/19/2002	6/30/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (M.D.V.) 2 MG/ML	20 ML	VL	U	ML		4 MG		0.5	12/19/2002	6/30/2008						
00074-2428-16	J1170			2/10/2003	6/30/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID	1 EA	BO	NA	GM		4 MG		250	02/10/2003	6/30/2008						
00074-2453-11	J1170			12/19/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID-HP (AMP) 10 MG/ML	1 ML	AM	U	ML		4 MG		2.5	12/19/2002	11/2/2008						
00074-2453-27	J1170			11/14/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID-HP (AMP) 10 MG/ML	5 ML	AM	U	ML		4 MG		2.5	11/14/2002	11/2/2008						
00074-2453-51	J1170			11/28/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID-HP (S.D.V.) 10 MG/ML	50 ML	VL	U	ML		4 MG		2.5	11/28/2002	11/2/2008						
00074-2455-31	J1170			12/11/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID-HP (S.D.V.) 250 MG	1 EA	VL	U	EA		4 MG		62.5	12/11/2002	11/2/2008						
00074-2581-02	J1644			1/1/2002	3/23/2006	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, ADD-VANTAGE,PF) 2000 U/ML	5 ML	VL	IV	ML		1000 U		2	01/01/2002	3/23/2006						
00074-2584-02	J1644			1/1/2002	6/30/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, ADD-VANTAGE,PF) 2500 U/ML	10 ML	VL	U	ML		1000 U		2.5	01/01/2002	06/30/2005						
00074-2587-02	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	2 ML	VL	U	ML		1 MG		1	01/01/2002	03/18/2004						
00074-2587-03	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	5 ML	VL	U	ML		1 MG		1	01/01/2002	03/18/2004						
00074-2587-05	J2250			1/1/2002	1/26/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	10 ML	VL	U	ML		1 MG		1	01/01/2002	01/26/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-2587-51	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	2 ML	VL	U	ML		1 MG		1	01/01/2002	03/18/2004						
00074-2587-52	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	5 ML	VL	U	ML		1 MG		1	01/01/2002	03/18/2004						
00074-2587-53	J2250			1/1/2002	3/6/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	10 ML	VL	U	ML		1 MG		1	01/01/2002	03/06/2006						
00074-2596-01	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	1 ML	VL	U	ML		1 MG		5	01/01/2002	03/18/2004						
00074-2596-02	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	2 ML	VL	U	ML		1 MG		5	01/01/2002	03/18/2004						
00074-2596-03	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5 ML	VL	U	ML		1 MG		5	3/1/2009	99/99/9999	01/01/2002	10/27/2005				5
00074-2596-05	J2250			1/1/2002	1/10/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	10 ML	VL	U	ML		1 MG		5	01/01/2002	01/10/2006						
00074-2596-49	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	1 ML	VL	U	ML		1 MG		5	01/01/2002	03/18/2004						
00074-2596-51	J2250			1/1/2002	3/18/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	2 ML	VL	U	ML		1 MG		5	01/01/2002	03/18/2004						
00074-2596-52	J2250			1/1/2002	1/22/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5 ML	VL	U	ML		1 MG		5	01/01/2002	01/22/2006						
00074-2596-53	J2250			1/1/2002	9/26/2005	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	10 ML	VL	U	ML		1 MG		5	01/01/2002	09/26/2005						
00074-2775-01	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	06/05/2002	99/99/9999						
00074-2775-02	J2260			6/5/2002	12/30/2004	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (VIAL,FLIPTOP,LATEX-FREE) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	06/05/2002	12/30/2004						
00074-2776-02	J2260			5/1/2003	3/7/2006	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSEMILRINONE LACTATE 5%-20 MG/100 ML	200 ML	FC	IV	ML		5 MG		0.04	05/01/2003	03/07/2006						
00074-2776-23	J2260			5/1/2003	6/14/2005	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSEMILRINONE LACTATE 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG		0.04	05/01/2003	06/14/2005						
00074-3210-32	J3360			1/1/2002	10/24/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP) 5 MG/ML	2 ML	AM	U	ML		5 MG		1	01/01/2002	10/24/2003						
00074-3213-02	J3360			1/1/2002	5/8/2005	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.,FLIPTOP) 5 MG/ML	10 ML	VL	U	ML		5 MG		1	01/01/2002	05/08/2005						
00074-3255-03	J3260			1/1/2002	3/30/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL, ADD-VANTAGE) 10 MG/ML	8 ML	VL	U	ML		80 MG		0.125	01/01/2002	03/30/2005						
00074-3307-03	J7608			1/1/2002	4/10/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	04/10/2005						
00074-3307-03	KO J7608	KO		1/1/2002	4/10/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	04/10/2005						
00074-3308-03	J7608			1/1/2002	5/24/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	05/24/2005						
00074-3308-03	KO J7608	KO		1/1/2002	5/24/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	05/24/2005						
00074-3380-31	J3490			1/1/2002	8/31/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	1 ML	AM	U	ML		1 EA		1	01/01/2002	08/31/2005						
00074-3380-32	J3490			1/1/2002	11/2/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	2 ML	AM	U	ML		1 EA		1	01/01/2002	11/02/2005						
00074-3380-35	J3490			1/1/2002	12/27/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5 ML	AM	U	ML		1 EA		1	01/01/2002	12/27/2005						
00074-3380-49	J3490			8/27/2003	11/28/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1 ML	AM	U	ML		1 EA		1	08/27/2003	11/28/2005						
00074-3380-50	J3490			8/27/2003	11/6/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	2 ML	AM	U	ML		1 EA		1	08/27/2003	11/06/2005						
00074-3380-51	J3490			8/27/2003	10/11/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	5 ML	AM	U	ML		1 EA		1	08/27/2003	10/11/2005						
00074-3382-21	J3490			1/1/2002	7/14/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (VIAL, FLIPTOP) 50 MCG/ML	1 ML	VL	U	ML		1 EA		1	01/01/2002	07/14/2005						
00074-3382-22	J3490			1/1/2002	7/17/2005	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (VIAL, FLIPTOP) 50 MCG/ML	2 ML	VL	U	ML		1 EA		1	01/01/2002	07/17/2005						
00074-3382-25	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (VIAL, FLIPTOP) 50 MCG/ML	5 ML	VL	U	ML		1 EA		1	3/1/2009	99/99/9999	01/01/2002	10/18/2005				1
00074-3400-01	J1580			1/1/2002	3/23/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, ADD-VANTAGE) 10 MG/ML	6 ML	VL	U	ML		80 MG		0.125	01/01/2002	3/23/2006						
00074-3401-01	J1580			1/1/2002	1/8/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, ADD-VANTAGE) 10 MG/ML	8 ML	VL	U	ML		80 MG		0.125	01/01/2002	01/08/2006						
00074-3402-01	J1580			1/1/2002	6/4/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, ADD-VANTAGE) 10 MG/ML	10 ML	VL	U	ML		80 MG		0.125	01/01/2002	06/04/2006						
00074-3413-01	J2765			1/1/2002	4/20/2005	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (AMP) 5 MG/ML	2 ML	AM	IV	ML		10 MG		0.5	01/01/2002	04/20/2005						
00074-3414-01	J2765			1/1/2002	1/31/2006	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (VIAL, FLIPTOP) 5 MCG/ML	2 ML	VL	IV	ML		10 MG		0.5	01/01/2002	01/31/2006						
00074-3454-25	J1642			2/20/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (ANSYR,LATEX-FREE) 100 U/ML	5 ML	SR	IV	ML		10 U		10	02/20/2002	99/99/9999						
00074-3469-13	J3260			1/1/2002	5/29/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,LATEX-FREE) 0.9%-60 MG/50 ML	50 ML	FC	IV	ML		80 MG		0.02	01/01/2002	05/29/2005						
00074-3470-23	J3260			1/1/2002	9/25/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,LATEX-FREE) 0.9%-80 MG/100 ML	100 ML	FC	IV	ML		80 MG		0.01	01/01/2002	09/25/2005						
00074-3577-01	J3260			1/1/2002	3/30/2005	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL, FLIPTOP) 10 MG/ML	2 ML	VL	U	ML		80 MG		0.125	01/01/2002	03/30/2005						
00074-3578-01	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL, FLIPTOP) 40 MG/ML	2 ML	VL	U	ML		80 MG		0.5	3/1/2009	99/99/9999	01/01/2002	11/01/2004				0.5

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-3590-02	J3260			1/1/2002	2/14/2006	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK VIAL) 40 MG/ML	50 ML	VL	IJ	ML		80 MG		0.5	01/01/2002	02/14/2006						
00074-3613-01	J3490			1/1/2002	1/6/2005	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2 ML	AM	IJ	ML		1 EA		1	01/01/2002	01/06/2005						
00074-3722-01	J2710			1/1/2002	3/18/2004	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (VIAL, FLIPTOP) 0.5 MG/ML	10 ML	VL	IJ	ML		0.5 MG		1	01/01/2002	03/18/2004						
00074-3723-01	J2710			1/1/2002	3/18/2004	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (VIAL, FLIPTOP) 1 MG/ML	10 ML	VL	IJ	ML		0.5 MG		2	01/01/2002	03/18/2004						
00074-3724-32	J1250			1/1/2002	10/6/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSEDOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.016	01/01/2002	10/06/2005						
00074-3778-04	J2515			1/1/2002	6/10/2003	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM (DO NOT REFRIGERATE) 50 MG/ML	20 ML	VL	IJ	ML		50 MG		1	01/01/2002	06/10/2003						
00074-3778-05	J2515			1/1/2002	6/10/2003	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM (VIAL) 50 MG/ML	50 ML	VL	IJ	ML		50 MG		1	01/01/2002	06/10/2003						
00074-3793-01	J1885			1/1/2002	5/30/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL,FLIPTOP) 15 MG/ML	1 ML	VL	IJ	ML		15 MG		1	01/01/2002	05/30/2005						
00074-3793-49	J1885			1/1/2002	4/18/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (VIAL,FLIPTOP,LATEX-FREE) 15 MG/ML	1 ML	VL	IJ	ML		15 MG		1	01/01/2002	04/18/2005						
00074-3795-01	J1885			1/1/2002	1/5/2006	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	01/01/2002	01/05/2006						
00074-3795-49	J1885			1/1/2002	9/20/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	01/01/2002	09/20/2005						
00074-3795-61	J1885			1/1/2002	10/30/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	01/01/2002	10/30/2005						
00074-3796-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	10/01/2008	99/99/9999	01/01/2002	12/20/2005		2		
00074-3796-49	J1885			1/1/2002	11/6/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	01/01/2002	11/06/2005						
00074-3796-61	J1885			1/1/2002	8/4/2005	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	01/01/2002	08/04/2005						
00074-3799-01	J3590			9/12/2003	9/13/2003	UNCLASSIFIED BIOLOGICS	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	CR	MR	EA		1 EA		1	09/12/2003	09/13/2003						
00074-3799-02	J3590			1/2/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		1 EA		1	01/02/2003	12/31/2004						
00074-3799-02	J0135			1/1/2005	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		20 MG		4	01/01/2005	99/99/9999						
00074-3814-12	J2275			1/1/2002	7/18/2005	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP,PF) 0.5 MG/ML	10 ML	VL	IJ	ML		10 MG		0.05	01/01/2002	07/18/2005						
00074-3815-12	J2270			1/1/2002	6/27/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	06/27/2005						
00074-3817-12	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	01/01/2002	03/18/2004						
00074-3819-12	J2271			1/1/2002	6/6/2003	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 15 MG/ML	20 ML	VL	IJ	ML		100 MG		0.15	01/01/2002	06/06/2003						
00074-3907-03	J3480			1/1/2002	11/23/2004	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP,LATEX-FREE) 2 MEQ/ML	10 ML	AM	IV	ML		2 MEQ		1	01/01/2002	11/23/2004						
00074-3934-02	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP,LATEX-FREE) 2 MEQ/ML	20 ML	AM	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
00074-3977-03	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-3977-03	A4216			1/1/2004	4/6/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	04/06/2005						
00074-4027-02	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	5 ML	AM	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-4027-02	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	5 ML	AM	IV	ML		10 ML		0.1	3/1/2009	99/99/9999	01/01/2004	05/25/2006		0.1		
00074-4029-03	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20 ML	AM	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-4029-03	A4216			1/1/2004	2/28/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20 ML	AM	IV	ML		10 ML		0.1	01/01/2004	02/28/2005						
00074-4031-01	J2150			1/1/2002	10/18/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50 ML	VL	IV	ML		50 ML		0.02	01/01/2002	10/18/2004						
00074-4044-02	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	10 ML	AM	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00074-4044-02	A4216			1/1/2004	2/8/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	10 ML	AM	IV	ML		10 ML		0.1	01/01/2004	02/08/2006						
00074-4050-01	J3490			1/1/2002	5/12/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, FLIPTOP) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	05/12/2005						
00074-4051-01	J3490			1/1/2002	5/30/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, FLIPTOP) 150 MG/ML	4 ML	VL	IJ	ML		1 EA		1	01/01/2002	05/30/2005						
00074-4052-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, FLIPTOP) 150 MG/ML	6 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	01/01/2002	07/04/2005		1		
00074-4053-03	J3490			1/1/2002	5/10/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, ADD-VANTAGE) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	05/10/2005						
00074-4054-03	J3490			1/1/2002	2/17/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, ADD-VANTAGE) 150 MG/ML	4 ML	VL	IJ	ML		1 EA		1	01/01/2002	02/17/2005						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-4055-03	J3490			1/1/2002	2/23/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, ADD-VANTAGE) 150 MG/ML	6 ML	VL	U	ML		1 EA		1	01/01/2002	02/23/2005						
00074-4056-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 1.5%	20 ML	AM	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4056-01	J2001			1/1/2004	10/30/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 1.5%	20 ML	AM	U	ML		10 MG		1.5	01/01/2004	10/30/2005						
00074-4057-12	J2275			1/1/2002	12/12/2005	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (AMP,PF,LATEX-FREE) 0.5 MG/ML	10 ML	AM	U	ML		10 MG		0.05	01/01/2002	12/12/2005						
00074-4058-12	J2270			1/1/2002	10/6/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP,LATEX-FREE) 1 MG/ML	10 ML	AM	U	ML		10 MG		0.1	01/01/2002	10/06/2005						
00074-4075-32	J3475			1/1/2002	3/18/2004	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (AMP,LATEX-FREE) 500 MG/ML	2 ML	AM	U	ML		500 MG		1	01/01/2002	03/18/2004						
00074-4089-02	J7799			1/1/2002	5/17/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (AMP,LATEX-FREE) 10%	5 ML	AM	IV	ML		1 EA		1	01/01/2002	05/17/2005						
00074-4141-03	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.02	10/01/2003	12/31/2005						
00074-4141-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.02	01/01/2006	99/99/9999						
00074-4142-02	Q4076			10/1/2003	1/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-160 MG/100 ML	250 ML	GC	IV	ML		40 MG		0.04	10/01/2003	01/31/2005						
00074-4142-03	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.04	10/01/2003	12/31/2005						
00074-4142-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.04	01/01/2006	99/99/9999						
00074-4155-02	Q4076			10/1/2003	11/1/2004	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL (LATEX-FREE) 5%-320 MG/100 ML	250 ML	GC	IV	ML		40 MG		0.08	10/01/2003	11/01/2004						
00074-4169-01	J2400			1/1/2002	6/19/2005	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (VIAL) 2%	30 ML	VL	U	ML		30 ML		0.03333	01/01/2002	06/19/2005						
00074-4170-01	J2400			1/1/2002	4/19/2005	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (VIAL) 3%	30 ML	VL	U	ML		30 ML		0.03333	01/01/2002	04/19/2005						
00074-4197-01	J3490			1/1/2002	3/30/2005	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, BULK,LATEX-FREE) 150 MG/ML	60 ML	VL	U	ML		1 EA		1	01/01/2002	03/30/2005						
00074-4219-02	J7799			1/1/2002	3/29/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (BULK ADDITIVE SOLUTION) 2.5%	250 ML	VL	IV	ML		1 EA		1	01/01/2002	03/29/2005						
00074-4265-01	J3490			1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL (VIAL,FLIPTOP,10ML/20ML) 80 MG/ML	10 ML	VL	IV	ML		1 EA		1	01/01/2002	09/30/2003						
00074-4265-01	Q4076			10/1/2003	7/10/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (VIAL,FLIPTOP,10ML/20ML) 80 MG/ML	10 ML	VL	IV	ML		40 MG		2	10/01/2003	07/10/2005						
00074-4270-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (STERILE PACK) 1%	30 ML	AM	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4270-01	J2001			1/1/2004	2/26/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (STERILE PACK) 1%	30 ML	AM	EP	ML		10 MG		1	01/01/2004	02/26/2006						
00074-4272-01	J3490			1/1/2002	4/5/2006	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, STERILE,LATEX-FREE) 0.25%	20 ML	AM	U	ML		1 EA		1	01/01/2002	4/5/2006						
00074-4273-01	J3490			1/1/2002	6/27/2006	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, STERILE PACK) 0.5%	20 ML	AM	U	ML		1 EA		1	01/01/2002	06/27/2006						
00074-4274-01	J3490			1/1/2002	3/30/2006	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, STERILE,LATEX-FREE) 0.75%	20 ML	AM	U	ML		1 EA		1	01/01/2002	3/30/2006						
00074-4275-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50 ML	VL	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4275-01	J2001			1/1/2004	12/29/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50 ML	VL	U	ML		10 MG		0.5	01/01/2004	12/29/2005						
00074-4276-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, FLIPTOP) 1%	20 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4276-01	J2001			1/1/2004	8/11/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 1%	20 ML	VL	EP	ML		10 MG		1	01/01/2004	08/11/2005						
00074-4276-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, FLIPTOP) 1%	50 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4276-02	J2001			1/1/2004	7/6/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 1%	50 ML	VL	EP	ML		10 MG		1	01/01/2004	07/06/2005						
00074-4277-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, FLIPTOP) 2%	20 ML	VL	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4277-01	J2001			1/1/2004	6/12/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 2%	20 ML	VL	U	ML		10 MG		2	01/01/2004	06/12/2005						
00074-4277-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, FLIPTOP) 2%	50 ML	VL	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4277-02	J2001			1/1/2004	8/11/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 2%	50 ML	VL	U	ML		10 MG		2	01/01/2004	08/11/2005						
00074-4278-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (TEARDROP BOTTLE) 0.5%	50 ML	VL	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4278-01	J2001			1/1/2004	6/28/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 0.5%	50 ML	VL	U	ML		10 MG		0.5	01/01/2004	06/28/2005						
00074-4279-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4279-02	J2001			1/1/2004	8/30/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30 ML	VL	EP	ML		10 MG		1	01/01/2004	08/30/2005						
00074-4282-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 2%	2 ML	AM	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4282-01	J2001			1/1/2004	9/8/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 2%	2 ML	AM	U	ML		10 MG		2	01/01/2004	09/08/2005						
00074-4282-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 2%	10 ML	AM	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4282-02	J2001			1/1/2004	2/7/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 2%	10 ML	AM	U	ML		10 MG		2	01/01/2004	02/07/2006						
00074-4283-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5 ML	AM	U	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-4283-01	J2001			1/1/2004	5/15/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5 ML	AM	U	ML		10 MG		4	01/01/2004	05/15/2005						
00074-4332-01	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL, FLIPTOP) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/1/2009	99/99/9999	01/01/2002	04/24/2005				1
00074-4332-49	J3370			1/1/2002	8/3/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	01/01/2002	08/03/2005						
00074-4335-01	J9265			5/9/2002	4/20/2004	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	05/09/2002	04/20/2004						
00074-4335-02	J9265			5/10/2002	4/20/2004	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	05/10/2002	04/20/2004						
00074-4335-04	J9265			5/10/2002	4/20/2004	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	05/10/2002	04/20/2004						
00074-4339-02	J0135			7/17/2006	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA 40 MG/0.8 ML	0.8 ML	BM	MR	EA		20 MG		4	07/17/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-4339-06		J0135		2/27/2007	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE,6X1ML,,PF) 40 MG/0.8 ML	1	ML	BX	MR	EA	20	MG	15	02/27/2007	99/99/9999						
00074-4346-73		J3490		1/1/2002	4/12/2005	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL, FLIPTOP)	20	ML	VL	IV	ML	1	EA		1	01/01/2002	04/12/2005					
00074-4348-35		J0282		5/1/2004	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3	ML	AM	IV	ML	30	MG	1.66666	3/1/2009	99/99/9999	05/01/2004	09/26/2006	1.66666			
00074-4427-01		J3490		1/1/2002	9/5/2003	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (VIAL,FLIPTOP) 500 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	09/05/2003						
00074-4427-49		J3490		1/1/2002	9/5/2003	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM VHA (VIAL,FLIPTOP) 500 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	09/05/2003						
00074-4452-01		J3490		1/1/2002	9/5/2003	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (VIAL, FLIPTOP)	1	EA	VL	IV	EA	1	EA	1	01/01/2002	09/05/2003						
00074-4452-49		J3490		1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM NOVATION (VIAL,FLIPTOP) 1000 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	09/30/2003						
00074-4452-49		Q4075		10/1/2003	10/24/2003	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM NOVATION (VIAL,FLIPTOP) 1000 MG	1	EA	VL	IV	EA	5	MG	200	10/01/2003	10/24/2003						
00074-4548-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	PENTAMIDINE ISETHIONATE 300 MG	1	EA	VL	IJ	EA	1	EA	1	01/01/2007	12/31/2007						
00074-4548-01		J7676		1/1/2008	7/6/2010	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2008	7/6/2010						
00074-4548-01	KO	J7676	KO	1/1/2008	7/6/2010	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2008	7/6/2010						
00074-4548-01		J7676		1/1/2008	7/6/2010	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	PENTAMIDINE ISETHIONATE NOVATION 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2002	03/18/2004						
00074-4548-49		J2545		1/1/2002	3/18/2004	FORM, PER 300 MG	ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IJ	EA	300	MG	0.4	01/01/2002	03/18/2004						
00074-4637-01		J2500		1/1/2002	12/31/2002	INJECTION, PARICALCITOL, 5 MCG	ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IV	ML	5	MCG	1	01/01/2002	12/31/2002						
00074-4637-01		J2501		1/1/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2003	99/99/9999						
00074-4684-02		J1450		4/1/2006	3/5/2007	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 200 MG/100 ML	200	ML	PC	IV	ML	200	MG	0.01	04/01/2006	03/05/2007						
00074-4688-02		J1450		6/1/2005	7/26/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	06/01/2005	07/26/2006						
00074-4688-23		J1450		6/1/2005	6/15/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 200 MG/100 ML	600	ML	PC	IV	ML	200	MG	0.01	06/01/2005	06/15/2006						
00074-4688-28		J1450		5/30/2005	5/31/2005	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	05/30/2005	05/31/2005						
00074-4688-33		J1450		4/1/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200	ML	PC	IV	ML	200	MG	0.01	04/01/2006	99/99/9999						
00074-4688-34		J1450		6/1/2005	3/1/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE NOVAPLUS (6X200ML) 200 MG/100 ML	200	ML	PC	IV	ML	200	MG	0.01	06/01/2005	03/01/2006						
00074-4713-02		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 1%	5	ML	AM	EP	ML	50	ML	0.02	01/01/2002	12/31/2003						
00074-4713-02		J2001		1/1/2004	11/20/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 1%	5	ML	AM	EP	ML	10	MG	1	01/01/2004	11/20/2005						
00074-4713-32		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 1%	2	ML	AM	EP	ML	50	ML	0.02	01/01/2002	12/31/2003						
00074-4713-32		J2001		1/1/2004	9/5/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 1%	2	ML	AM	EP	ML	10	MG	1	01/01/2004	09/05/2005						
00074-4729-01		J1250		1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL) 12.5 MG/ML	100	ML	VL	IV	ML	250	MG	0.05	01/01/2002	99/99/9999						
00074-4732-03		J0690		1/1/2002	8/23/2007	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	08/23/2007						
00074-4732-03		J0690		10/1/2009	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	10/01/2009	99/99/9999						
00074-4776-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (AMP,LATEX-FREE) 1.5%	20	ML	AM	IJ	ML	50	ML	0.02	01/01/2002	12/31/2003						
00074-4776-01		J2001		1/1/2004	2/5/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 1.5%	20	ML	AM	IJ	ML	10	MG	1.5	01/01/2004	02/05/2006						
00074-4862-02		J7799		1/1/2002	3/8/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	250	ML	GC	IV	ML	1	EA	1	01/01/2002	03/08/2005						
00074-4862-03		J7799		1/1/2002	4/3/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	04/03/2005						
00074-4887-10		A4712		1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2002	12/31/2003						
00074-4887-10		A4216		1/1/2004	8/17/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	08/17/2005						
00074-4887-20		A4712		1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2002	12/31/2003						
00074-4887-20		A4216		1/1/2004	6/15/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	06/15/2005						
00074-4887-50		A4712		1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	50	ML	VL	IV	ML	10	ML	0.1	01/01/2002	12/31/2003	01/01/2004	08/04/2005	0.1			
00074-4887-50		A4216		1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	50	ML	VL	IV	ML	10	ML	0.1	3/1/2009	99/99/9999						
00074-4887-99		A4712		1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	12/31/2003						
00074-4887-99		A4216		1/1/2004	8/2/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP,PF)	100	ML	VL	IV	ML	10	ML	0.1	01/01/2004	08/02/2005						
00074-4888-10		J2912		1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	10	ML	VL	IV	ML	0.9	%	0.5	01/01/2002	12/31/2003						
00074-4888-10		A4216		1/1/2004	4/21/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	04/21/2005						
00074-4888-12		J2912		1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,LIFESHIELD) 0.9%	10	ML	VL	IV	ML	0.9	%	0.5	01/01/2002	12/31/2003						
00074-4888-12		A4216		1/1/2004	7/14/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,LIFESHIELD) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	07/14/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-4888-20	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20 ML	VL	IV	ML	0.9 %			0.5	01/01/2002	12/31/2003	01/01/2004	02/22/2005	0.1			
00074-4888-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20 ML	VL	IV	ML	10 ML			0.1	3/1/2009	99/99/9999						
00074-4888-50	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	50 ML	VL	IV	ML	0.9 %			0.5	01/01/2002	12/31/2003						
00074-4888-50	A4216			1/1/2004	2/13/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	50 ML	VL	IV	ML	10 ML			0.1	01/01/2004	02/13/2005						
00074-4888-70	J2912			1/1/2002	12/10/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, PLASTIC ALUER, PF) 0.9%	10 ML	VL	IV	ML	0.9 %			0.5	01/01/2002	12/10/2003						
00074-4888-99	J7050			1/1/2002	3/18/2004	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	100 ML	VL	IV	ML	250 ML			0.004	01/01/2002	03/18/2004						
00074-4901-18	J0170			1/1/2002	9/22/2005	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (18GX3-1/2,LATEX-FREE) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML			1	01/01/2002	09/22/2005	01/01/2002	12/07/2005				1
00074-4902-34	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHIELD, 18GX1-1/2) 50%	50 ML	SR	IV	ML	1 EA			1	3/1/2009	99/99/9999						
00074-4903-34	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5 ML	SR	IJ	ML	50 ML			0.02	01/01/2002	12/31/2003	01/01/2004	11/30/2005				2
00074-4903-34	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5 ML	SR	IJ	ML	10 MG			2	3/1/2009	99/99/9999						
00074-4904-34	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (LIFESHIELD,LATEX-FREE) 1%	5 ML	SR	EP	ML	50 ML			0.02	01/01/2002	12/31/2003						
00074-4904-34	J2001			1/1/2004	8/22/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LIFESHIELD,LATEX-FREE) 1%	5 ML	SR	EP	ML	10 MG			1	01/01/2004	08/22/2005						
00074-4906-19	J0280			1/1/2002	1/7/2005	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (ABBOJECT) 25 MG/ML	20 ML	SR	IV	ML	250 MG			0.1	01/01/2002	01/07/2005						
00074-4909-18	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (10X10ML,ABBOJECT) 25 MG/ML	10 ML	SR	IV	ML	250 MG			0.1	01/01/2002	99/99/9999						
00074-4910-15	J0460			1/1/2002	1/7/2005	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (21GX1-1/2,LATEX-FREE) 0.1 MG/ML	5 ML	SR	IJ	ML	0.3 MG			0.33333	01/01/2002	01/07/2005						
00074-4910-34	J0460			1/1/2002	8/17/2005	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESHIELD,LATEX-FREE) 0.1 MG/ML	5 ML	SR	IJ	ML	0.3 MG			0.33333	01/01/2002	08/17/2005						
00074-4911-18	J0460			1/1/2002	10/8/2004	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (21GX1-1/2,LATEX-FREE) 0.1 MG/ML	10 ML	SR	IJ	ML	0.3 MG			0.33333	01/01/2002	10/08/2004	01/01/2002	11/13/2005	0.33333			
00074-4911-34	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESHIELD, 21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML	0.3 MG			0.33333	3/1/2009	12/31/2009						
00074-4921-18	J0170			1/1/2002	1/7/2005	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (21GX1-1/2,LATEX-FREE) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML			1	01/01/2002	01/07/2005	01/01/2002	12/22/2005				1
00074-4921-34	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (LIFE,21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML			1	3/1/2009	12/31/2010						
00074-4939-01	J3480			1/1/2002	2/19/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, PINTOP,LATEX-FREE) 2 MEQ/ML	20 ML	VL	IV	ML	2 MEQ			1	01/01/2002	02/19/2003						
00074-4943-01	J3475			1/1/2002	4/30/2003	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, PINTOP) 125 MG/ML	8 ML	VL	IJ	ML	500 MG			0.25	01/01/2002	04/30/2003						
00074-4991-15	J3480			1/1/2002	2/19/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (SRN,LATEX-FREE) 2 MEQ/ML	5 ML	SR	IV	ML	2 MEQ			1	01/01/2002	02/19/2003						
00074-5082-16	J0713			1/1/2002	7/6/2010	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (VIAL,LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	10/01/2008	7/6/2010						
00074-5083-11	J0713			1/1/2002	5/16/2005	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (P.B.,LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	05/16/2005	1/1/2002	12/12/2002	4	12/13/2002	12/04/2005	4
00074-5084-11	J0713			1/1/2002	7/6/2010	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (VIAL) 2 GM	1 EA	VL	IJ	EA	500 MG			4	10/01/2008	7/6/2010						
00074-5086-11	J0713			1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (VIAL, BULK) 6 GM	1 EA	VL	IJ	EA	500 MG			12	01/01/2002	99/99/9999	01/01/2002	5/1/2006				2
00074-5092-16	J0713			1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	3/1/2009	99/99/9999						
00074-5093-11	J0713			1/1/2002	4/2/2006	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,LATEX-FREE) 2 GM	1 EA	VL	IJ	EA	500 MG			4	01/01/2002	4/2/2006						
00074-5365-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (ANSYR,FOR IV ,50XSML,PF) 0.9%	5 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
00074-5365-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ANSYR,FOR IV ,50XSML,PF) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
00074-5365-10	J2912			1/1/2002	3/18/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (SRN,FOR IV FLUSH,PF) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	03/18/2004						
00074-5630-04	J2930			1/1/2002	3/18/2004	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	125 MG			4	01/01/2002	03/18/2004						
00074-5631-08	J2930			1/1/2002	3/18/2004	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	125 MG			8	01/01/2002	03/18/2004						
00074-5641-25	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 10%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	99/99/9999						
00074-5642-25	J7799			1/1/2002	5/6/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 20%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	05/06/2004						
00074-5644-25	J7799			1/1/2002	7/6/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 40%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	7/6/2010						
00074-5645-25	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 50%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	03/18/2004						
00074-5646-25	J7799			1/1/2002	2/19/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 80%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	02/19/2003						
00074-5647-25	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 70%	500 ML	GC	IV	ML	1 EA			1	01/01/2002	03/18/2004						
00074-5671-02	J1720			1/1/2002	3/18/2004	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (UNIVIAL,LATEX-FREE) 100 MG	1 EA	VL	IJ	EA	100 MG			1	01/01/2002	03/18/2004						
00074-5672-02	J1720			1/1/2002	3/18/2004	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (UNIVIAL) 250 MG	1 EA	VL	IJ	EA	100 MG			2.5	01/01/2002	03/18/2004						
00074-5673-04	J1720			1/1/2002	12/1/2004	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (UNIVIAL) 500 MG	1 EA	VL	IJ	EA	100 MG			5	01/01/2002	12/01/2004						
00074-5684-01	J2920			1/1/2002	3/18/2004	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 40 MG	1 EA	VL	IJ	EA	40 MG			1	01/01/2002	03/18/2004						
00074-5685-02	J2930			1/1/2002	3/18/2004	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 125 MG	1 EA	VL	IJ	EA	125 MG			1	01/01/2002	03/18/2004						
00074-5748-21	J3490			1/1/2002	2/19/2003	UNCLASSIFIED DRUGS	ADAPTER,ABBOJECT) 0.5%	30 ML	SR	IJ	ML	1 EA			1	01/01/2002	02/19/2003						
00074-5749-22	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (W/MALE ADAPTER) 0.25%	50 ML	SR	IJ	ML	1 EA			1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-5820-01	J3490			9/8/2003	9/30/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML		1 EA		1	09/08/2003	09/30/2003						
00074-5820-01	Q4076			10/1/2003	8/22/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML		40 MG		1	10/01/2003	08/22/2005						
00074-5820-10	J3490			1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL (VIAL, FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML		1 EA		1	01/01/2002	09/30/2003						
00074-5820-10	Q4076			10/1/2003	5/6/2004	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (VIAL, FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML		40 MG		1	10/01/2003	05/06/2004						
00074-5823-25	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (VIAL, 1000 ML CONTAINER) 30%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	03/18/2004						
00074-5921-01	J0280			1/1/2002	4/24/2005	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL, FLIPTOP ABBOJECT) 25 MG/ML	10 ML	VL	IV	ML		250 MG		0.1	01/01/2002	04/24/2005						
00074-5922-01	J0280			1/1/2002	12/23/2004	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL, FLIPTOP ABBOJECT) 25 MG/ML	20 ML	VL	IV	ML		250 MG		0.1	01/01/2002	12/23/2004						
00074-6022-02	J2270			1/1/2002	10/8/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.,PCA) 2 MG/ML	30 ML	VL	IV	ML		10 MG		0.2	01/01/2002	10/08/2004						
00074-6023-04	J2270			1/1/2002	5/16/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 1 MG/ML	30 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	05/16/2005						
00074-6028-04	J2270			1/1/2002	3/22/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 5 MG/ML	30 ML	VL	IJ	ML		10 MG		0.5	01/01/2002	03/22/2007						
00074-6030-04	J2175			1/1/2002	1/1/2007	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, PCA,LATEX-FREE) 10 MG/ML	30 ML	VL	IJ	ML		100 MG		0.1	01/01/2002	01/01/2007						
00074-6056-17	J1940			1/1/2002	5/6/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABBOJECT) 10 MG/ML	8 ML	SR	IJ	ML		20 MG		0.5	01/01/2002	05/06/2004						
00074-6062-02	J2270			1/1/2002	1/9/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-100 MG/100 ML	250 ML	GC	IV	ML		10 MG		0.1	01/01/2002	01/09/2006						
00074-6062-03	J2270			1/1/2002	3/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-100 MG/100 ML	500 ML	GC	IV	ML		10 MG		0.1	01/01/2002	03/18/2004						
00074-6062-11	J2270			1/1/2002	7/21/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-100 MG/100 ML	100 ML	GC	IV	ML		10 MG		0.1	01/01/2002	07/21/2005						
00074-6063-02	J2270			1/1/2002	9/5/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-20 MG/100 ML	250 ML	GC	IV	ML		10 MG		0.02	01/01/2002	09/05/2003						
00074-6063-03	J2270			1/1/2002	12/10/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-20 MG/100 ML	500 ML	GC	IV	ML		10 MG		0.02	01/01/2002	12/10/2003						
00074-6101-02	J1940			1/1/2002	3/18/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (AMP,LATEX-FREE) 10 MG/ML	2 ML	AM	IJ	ML		20 MG		0.5	01/01/2002	03/18/2004						
00074-6101-04	J1940			1/1/2002	3/18/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (AMP,LATEX-FREE) 10 MG/ML	4 ML	AM	IJ	ML		20 MG		0.5	01/01/2002	03/18/2004						
00074-6101-10	J1940			1/1/2002	3/18/2004	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (AMP,LATEX-FREE) 10 MG/ML	10 ML	AM	IJ	ML		20 MG		0.5	01/01/2002	03/18/2004						
00074-6102-02	J1940			1/1/2002	2/17/2005	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2 ML	AM	IJ	ML		20 MG		0.5	01/01/2002	02/17/2005						
00074-6102-04	J1940			1/1/2002	2/20/2005	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL, FLIPTOP,ABBOJECT) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	01/01/2002	02/20/2005						
00074-6102-10	J1940			1/1/2002	3/23/2005	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL, FLIPTOP) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	01/01/2002	03/23/2005						
00074-6109-05	J3365			1/1/2002	2/14/2005	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	ABBOKINASE 250000 IU	1 EA	VL	IV	EA		250000 IU		1	01/01/2002	02/14/2005						
00074-6138-03	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	SODIUM CHLORIDE (AQUALITE,PF,LATEX-FREE) 0.9%	500 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00074-6138-03	A4217			1/1/2004	5/31/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,PF,LATEX-FREE) 0.9%	500 ML	PC	IR	ML		500 ML		0.002	01/01/2004	05/31/2005						
00074-6138-22	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	SODIUM CHLORIDE (AQUALITE,24X250ML,PF) 0.9%	250 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00074-6138-22	A4217			1/1/2004	8/31/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,24X250ML,PF) 0.9%	250 ML	PC	IR	ML		500 ML		0.002	01/01/2004	08/31/2005						
00074-6139-03	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (AQUALITE,PF,LATEX-FREE)	500 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00074-6139-03	A4217			1/1/2004	5/8/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE,PF,LATEX-FREE)	500 ML	PC	IR	ML		500 ML		0.002	01/01/2004	05/08/2005						
00074-6139-22	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (AQUALITE,PF,LATEX-FREE)	250 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00074-6139-22	A4217			1/1/2004	5/3/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE,PF,LATEX-FREE)	250 ML	PC	IR	ML		500 ML		0.002	01/01/2004	05/03/2005						
00074-6147-36	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	SODIUM CHLORIDE (AQUALITE,PF,LATEX-FREE) 0.45%	1500 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00074-6147-36	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,PF,LATEX-FREE) 0.45%	1500 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00074-6177-14	J2270			1/1/2002	7/13/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	4 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	07/13/2005						
00074-6179-14	J2270			1/1/2002	8/31/2005	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	10 ML	VL	IJ	ML		10 MG		2.5	01/01/2002	08/31/2005						
00074-6217-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL, PINTOP) 20%	10 ML	VL	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-6217-02	J2001			1/1/2004	7/6/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, PINTOP) 20%	10 ML	VL	IV	ML		10 MG		20	01/01/2004	7/6/2010						
00074-6342-05	J1364			1/1/2002	7/18/2003	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	01/01/2002	07/18/2003						
00074-6365-02	J1364			1/1/2002	7/18/2003	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	01/01/2002	07/18/2003						
00074-6463-32	J7515			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30 EA	BX	PO	EA		25 MG		1	01/01/2002	99/99/9999	01/01/2002	03/09/2006		1		
00074-6476-44	J1364			1/1/2002	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE,LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/1/2009	99/99/9999	01/01/2002	01/09/2007		2		
00074-6478-44	J1364			1/1/2002	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	3/1/2009	99/99/9999						
00074-6479-32	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30 EA	BX	PO	EA		100 MG		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-6481-01	J1364			1/1/2002	7/18/2003	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/01/2002	07/18/2003						
00074-6482-01	J1364			1/1/2002	5/22/2005	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG			1	01/01/2002	05/22/2005						
00074-6509-01	J3370			1/1/2002	6/5/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK VIAL,LATEX-FREE) 5 GM	1 EA	VL	IV	GM	500 MG			2	01/01/2002	06/05/2005						
00074-6509-49	J3370			1/1/2002	6/2/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,BULK PKG) 5 GM	1 EA	VL	IV	GM	500 MG			2	01/01/2002	06/02/2005						
00074-6533-01	J3370			1/1/2002	3/14/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL, FLIPTOP) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/01/2002	03/14/2005						
00074-6533-49	J3370			1/1/2002	4/5/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/01/2002	04/05/2005						
00074-6534-01	J3370			1/1/2002	6/7/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG			1	01/01/2002	06/07/2005						
00074-6534-49	J3370			1/1/2002	6/9/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (ADD-VANTAGE,LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG			1	01/01/2002	06/09/2005						
00074-6535-01	J3370			1/1/2002	3/28/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/01/2002	03/28/2005						
00074-6535-49	J3370			1/1/2002	4/5/2005	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/01/2002	04/05/2005	01/01/2002	04/24/2004	1			
00074-6629-02	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL, FLIPTOP) 20 MG/ML	10 ML	VL	IV	ML	20 MG			1	3/1/2009	99/99/9999						
00074-6635-01	J3480			1/1/2002	9/20/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, FLIPTOP, 10 ML) 2 MEQ/ML	5 ML	VL	IV	ML	2 MEQ			1	01/01/2002	09/20/2005						
00074-6636-01	J3480			1/1/2002	8/8/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, FLIPTOP, 30 ML) 2 MEQ/ML	15 ML	VL	IV	ML	2 MEQ			1	01/01/2002	08/08/2005						
00074-6648-02	J7799			1/1/2002	3/28/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL, FLIPTOP, ADDITIVE) 50%	50 ML	VL	IV	ML	1 EA			1	01/01/2002	03/28/2005	01/01/2002	11/09/2005		1		
00074-6651-06	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, FLIPTOP, 20 ML) 2 MEQ/ML	10 ML	VL	IV	ML	2 MEQ			1	3/1/2009	99/99/9999						
00074-6653-05	J3480			1/1/2002	8/8/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, FLIPTOP, 30 ML) 2 MEQ/ML	20 ML	VL	IV	ML	2 MEQ			1	01/01/2002	08/08/2005						
00074-6657-73	J7799			1/1/2002	10/13/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL, FLIPTOP, 50MEQ) 14.6%	20 ML	VL	IV	ML	1 EA			1	01/01/2002	10/13/2005						
00074-6660-75	J7799			1/1/2002	7/25/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 14.6%	40 ML	VL	IV	ML	1 EA			1	01/01/2002	07/25/2005						
00074-6727-23	J3475			1/1/2002	9/19/2005	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100 ML	FC	IV	ML	500 MG			0.02	01/01/2002	09/19/2005						
00074-6728-09	J3475			1/1/2002	3/18/2004	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-2 GM/100 ML	1000 ML	FC	IV	ML	500 MG			0.04	01/01/2002	03/18/2004						
00074-6729-03	J3475			1/1/2002	8/15/2005	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	500 ML	PC	IV	ML	500 MG			0.08	01/01/2002	08/15/2005						
00074-6729-09	J3475			1/1/2002	9/21/2005	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000 ML	PC	IV	ML	500 MG			0.08	01/01/2002	09/21/2005						
00074-6729-23	J3475			10/6/2005	10/6/2005	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 40 MG/ML	100 ML	PC	IV	ML	500 MG			0.08	10/06/2005	10/06/2005						
00074-6730-13	J3475			1/1/2002	4/2/2006	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 80 MG/ML	50 ML	PC	IV	ML	500 MG			0.16	01/01/2002	4/2/2006						
00074-6778-01	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 2 MG/ML	1 ML	VL	IJ	ML	2 MG			1	01/01/2002	10/24/2003						
00074-6778-02	J2060			2/20/2002	1/26/2006	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	1 ML	VL	IJ	ML	2 MG			1	02/20/2002	01/26/2006						
00074-6778-62	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM AMERINET (VIAL,FLIPTOP,LATEX-FREE) 2 MG/ML	1 ML	VL	IJ	ML	2 MG			1	01/01/2002	10/24/2003						
00074-6779-01	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	1 ML	VL	IJ	ML	2 MG			2	01/01/2002	10/24/2003						
00074-6779-02	J2060			2/20/2002	1/4/2006	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP,LATEX-FREE) 4 MG/ML	1 ML	VL	IJ	ML	2 MG			2	02/20/2002	01/04/2006						
00074-6780-01	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 2 MG/ML	10 ML	VL	IJ	ML	2 MG			1	01/01/2002	10/24/2003						
00074-6780-02	J2060			2/20/2002	12/28/2005	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10 ML	VL	IJ	ML	2 MG			1	02/20/2002	12/28/2005						
00074-6781-01	J2060			1/1/2002	10/24/2003	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10 ML	VL	IJ	ML	2 MG			2	01/01/2002	10/24/2003						
00074-6781-02	J2060			2/20/2002	1/22/2006	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP,LATEX-FREE) 4 MG/ML	10 ML	VL	IJ	ML	2 MG			2	02/20/2002	01/22/2006						
00074-6940-03	J3520			1/1/2002	10/16/2007	EDETATE DISODIUM, PER 150 MG	ENDRATE (AMP,LATEX-FREE) 150 MG/ML	20 ML	AM	IV	ML	150 MG			1	01/01/2002	10/16/2007	01/01/2002	09/29/2005		5		
00074-6970-10	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL, FLIPTOP, 20 ML) 100 MG/ML	10 ML	VL	IV	ML	20 MG			5	3/1/2009	99/99/9999						
00074-7074-26	J3480			1/1/2002	4/24/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100 ML	PC	IV	ML	2 MEQ			0.05	01/01/2002	04/24/2005						
00074-7075-14	J3480			1/1/2002	6/7/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/50 ML	50 ML	PC	IV	ML	2 MEQ			0.1	01/01/2002	06/07/2005						
00074-7075-26	J3480			1/1/2002	4/10/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 20 MEQ/100 ML	100 ML	PC	IV	ML	2 MEQ			0.1	01/01/2002	04/10/2005						
00074-7076-26	J3480			1/1/2002	2/7/2006	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 30 MEQ/100 ML	100 ML	FC	IV	ML	2 MEQ			0.15	01/01/2002	02/07/2006						
00074-7077-14	J3480			1/1/2002	6/27/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 20 MEQ/50 ML	50 ML	FC	IV	ML	2 MEQ			0.2	01/01/2002	06/27/2005						
00074-7077-26	J3480			1/1/2002	5/3/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 40 MEQ/100 ML	100 ML	FC	IV	ML	2 MEQ			0.2	01/01/2002	05/03/2005						
00074-7100-02	J7060			1/1/2002	7/21/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250 ML	VL	IV	ML	500 ML			0.002	01/01/2002	07/21/2005						
00074-7100-66	J7060			1/1/2002	8/16/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50 ML	PC	IV	ML	500 ML			0.002	01/01/2002	08/16/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-7100-67	J7060			1/1/2002	9/13/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	100 ML	PC	IV	ML	500 ML			0.002	01/01/2002	09/13/2005						
00074-7101-02	J7050			1/1/2002	7/7/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (ADD-VANTAGE, LIFECARE) 0.9%	250 ML	FC	IV	ML	250 ML			0.004	01/01/2002	07/07/2005						
00074-7101-66	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (ADD-VANT,LIFECARE,PF) 0.9%	50 ML	PC	IV	ML	0.9 %			0.5	01/01/2002	12/31/2003						
00074-7101-66	A4216			1/1/2004	7/27/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANT,LIFECARE,PF) 0.9%	50 ML	PC	IV	ML	10 ML			0.1	01/01/2004	07/27/2005						
00074-7101-67	J7050			1/1/2002	8/23/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (ADD-VANT,LIFECARE,PF) 0.9%	100 ML	PC	IV	ML	250 ML			0.004	01/01/2002	08/23/2005						
00074-7111-09	J7120			1/1/2002	8/4/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (5% DEXTROSE,LATEX-FREE)	1000 ML	FC	IV	ML	1000 ML			0.0005	01/01/2002	08/04/2005						
00074-7113-09	J7120			1/1/2002	2/20/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (5% DEXTROSE,LATEX-FREE)	1000 ML	FC	IV	ML	1000 ML			0.0005	01/01/2002	02/20/2005						
00074-7115-09	J3480			1/1/2002	4/5/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (LATEX-FREE) 2 MEQ/100 ML 0.9%	1000 ML	FC	IV	ML	2 MEQ			0.01	01/01/2002	04/05/2005						
00074-7116-09	J3480			1/1/2002	6/21/2005	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (LATEX-FREE) 4 MEQ/100 ML 0.9%	1000 ML	FC	IV	ML	2 MEQ			0.02	01/01/2002	06/21/2005						
00074-7118-07	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000 ML	PC	IR	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00074-7118-07	A4217			1/1/2004	8/15/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000 ML	PC	IR	ML	500 ML			0.002	01/01/2004	08/15/2005						
00074-7119-07	J7799			1/1/2002	5/26/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE,LATEX-FREE) 50%	2000 ML	PC	IV	ML	1 EA			1	01/01/2002	05/26/2006						
00074-7120-07	J7799			1/1/2002	7/5/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE,LATEX-FREE) 70%	2000 ML	GC	IV	ML	1 EA			1	01/01/2002	07/05/2005						
00074-7132-02	J7799			1/1/2002	5/25/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	250 ML	FC	IV	ML	1 EA			1	01/01/2002	05/25/2006						
00074-7132-66	J7799			1/1/2002	9/11/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50 ML	PC	IV	ML	1 EA			1	01/01/2002	09/11/2005						
00074-7132-67	J7799			1/1/2002	11/13/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100 ML	PC	IV	ML	1 EA			1	01/01/2002	11/13/2005						
00074-7138-09	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000 ML	PC	IR	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00074-7138-09	A4217			1/1/2004	5/10/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000 ML	PC	IR	ML	500 ML			0.002	01/01/2004	05/10/2005						
00074-7138-36	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500 ML	PC	IR	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00074-7138-36	A4217			1/1/2004	6/8/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500 ML	PC	IR	ML	500 ML			0.002	01/01/2004	06/08/2005						
00074-7139-36	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1500 ML	PC	IR	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00074-7139-36	A4217			1/1/2004	5/3/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1500 ML	PC	IR	ML	500 ML			0.002	01/01/2004	05/03/2005	04/09/2002	09/12/2005		1		
00074-7241-01	J0170			4/9/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 ML			1	3/1/2009	12/31/2010						
00074-7269-50	J7502			1/18/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF 100 MG/ML	50 ML	BO	PO	ML	100 MG			1	01/18/2002	99/99/9999						
00074-7385-01	J0280			1/1/2002	12/28/2005	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	10 ML	AM	IV	ML	250 MG			0.1	01/01/2002	12/28/2005						
00074-7386-01	J0280			1/1/2002	11/28/2005	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	20 ML	AM	IV	ML	250 MG			0.1	01/01/2002	11/28/2005						
00074-7418-03	J7100			1/1/2002	2/13/2006	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% DEXTROSE (LATEX-FREE) 10%-5%	500 ML	GC	IV	ML	500 ML			0.002	01/01/2002	02/13/2006						
00074-7419-03	J7100			1/1/2002	8/8/2005	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500 ML	GC	IV	ML	500 ML			0.002	01/01/2002	08/08/2005						
00074-7444-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL, FLIPTOP) 150 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	99/99/9999						
00074-7445-01	J3490			1/1/2002	11/9/2005	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL, FLIPTOP) 150 MG/ML	8 ML	VL	IJ	ML	1 EA			1	01/01/2002	11/09/2005						
00074-7447-16	J3490			1/1/2002	1/8/2006	UNCLASSIFIED DRUGS	CIMETIDINE HCL 300 MG/50 ML	50 ML	PC	IV	ML	1 EA			1	01/01/2002	01/08/2006						
00074-7517-15	J7799			1/1/2002	3/18/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR,LATEX-FREE) 50%	50 ML	SR	IV	ML	1 EA			1	01/01/2002	03/18/2004	01/01/2002	12/06/2005		1		
00074-7517-16	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR I,LATEX-FREE) 50%	50 ML	SR	IV	ML	1 EA			1	3/1/2009	99/99/9999						
00074-7620-03	J1644			1/1/2002	4/4/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	500 ML	FC	IV	ML	1000 U			0.002	01/01/2002	04/04/2005						
00074-7620-59	J1644			1/1/2002	4/12/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	1000 ML	FC	IV	ML	1000 U			0.002	01/01/2002	04/12/2005						
00074-7638-62	J3490			1/1/2002	3/18/2004	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE/DEXTROSE 200 MG/100 ML-5%	250 ML	FC	IV	ML	1 EA			1	01/01/2002	03/18/2004						
00074-7639-62	J3490			1/1/2002	3/18/2004	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE/DEXTROSE 400 MG/100 ML-5%	250 ML	GC	IV	ML	1 EA			1	01/01/2002	03/18/2004						
00074-7650-62	J1644			1/1/2002	7/5/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 10000 U/100 ML-0.45%	250 ML	FC	IV	ML	1000 U			0.1	01/01/2002	07/05/2005						
00074-7651-03	J1644			1/1/2002	6/27/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 5000 U/100 ML-0.45%	500 ML	FC	IV	ML	1000 U			0.05	01/01/2002	06/27/2005						
00074-7651-62	J1644			1/1/2002	7/27/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 5000 U/100 ML-0.45%	250 ML	FC	IV	ML	1000 U			0.05	01/01/2002	07/27/2005						
00074-7665-03	J2810			1/1/2002	12/28/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	500 ML	GC	IV	ML	40 MG			0.02	01/01/2002	12/28/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-7665-09	J2810			1/1/2002	4/24/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	1000 ML	GC	IV	ML		40 MG		0.02	01/01/2002	04/24/2005						
00074-7666-03	J2810			1/1/2002	5/26/2006	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-160 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.04	01/01/2002	05/26/2006						
00074-7666-62	J2810			1/1/2002	1/26/2006	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-160 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	01/01/2002	01/26/2006						
00074-7668-23	J2810			1/1/2002	2/5/2007	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-200 MG/100 ML	100 ML	GC	IV	ML		40 MG		0.05	01/01/2002	02/05/2007						
00074-7677-13	J2810			1/1/2002	8/9/2006	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-200 MG/50 ML	50 ML	FC	IV	ML		40 MG		0.1	01/01/2002	08/09/2006						
00074-7677-23	J2810			1/1/2002	5/16/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-400 MG/100 ML	100 ML	FC	IV	ML		40 MG		0.1	01/01/2002	05/16/2005						
00074-7705-62	J2810			1/1/2002	5/26/2006	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	01/01/2002	05/26/2006						
00074-7712-09	J7799			1/1/2002	8/18/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 5%	1000 ML	VL	IV	ML		1 EA		1	01/01/2002	08/18/2005						
00074-7713-09	J7799			1/1/2002	4/6/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 10%	1000 ML	VL	IV	ML		1 EA		1	01/01/2002	4/6/2006						
00074-7714-03	J7799			1/1/2002	8/29/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 15%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	08/29/2005						
00074-7715-02	J7799			1/1/2002	11/13/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 20%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	11/13/2005						
00074-7715-03	J7799			1/1/2002	9/15/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 20%	500 ML	GC	IV	ML		1 EA		1	01/01/2002	09/15/2005						
00074-7730-20	J7799			1/1/2002	7/26/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	25 ML	VL	IV	ML		1 EA		1	01/01/2002	07/26/2005						
00074-7730-36	J7799			1/1/2002	7/10/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50 ML	FC	IV	ML		1 EA		1	01/01/2002	07/10/2005						
00074-7730-37	J7799			1/1/2002	9/15/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100 ML	FC	IV	ML		1 EA		1	01/01/2002	09/15/2005						
00074-7745-01	J3490			1/1/2002	3/18/2004	UNCLASSIFIED DRUGS	INAMRINONE LACTATE (AMP) 5 MG/ML	20 ML	AM	IV	ML		1 EA		1	01/01/2002	03/18/2004						
00074-7760-03	J1644			1/1/2002	8/29/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-4000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.04	01/01/2002	08/29/2005						
00074-7761-03	J1644			1/1/2002	7/21/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-5000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.05	01/01/2002	07/21/2005						
00074-7793-23	J1644			1/1/2002	1/24/2006	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-10000 U/100 ML	100 ML	FC	IV	ML		1000 U		0.1	01/01/2002	01/24/2006						
00074-7793-62	J1644			1/1/2002	10/13/2005	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-10000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.1	01/01/2002	10/13/2005						
00074-7794-62	J1644			1/1/2002	6/11/2006	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-5000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.05	01/01/2002	06/11/2006						
00074-7808-22	Q4076			10/1/2003	6/16/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.02	10/01/2003	06/16/2005						
00074-7808-24	Q4076			10/1/2003	8/29/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	10/01/2003	08/29/2005						
00074-7809-22	Q4076			10/1/2003	4/24/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	10/01/2003	04/24/2005						
00074-7809-24	Q4076			10/1/2003	10/9/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-100 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.025	10/01/2003	10/09/2005						
00074-7810-22	Q4076			10/1/2003	8/3/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	10/01/2003	08/03/2005						
00074-7811-24	J3490			1/1/2002	8/30/2005	UNCLASSIFIED DRUGS	METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100 ML	VL	IV	ML		1 EA		1	01/01/2002	08/30/2005						
00074-7811-37	J3490			1/1/2002	9/21/2005	UNCLASSIFIED DRUGS	METRONIDAZOLE (LIFECARE,LATEX-FREE) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA		1	01/01/2002	09/21/2005						
00074-7879-13	J1580			1/1/2002	3/30/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.015	01/01/2002	3/30/2006						
00074-7881-13	J1580			1/1/2002	1/22/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.4 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.0175	01/01/2002	01/22/2006						
00074-7883-13	J1580			1/1/2002	1/8/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.6 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.02	01/01/2002	01/08/2006						
00074-7884-23	J1580			1/1/2002	7/5/2005	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 80 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01	01/01/2002	07/05/2005						
00074-7886-23	J1580			1/1/2002	1/26/2006	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 90 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01125	01/01/2002	01/26/2006						
00074-7889-23	J1580			1/1/2002	9/19/2005	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0125	01/01/2002	09/19/2005						
00074-7897-15	J0460			1/1/2002	10/8/2004	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (21GX1 1/2",ABBOJECT) 0.05 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.16666	01/01/2002	10/08/2004						
00074-7918-19	J7799			1/1/2002	7/7/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 70%	500 ML	PC	IV	ML		1 EA		1	01/01/2002	07/07/2005						
00074-7922-02	J7060			1/1/2002	4/4/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250 ML	FC	IV	ML		500 ML		0.002	01/01/2002	04/04/2005						
00074-7922-03	J7060			1/1/2002	2/24/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	02/24/2005						
00074-7922-09	J7060			1/1/2002	2/20/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000 ML	FC	IV	ML		500 ML		0.002	01/01/2002	02/20/2005						
00074-7922-53	J7060			1/1/2002	8/31/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250 ML	FC	IV	ML		500 ML		0.002	01/01/2002	08/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-7922-55	J7060			1/1/2002	10/30/2006	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,LATEX-FREE) 5%	500 ML	FC	IV	ML	500 ML				0.002	01/01/2002	10/30/2006					
00074-7922-61	J7060			1/1/2002	8/4/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,32X150ML) 5%	150 ML	FC	IV	ML	500 ML				0.002	01/01/2002	08/04/2005					
00074-7923-13	J7060			12/18/2002	6/8/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	50 ML	FC	IV	ML	500 ML				0.002	12/18/2002	06/08/2005					
00074-7923-20	J7060			1/1/2002	6/16/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK,LF) 5%	25 ML	FC	IV	ML	500 ML				0.002	01/01/2002	06/16/2005					
00074-7923-23	J7060			12/18/2002	7/14/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (PARTIAL-FILL, FLEX C) 5%	100 ML	FC	IV	ML	500 ML				0.002	12/18/2002	07/14/2005	1/1/2002	3/18/2004	0.002		
00074-7923-36	J7060			1/1/2002	4/4/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK,LF) 5%	50 ML	FC	IV	ML	500 ML				0.002	03/19/2004	04/04/2005					
00074-7923-37	J7060			1/1/2002	3/15/2005	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK,LF) 5%	100 ML	FC	IV	ML	500 ML				0.002	01/01/2002	03/15/2005					
00074-7924-02	J7799			1/1/2002	7/27/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	250 ML	FC	IV	ML	1 EA				1	01/01/2002	07/27/2005					
00074-7924-03	J7799			1/1/2002	7/27/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500 ML	FC	IV	ML	1 EA				1	01/01/2002	07/27/2005					
00074-7924-09	J7799			1/1/2002	12/20/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	12/20/2005					
00074-7925-02	J7799			1/1/2002	6/28/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.3%	250 ML	FC	IV	ML	1 EA				1	01/01/2002	06/28/2005					
00074-7925-03	J7799			1/1/2002	9/15/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.3%	500 ML	FC	IV	ML	1 EA				1	01/01/2002	09/15/2005					
00074-7925-09	J7799			1/1/2002	3/16/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.3%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	3/16/2006					
00074-7926-02	J7799			1/1/2002	8/29/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250 ML	FC	IV	ML	1 EA				1	01/01/2002	08/29/2005					
00074-7926-03	J7799			1/1/2002	6/6/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	500 ML	FC	IV	ML	1 EA				1	01/01/2002	06/06/2005					
00074-7926-09	J7799			1/1/2002	8/24/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	08/24/2005					
00074-7929-03	J7120			1/1/2002	6/8/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500 ML	FC	IV	ML	1000 ML				0.0005	01/01/2002	06/08/2005					
00074-7929-09	J7120			1/1/2002	2/6/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000 ML	FC	IV	ML	1000 ML				0.0005	01/01/2002	02/06/2005					
00074-7930-02	J7799			1/1/2002	7/4/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	250 ML	FC	IV	ML	1 EA				1	01/01/2002	07/04/2005					
00074-7930-03	J7799			1/1/2002	1/11/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	500 ML	FC	IV	ML	1 EA				1	01/01/2002	01/11/2005					
00074-7930-09	J7799			1/1/2002	3/15/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	03/15/2005					
00074-7931-24	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.4%	500 ML	FC	IV	ML	50 ML				0.02	01/01/2002	12/31/2003					
00074-7931-24	J2001			1/1/2004	5/17/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.4%	500 ML	FC	IV	ML	10 MG				0.4	01/01/2004	05/17/2005					
00074-7931-32	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.4%	250 ML	FC	IV	ML	50 ML				0.02	01/01/2002	12/31/2003					
00074-7931-32	J2001			1/1/2004	9/15/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.4%	250 ML	FC	IV	ML	10 MG				0.4	01/01/2004	09/15/2005					
00074-7935-19	J7799			1/1/2002	9/11/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 20%	500 ML	PC	IV	ML	1 EA				1	01/01/2002	09/11/2005					
00074-7936-17	J7799			1/1/2002	5/6/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000 ML CONTAINER) 50%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	05/06/2004					
00074-7936-19	J7799			1/1/2002	6/23/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 50%	500 ML	PC	IV	ML	1 EA				1	01/01/2002	06/23/2005					
00074-7936-29	J7799			8/21/2003	10/27/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BARCODED,LATEX-FREE) 50%	1000 ML	FC	IV	ML	1 EA				1	08/21/2003	10/27/2005					
00074-7937-19	J7799			1/1/2002	8/23/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 40%	500 ML	PC	IV	ML	1 EA				1	01/01/2002	08/23/2005					
00074-7938-19	J7799			1/1/2002	9/28/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 10%	500 ML	PC	IV	ML	1 EA				1	01/01/2002	09/28/2005					
00074-7939-32	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.8%	250 ML	FC	IV	ML	50 ML				0.02	01/01/2002	12/31/2003					
00074-7939-32	J2001			1/1/2004	1/10/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.8%	250 ML	FC	IV	ML	10 MG				0.8	01/01/2004	01/10/2006					
00074-7940-03	J7799			1/1/2002	6/1/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 2.5%-0.45%	500 ML	FC	IV	ML	1 EA				1	01/01/2002	06/01/2005					
00074-7940-09	J7799			1/1/2002	10/8/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 2.5%-0.45%	1000 ML	FC	IV	ML	1 EA				1	01/01/2002	10/08/2004					
00074-7941-02	J7042			1/1/2002	5/26/2006	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.9%	250 ML	FC	IV	ML	5 %				0.002	01/01/2002	05/26/2006					
00074-7941-03	J7042			1/1/2002	9/19/2005	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.9%	500 ML	FC	IV	ML	5 %				0.002	01/01/2002	09/19/2005					
00074-7941-09	J7042			1/1/2002	8/7/2005	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.9%	1000 ML	FC	IV	ML	5 %				0.002	01/01/2002	08/07/2005					
00074-7953-02	J7120			1/1/2002	3/8/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250 ML	FC	IV	ML	1000 ML				0.001	01/01/2002	03/08/2005					
00074-7953-03	J7120			1/1/2002	5/19/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	500 ML	FC	IV	ML	1000 ML				0.001	01/01/2002	05/19/2005					
00074-7953-09	J7120			1/1/2002	5/17/2005	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	1000 ML	FC	IV	ML	1000 ML				0.001	01/01/2002	05/17/2005					
00074-7972-07	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	2000 ML	FC	IR	ML	1000 ML				0.001	01/01/2002	12/31/2003					
00074-7972-07	A4217			1/1/2004	4/4/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	2000 ML	FC	IR	ML	500 ML				0.002	01/01/2004	04/04/2005					
00074-7972-08	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	3000 ML	FC	IR	ML	1000 ML				0.001	01/01/2002	12/31/2003					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-7972-08	A4217			1/1/2004	5/17/2005	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER 4X3000ML) 0.9%	3000 ML	FC	IR	ML	500 ML	0.002	01/01/2004	05/17/2005								
00074-7973-07	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	2000 ML	FC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00074-7973-07	A4217			1/1/2004	8/8/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	2000 ML	FC	IR	ML	500 ML	0.002	01/01/2004	08/08/2005								
00074-7973-08	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	3000 ML	FC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00074-7973-08	A4217			1/1/2004	7/13/2005	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	3000 ML	FC	IR	ML	500 ML	0.002	01/01/2004	07/13/2005								
00074-7975-07	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PF,LATEX-FREE) 0.45%	2000 ML	FC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00074-7975-07	A4217			1/1/2004	4/25/2006	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF,LATEX-FREE) 0.45%	2000 ML	FC	IR	ML	500 ML	0.002	01/01/2004	4/25/2006								
00074-7983-02	J7050			1/1/2002	6/30/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,24X250ML) 0.9%	250 ML	FC	IV	ML	250 ML	0.004	01/01/2002	06/30/2005								
00074-7983-03	J7040			1/1/2002	1/4/2005	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,PF) 0.9%	500 ML	FC	IV	ML	500 ML	0.002	01/01/2002	01/04/2005								
00074-7983-09	J7030			1/1/2002	2/6/2005	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,PF) 0.9%	1000 ML	FC	IV	ML	1000 ML	0.001	01/01/2002	02/06/2005								
00074-7983-53	J7050			1/1/2002	9/29/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250 ML	FC	IV	ML	250 ML	0.004	01/01/2002	09/29/2005								
00074-7983-55	J7040			1/1/2002	4/10/2005	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500 ML	FC	IV	ML	500 ML	0.002	01/01/2002	04/10/2005								
00074-7983-61	J7050			1/1/2002	6/16/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150 ML	FC	IV	ML	250 ML	0.004	01/01/2002	06/16/2005								
00074-7984-13	J2912			2/23/2003	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	50 ML	FC	IV	ML	0.9 %	0.5	02/23/2003	12/31/2003								
00074-7984-13	A4216			1/1/2004	6/19/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	50 ML	FC	IV	ML	10 ML	0.1	01/01/2004	06/19/2005								
00074-7984-20	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25 ML	FC	IV	ML	0.9 %	0.5	01/01/2002	12/31/2003								
00074-7984-20	A4216			1/1/2004	6/16/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25 ML	FC	IV	ML	10 ML	0.1	01/01/2004	06/16/2005								
00074-7984-23	J7050			2/23/2003	5/17/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	100 ML	FC	IV	ML	250 ML	0.004	02/23/2003	05/17/2005								
00074-7984-36	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	50 ML	FC	IV	ML	0.9 %	0.5	01/01/2002	12/31/2003								
00074-7984-36	A4216			1/1/2004	7/13/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	50 ML	FC	IV	ML	10 ML	0.1	01/01/2004	07/13/2005								
00074-7984-37	J7050			1/1/2002	7/14/2005	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	100 ML	FC	IV	ML	250 ML	0.004	01/01/2002	07/14/2005								
00074-7985-02	J7799			1/1/2002	4/5/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LATEX-FREE) 0.45%	250 ML	FC	IV	ML	1 EA	1	01/01/2002	04/05/2005								
00074-7985-03	J7799			1/1/2002	4/5/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 0.45%	500 ML	FC	IV	ML	1 EA	1	01/01/2002	04/05/2005								
00074-7985-09	J7799			1/1/2002	11/23/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 0.45%	1000 ML	FC	IV	ML	1 EA	1	01/01/2002	11/23/2004								
00074-7990-09	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000 ML	FC	IV	ML	10 ML	0.1	01/01/2002	12/31/2003								
00074-7990-09	A4217			1/1/2004	9/1/2005	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000 ML	FC	IV	ML	500 ML	0.002	01/01/2004	09/01/2005								
00074-8004-15	J7799			1/1/2002	7/31/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 30%	500 ML	GC	IV	ML	1 EA	1	01/01/2002	07/31/2005								
00074-8005-15	J7799			1/1/2002	5/16/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 60%	500 ML	GC	IV	ML	1 EA	1	01/01/2002	05/16/2005								
00074-8026-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 1%	5 ML	SR	EP	ML	50 ML	0.02	01/01/2002	12/31/2003								
00074-8026-01	J2001			1/1/2004	5/6/2004	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 1%	5 ML	SR	EP	ML	10 MG	1	01/01/2004	05/06/2004								
00074-8027-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (LATEX-FREE) 2%	5 ML	SR	IJ	ML	50 ML	0.02	01/01/2002	12/31/2003								
00074-8027-01	J2001			1/1/2004	10/8/2004	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LATEX-FREE) 2%	5 ML	SR	IJ	ML	10 MG	2	01/01/2004	10/08/2004								
00074-8065-15	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN 20 MG/ML	5 ML	SR	IV	ML	20 MG	1	01/01/2002	99/99/9999								
00074-8110-31	J0635			1/1/2002	12/31/2002	INJECTION, CALCITRIOL, 1 MCG AMP.	CALCIEX (AMP,LOW-ALUMINUM) 1 MCG/ML	1 ML	AM	IV	ML	1 MCG	1	01/01/2002	12/31/2002								
00074-8110-31	J0636			1/1/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCIEX (AMP,LOW-ALUMINUM) 1 MCG/ML	1 ML	AM	IV	ML	0.1 MCG	10	01/01/2003	99/99/9999	01/01/2002	11/13/2005						
00074-9093-32	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	2 ML	AM	IJ	ML	0.1 MG	0.5	3/1/2009	99/99/9999	01/01/2002	12/12/2005						
00074-9093-35	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5 ML	AM	IJ	ML	0.1 MG	0.5	3/1/2009	99/99/9999	01/01/2002	07/11/2006						
00074-9093-36	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	10 ML	AM	IJ	ML	0.1 MG	0.5	3/1/2009	99/99/9999	01/01/2002	03/02/2006						
00074-9093-38	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	20 ML	AM	IJ	ML	0.1 MG	0.5	3/1/2009	99/99/9999								
00074-9094-22	J3010			1/1/2002	10/11/2005	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	2 ML	VL	IJ	ML	0.1 MG	0.5	01/01/2002	10/11/2005								
00074-9094-25	J3010			1/1/2002	11/6/2005	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5 ML	VL	IJ	ML	0.1 MG	0.5	01/01/2002	11/06/2005	01/01/2002	02/13/2006						
00074-9094-28	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	10 ML	VL	IJ	ML	0.1 MG	0.5	3/1/2009	99/99/9999	01/01/2002	09/22/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-9094-31		J3010		1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	20 ML	VL	U	ML		0.1 MG		0.5	3/1/2009	99/99/9999						
00074-9094-61		J3010		1/1/2002	12/29/2005	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	50 ML	VL	U	ML		0.1 MG		0.5	01/01/2002	12/29/2005						
00074-9104-20		J3490		1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL (VIAL,FLIPTOP,10ML/20ML) 40 MG/ML	10 ML	VL	IV	ML		1 EA		1	01/01/2002	09/30/2003						
00074-9104-20		Q4076		10/1/2003	6/30/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (VIAL,FLIPTOP,10ML/20ML) 40 MG/ML	10 ML	VL	IV	ML		40 MG		1	10/01/2003	06/30/2005						
00074-9137-05		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (ANSYR,LATEX-FREE) 1%	5 ML	SR	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00074-9137-05		J2001		1/1/2004	6/29/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (ANSYR,LATEX-FREE) 1%	5 ML	SR	EP	ML		10 MG		1	01/01/2004	06/29/2005						
00074-9267-18		J3490		1/1/2002	5/7/2002	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE (ABBOJECT) 50 MG/ML	10 ML	SR	IV	ML		1 EA		1	01/01/2002	05/07/2002						
00074-9374-02		J0135		2/22/2008	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-DOSE,PF) 40 MG/0.8 ML	2 EA	BX	SC	EA		20 MG		1	02/22/2008	99/99/9999						
00074-9628-05		J3475		1/1/2002	4/1/2006	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (ANSYR,PLASTIC SRN) 500 MG/ML	5 ML	SR	U	ML		500 MG		1	01/01/2002	04/01/2006						
00074-9629-05		J0460		7/17/2003	4/25/2006	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR PLASTIC SYRINGE) 0.1 MG/ML	10 ML	SR	U	ML		0.3 MG		0.3333	07/17/2003	4/25/2006						
00074-9630-05		J0460		7/17/2003	10/18/2004	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR PLASTIC SYRINGE) 0.05 MG/ML	5 ML	SR	U	ML		0.3 MG		0.1666	07/17/2003	10/18/2004	01/01/2002	4/20/2006		0.5		
00074-9631-04		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ANSYR,LATEX-FREE) 10 MG/ML	4 ML	SR	U	ML		20 MG		0.5	3/1/2009	99/99/9999						
00075-0620-40		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	U	ML		10 MG		10	01/01/2002	99/99/9999						
00075-0620-41		J1650		3/17/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.4ML,SINGLE-DOSE,PF) 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	03/17/2008	99/99/9999						
00075-0621-60		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6 ML	SR	U	ML		10 MG		10	01/01/2002	99/99/9999						
00075-0621-61		J1650		3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	03/11/2008	99/99/9999						
00075-0622-80		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 80 MG/0.8 ML	0.8 ML	SR	U	ML		10 MG		10	01/01/2002	99/99/9999						
00075-0622-81		J1650		3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	03/11/2008	99/99/9999						
00075-0623-00		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 100 MG/ML	1 ML	SR	U	ML		10 MG		10	01/01/2002	99/99/9999						
00075-0623-01		J1650		3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X1ML,SINGLE-DOSE,PF) 100 MG/ML	1 ML	SR	SC	ML		10 MG		10	03/11/2008	99/99/9999						
00075-0624-03		J1650		1/1/2002	4/30/2003	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (AMP) 30 MG/0.3 ML	0.3 ML	AM	SC	ML		10 MG		10	01/01/2002	04/30/2003						
00075-0624-30		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN) 30 MG/0.3 ML	0.3 ML	SR	U	ML		10 MG		10	01/01/2002	99/99/9999						
00075-0624-31		J1650		3/17/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3 ML	SR	SC	ML		10 MG		10	03/17/2008	99/99/9999						
00075-0626-03		J1650		3/7/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (VIAL,MULTIPLE DOSE VIAL) 100 MG/ML	3 ML	VL	SC	ML		10 MG		10	03/07/2003	99/99/9999						
00075-0626-04		J1650		3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (1X3ML,MULTIPLE DOSE) 100 MG/ML	3 ML	VL	U	ML		10 MG		10	03/11/2008	99/99/9999						
00075-2451-01		J2597		1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (AMP) 4 MCG/ML	1 ML	AM	U	ML		1 MCG		4	01/01/2002	99/99/9999						
00075-2451-53		J2597		1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10 ML	VL	U	ML		1 MCG		4	01/01/2002	99/99/9999						
00075-2912-01		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 120 MG/0.8 ML	0.8 ML	SR	U	ML		10 MG		15	01/01/2002	99/99/9999						
00075-2915-01		J1650		1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (W/AUTO SAFETY DEVICE) 150 MG/ML	1 ML	SR	U	ML		10 MG		15	01/01/2002	99/99/9999						
00075-8001-20		J9170		1/1/2002	12/31/2009	INJECTION, DOCETAXEL, 20 MG	TAXOTERE (S.D.V. W/DILUENT) 20 MG/0.5 ML	0.5 ML	VL	IV	ML		20 MG		2	01/01/2002	12/31/2009						
00075-8001-80		J9170		1/1/2002	12/31/2009	INJECTION, DOCETAXEL, 20 MG	TAXOTERE (S.D.V. W/DILUENT) 20 MG/0.5 ML	2 ML	VL	IV	ML		20 MG		2	01/01/2002	12/31/2009						
00075-9051-10		J2770		1/1/2002	6/26/2003	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1 EA	VL	IV	EA		500 MG		1	01/01/2003	06/26/2003						
00078-0053-03		J2210		1/1/2002	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHERGINE (AMP) 0.2 MG/ML	1 ML	AM	U	ML		0.2 MG		1	01/01/2002	99/99/9999						
00078-0109-01		J7516		1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	SANDIMMUNE (AMP) 50 MG/ML	5 ML	AM	IV	ML		250 MG		0.2	01/01/2002	99/99/9999						
00078-0110-22		J7502		1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	01/01/2002	99/99/9999						
00078-0120-94		J1563		1/1/2002	5/25/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	SANDOGLOBULIN (S.D.V.) 1 GM	1 EA	VL	IV	EA		1 GM		1	01/01/2002	05/25/2004						
00078-0122-95		J1563		1/1/2002	5/25/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	SANDOGLOBULIN 3 GM	1 EA	GC	IV	EA		1 GM		3	01/01/2002	05/25/2004						
00078-0124-96		J1563		1/1/2002	5/25/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	SANDOGLOBULIN 6 GM	1 EA	GC	IV	EA		1 GM		6	01/01/2002	05/25/2004						
00078-0149-23		J0630		1/1/2002	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN (VIAL) 200 U/ML	2 ML	VL	U	ML		400 U		0.5	01/01/2002	99/99/9999						
00078-0180-01		J2352		3/28/2003	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 50 MCG/ML	1 ML	AM	U	ML		1 MG		0.05	03/28/2003	12/31/2003						
00078-0180-01		J2354		1/1/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 50 MCG/ML	1 ML	AM	U	ML		25 MCG		2	01/01/2004	99/99/9999						
00078-0180-03		J2352		1/1/2002	3/28/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 50 MCG/ML	1 ML	AM	U	ML		1 MG		0.05	01/01/2002	03/28/2003						
00078-0181-01		J2352		3/28/2003	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 100 MCG/ML	1 ML	AM	U	ML		1 MG		0.1	03/28/2003	12/31/2003						
00078-0181-01		J2354		1/1/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 100 MCG/ML	1 ML	AM	U	ML		25 MCG		4	01/01/2004	99/99/9999						
00078-0181-03		J2352		1/1/2002	3/28/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 100 MCG/ML	1 ML	AM	U	ML		1 MG		0.1	01/01/2002	03/28/2003						
00078-0182-01		J2352		3/28/2003	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 500 MCG/ML	1 ML	AM	U	ML		1 MG		0.5	03/28/2003	12/31/2003						
00078-0182-01		J2354		1/1/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 500 MCG/ML	1 ML	AM	U	ML		25 MCG		20	01/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00078-0182-03	J2352			1/1/2002	3/28/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (AMP) 500 MCG/ML	1 ML	AM	U	ML	ML	1 MG			0.5	01/01/2002	03/28/2003					
00078-0183-25	J2352			1/1/2002	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (M.D.V.) 200 MCG/ML	5 ML	VL	U	ML	ML	1 MG			0.2	01/01/2002	12/31/2003					
00078-0183-25	J2354			1/1/2004	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 200 MCG/ML	5 ML	VL	U	ML	ML	25 MCG			8	01/01/2004	99/99/9999					
00078-0184-25	J2352			1/1/2002	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN (M.D.V.) 1000 MCG/ML	5 ML	VL	U	ML	ML	1 MG			1	01/01/2002	12/31/2003					
00078-0184-25	J2354			1/1/2004	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 1000 MCG/ML	5 ML	VL	U	ML	ML	25 MCG			40	01/01/2004	99/99/9999					
00078-0240-15	J7515			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (SANDOPAK,SOFTGEL) 25 MG	30 EA	BX	PO	EA	EA	25 MG			1	01/01/2002	99/99/9999					
00078-0241-15	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (SOFTGEL) 100 MG	30 EA	BX	PO	EA	EA	100 MG			1	01/01/2002	99/99/9999					
00078-0244-93	J1563			1/1/2002	5/25/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	SANDOGLOBULIN 12 GM	1 EA	BO	IV	EA	EA	1 GM			12	01/01/2002	05/25/2004					
00078-0246-15	J7515			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	NEORAL (SOFTGEL) 25 MG	30 EA	BX	PO	EA	EA	25 MG			1	01/01/2002	99/99/9999					
00078-0248-15	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL (SOFTGEL) 100 MG	30 EA	BX	PO	EA	EA	100 MG			1	01/01/2002	99/99/9999					
00078-0274-22	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL 100 MG/ML	50 ML	BO	PO	ML	ML	100 MG			1	01/01/2002	99/99/9999					
00078-0331-84	Q2019			1/1/2002	12/31/2005	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	EA	20 MG			1	01/01/2002	12/31/2005					
00078-0331-84	J0480			1/1/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	EA	20 MG			1	01/01/2006	99/99/9999					
00078-0340-61	J2353			7/26/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 10 MG	1 EA	BX	IM	EA	EA	1 MG			10	07/26/2004	99/99/9999					
00078-0340-84	J2352			1/1/2002	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 10 MG	1 EA	BX	U	EA	EA	1 MG			10	01/01/2002	12/31/2003					
00078-0340-84	J2353			1/1/2004	10/1/2004	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 10 MG	1 EA	BX	U	EA	EA	1 MG			10	01/01/2004	10/01/2004					
00078-0341-61	J2353			8/18/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 20 MG	1 EA	BX	IM	EA	EA	1 MG			20	08/18/2004	99/99/9999					
00078-0341-84	J2352			1/1/2002	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 20 MG	1 EA	BX	U	EA	EA	1 MG			20	01/01/2002	12/31/2003					
00078-0341-84	J2353			1/1/2004	10/1/2004	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 20 MG	1 EA	BX	U	EA	EA	1 MG			20	01/01/2004	10/01/2004					
00078-0342-61	J2353			7/14/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 30 MG	1 EA	BX	IM	EA	EA	1 MG			30	07/14/2004	99/99/9999					
00078-0342-84	J2352			1/1/2002	12/31/2003	INJECTION, OCTREOTIDE ACETATE, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 30 MG	1 EA	BX	U	EA	EA	1 MG			30	01/01/2002	12/31/2003					
00078-0342-84	J2353			1/1/2004	10/1/2004	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (VIAL W/DILUENT) 30 MG	1 EA	BX	U	EA	EA	1 MG			30	01/01/2004	10/01/2004					
00078-0347-51	J0895			1/1/2002	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (VIAL) 2 GM	1 EA	VL	U	EA	EA	500 MG			4	01/01/2002	99/99/9999					
00078-0350-84	J3487			1/1/2003	5/23/2003	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	ZOMETA (STERILE) 4 MG	1 EA	VL	IV	EA	EA	1 MG			4	01/01/2003	05/23/2003					
00078-0373-66	J8999			1/1/2002	9/2/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	GLEEVEC 100 MG	120 EA	BO	PO	EA	EA	1 EA			1	01/01/2002	09/02/2003					
00078-0385-66	J7599			3/1/2004	12/31/2004	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	MYFORTIC (K-30,FILM-COATED) 180 MG	120 EA	BO	PO	EA	EA	1 EA			1	03/01/2004	12/31/2004					
00078-0385-66	J7518			1/1/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 180 MG	120 EA	BO	PO	EA	EA	180 MG			1	01/01/2005	99/99/9999					
00078-0386-66	J7599			3/1/2004	12/31/2004	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	MYFORTIC (K-30,FILM-COATED) 360 MG	120 EA	BO	PO	EA	EA	1 EA			1	03/01/2004	12/31/2004					
00078-0386-66	J7518			1/1/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 360 MG	120 EA	BO	PO	EA	EA	180 MG			2	01/01/2005	99/99/9999					
00078-0387-25	J3487			5/1/2003	99/99/9999	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	ZOMETA (CONCENTRATE) 4 MG/5 ML	5 ML	VL	IV	ML	ML	1 MG			0.8	05/01/2003	99/99/9999					
00078-0393-61	Q2019			1/2/2003	12/31/2005	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA	EA	20 MG			0.5	01/02/2003	12/31/2005					
00078-0393-61	J0480			1/1/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA	EA	20 MG			0.5	01/01/2006	99/99/9999					
00078-0414-20	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (6X10) 0.5 MG	60.00	0 EA	EA	PO	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0414-61	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (1X1) 0.5 MG	1,000 EA	EA	PO	EA	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0415-20	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (6X10) 0.75 MG	60.00	0 EA	EA	PO	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0415-61	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (1X1) 0.75 MG	1,000 EA	EA	PO	EA	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0417-20	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (6X10) 0.25 MG	60.00	0 EA	EA	PO	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0417-61	J7599			4/30/2010	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ZORTRESS (1X1) 0.25 MG	1,000 EA	EA	PO	EA	EA	1 MG			1	04/30/2010	99/99/9999					
00078-0435-61	Q4095			7/1/2007	12/31/2007	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	RECLAST	100 ML	PC	IV	ML	ML	1 MG			0.05	07/01/2007	12/31/2007					
00078-0435-61	J3488			1/1/2008	99/99/9999	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	RECLAST	100 ML	PC	IV	ML	ML	1 MG			0.05	01/01/2008	99/99/9999					
00078-0437-61	J0895			10/18/2005	99/99/9999	INJECTION, VERTEPORFIN, 0.1 MG	VISUDYNE 15 MG	1 EA	VL	IV	EA	EA	0.1 MG			150	10/18/2005	99/99/9999					
00078-0463-91	J2430			7/13/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREdia 30 MG	1 EA	VL	IV	EA	EA	30 MG			1	07/13/2006	99/99/9999					
00078-0464-61	J2430			7/13/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREdia 90 MG	1 EA	VL	IV	EA	EA	30 MG			3	07/13/2006	99/99/9999					
00078-0467-91	J0895			5/1/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1 EA	VL	U	EA	EA	500 MG			1	05/01/2007	99/99/9999					
00078-0494-71	J7682			4/1/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5 ML	PC	IH	ML	ML	300 MG			0.2	04/01/2008	99/99/9999					
00078-0494-71	KO	J7682	KO	4/1/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5 ML	PC	IH	ML	ML	300 MG			0.2	04/01/2008	99/99/9999					
00078-0495-61	J9015			12/12/2007	99/99/9999	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	PROLEUKIN (PF,LYOPHOIZED) 22 Million IU	1 EA	VL	IV	EA	EA	1 VIAL			1	12/12/2007	99/99/9999					
00083-0167-02	J7699			1/1/2002	7/20/2003	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER (2X6) 0.012 MG	12 EA	BX	IH	EA	EA	1 EA			1	01/01/2002	07/20/2003					
00083-0167-74	J7699			1/1/2002	5/7/2003	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	PACK,10X6) 0.012 MG	60 EA	BX	IH	EA	EA	1 EA			1	01/01/2002	05/07/2003					
00083-2601-04	J2430			1/1/2002	7/12/2006	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREdia (VIAL) 30 MG	1 EA	VL	IV	EA	EA	30 MG			1	01/01/2002	07/12/2006					
00083-2609-01	J2430			1/1/2002	7/12/2006	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREdia (VIAL) 90 MG	1 EA	VL	IV	EA	EA	30 MG			3	01/01/2002	07/12/2006					
00083-3801-04	J0895			1/1/2002	4/30/2007	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL 500 MG	1 EA	VL	U	EA	EA	500 MG			1	01/01/2002	04/30/2007					
00085-0069-04	J1580			1/1/2002	11/1/2003	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GARAMYCIN (VIAL) 40 MG/ML	2 ML	VL	U	ML	ML	80 MG			0.5	01/01/2002	11/01/2003					
00085-0201-05	J1730			1/1/2002	7/31/2006	INJECTION, DIAZOXIDE, UP TO 300 MG	HYPERSTAT (AMP) 15 MG/ML	20 ML	AM	IV	ML	ML	300 MG			0.05	01/01/2002	7/31/2006					
00085-0525-03	J8999			1/1/2002	9/30/2004	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EULEXIN 125 MG	100 EA	BX	PO	EA	EA	1 EA			1	01/01/2002	09/30/2004					
00085-0525-05	J8999			1/1/2002	9/30/2005	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EULEXIN 125 MG	500 EA	BO	PO	EA	EA	1 EA			1	01/01/2002	09/30/2005					

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00085-0525-06	J8999			1/1/2002	9/30/2005	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	EULEXIN 125 MG	180 EA	BO	PO	EA		1 EA			1	01/01/2002	09/30/2005					
00085-0539-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 50 Million IU	1 EA	VL	IJ	EA		1 MU			50	01/01/2002	99/99/9999					
00085-0566-05	J0702			1/1/2002	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML		3 MG			1	01/01/2002	99/99/9999					
00085-0571-02	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 10 Million IU	1 EA	VL	IJ	EA		1 MU			10	01/01/2002	99/99/9999					
00085-1110-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 18 Million IU	1 EA	VL	IJ	EA		1 MU			18	01/01/2002	99/99/9999					
00085-1133-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 10 Million IU/ML	2.5 ML	VL	IJ	ML		1 MU			10	01/01/2002	99/99/9999					
00085-1136-01	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 0.75 MG/ML	100 ML	VL	IV	ML		5 MG			0.15	01/01/2002	99/99/9999					
00085-1168-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 6 Million IU/ML	3 ML	VL	IJ	ML		1 MU			6	01/01/2002	99/99/9999					
00085-1177-01	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	10 ML	VL	IV	ML		5 MG			0.4	01/01/2002	99/99/9999					
00085-1177-02	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	100 ML	VL	IV	ML		5 MG			0.4	01/01/2002	99/99/9999					
00085-1179-02	J9214			1/1/2002	10/3/2006	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (VIAL/SRN,PAK10,AF) 10 Million IU/ML	6 EA	BX	IJ	EA		1 MU			60	01/01/2002	10/03/2006					
00085-1235-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN,6 DOSE UNIT) 5 Million IU/0.2 ML	1.5 ML	BX	IJ	ML		1 MU			25	01/01/2002	99/99/9999					
00085-1236-01	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 1200 (M.D.V.)	1 EA	VL	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1236-02	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 1000 (M.D.V.)	1 EA	VL	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1236-03	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 600 (M.D.V.)	1 EA	VL	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1241-01	J3490			1/1/2002	9/7/2003	UNCLASSIFIED DRUGS	REBETRON 1200 (PAK-3)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	09/07/2003					
00085-1241-02	J3490			1/1/2002	12/11/2005	UNCLASSIFIED DRUGS	REBETRON 1000 (PAK-3)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	12/11/2005					
00085-1241-03	J3490			1/1/2002	12/7/2003	UNCLASSIFIED DRUGS	REBETRON 600 (PAK-3)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	12/07/2003					
00085-1242-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN,6 DOSE UNIT) 3 Million IU/0.2 ML	1.5 ML	BX	IJ	ML		1 MU			15	01/01/2002	99/99/9999					
00085-1244-01	None			1/1/2000	1/5/2009	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA		20 MG			1	01/01/2000	1/5/2009					
00085-1244-02	None			1/1/2000	1/5/2009	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20 EA	BO	PO	EA		20 MG			1	01/01/2000	1/5/2009					
00085-1248-01	None			1/1/2000	1/5/2009	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA		5 MG			1	01/01/2000	1/5/2009					
00085-1248-02	None			1/1/2000	1/5/2009	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	20 EA	BO	PO	EA		5 MG			1	01/01/2000	1/5/2009					
00085-1248-03	None			4/9/2007	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14 EA	BO	PO	EA		5 MG			1	04/09/2007	99/99/9999					
00085-1252-01	None			1/1/2000	1/5/2009	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA		250 MG			1	01/01/2000	1/5/2009					
00085-1252-02	None			1/1/2000	1/5/2009	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	20 EA	BO	PO	EA		250 MG			1	01/01/2000	1/5/2009					
00085-1254-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN,6 DOSE UNIT) 10 Million IU/0.2 ML	1.5 ML	BX	IJ	ML		1 MU			50	01/01/2002	99/99/9999					
00085-1258-01	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 1200 (M.D. PEN)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1258-02	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 1000 (M.D. PEN)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1258-03	J3490			1/1/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 600 (M.D. PEN)	1 EA	BX	MR	EA		1 EA			1	01/01/2002	11/30/2004					
00085-1259-01	None			1/1/2000	1/5/2009	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA		100 MG			1	01/01/2000	1/5/2009					
00085-1259-02	None			1/1/2000	1/5/2009	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	20 EA	BO	PO	EA		100 MG			1	01/01/2000	1/5/2009					
00085-1279-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 150 MCG	1 EA	BX	MR	EA		1 EA			1	01/01/2002	99/99/9999					
00085-1291-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 80 MCG	1 EA	BX	MR	EA		1 EA			1	01/01/2002	99/99/9999					
00085-1297-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 120 MCG	1 EA	BX	MR	EA		1 EA			1	02/02/2004	99/99/9999					
00085-1297-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 120 MCG	1 EA	BX	MR	EA		1 EA			1	03/07/2005	99/99/9999					
00085-1304-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 120 MCG	1 EA	BX	MR	EA		1 EA			1	01/01/2002	99/99/9999					
00085-1316-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 80 MCG	1 EA	BX	MR	EA		1 EA			1	02/02/2004	99/99/9999					
00085-1316-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 80 MCG	1 EA	BX	MR	EA		1 EA			1	03/07/2005	99/99/9999					
00085-1323-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 50 MCG	1 EA	BX	MR	EA		1 EA			1	02/02/2004	99/99/9999					
00085-1323-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 50 MCG	1 EA	BX	MR	EA		1 EA			1	03/07/2005	99/99/9999					
00085-1336-01	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	PROVENTIL 0.5%	20 ML	BO	IH	ML		1 MG			5	01/01/2008	03/31/2008					
00085-1336-01	J7611			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	PROVENTIL 0.5%	20 ML	BO	IH	ML		1 MG			5	04/01/2008	99/99/9999					
00085-1366-01	None			4/9/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	14 EA	BO	PO	EA		100 MG			1	04/09/2007	99/99/9999					
00085-1366-02	None			4/9/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA		100 MG			1	04/09/2007	99/99/9999					
00085-1368-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 50 MCG	1 EA	BX	MR	EA		1 EA			1	01/01/2002	99/99/9999					
00085-1370-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1 EA	BX	MR	EA		1 EA			1	02/02/2004	99/99/9999					
00085-1370-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1 EA	BX	MR	EA		1 EA			1	03/07/2005	99/99/9999					
00085-1401-01	J7699			8/20/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER (10x6) 0.012 MG	60 EA	BX	IH	EA		1 EA			1	08/20/2003	99/99/9999					
00085-1402-01	J7699			7/21/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER (2x6) 0.012 MG	12 EA	BX	IH	EA		1 EA			1	07/21/2003	99/99/9999					
00085-1417-01	None			4/9/2007	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA		250 MG			1	04/09/2007	99/99/9999					
00085-1425-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	5 EA	BO	PO	EA		20 MG			7	04/09/2007	99/99/9999					
00085-1425-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	14 EA	BO	PO	EA		20 MG			7	04/09/2007	99/99/9999					
00085-1430-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	5 EA	BO	PO	EA		20 MG			9	04/09/2007	99/99/9999					
00085-1430-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14 EA	BO	PO	EA		20 MG			9	04/09/2007	99/99/9999					
00085-1519-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	14 EA	BO	PO	EA		20 MG			1	04/09/2007	99/99/9999					
00085-1519-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA		20 MG			1	04/09/2007	99/99/9999					
00085-1731-01	J0744			8/17/2005	4/1/2009	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	40 ML	VL	IV	ML		200 MG			0.05	08/17/2005	4/1/2009					
00085-1737-01	J2280			8/17/2005	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (FLEXIBAG,PF) 400 MG/250 ML	250 ML	FC	IV	ML		100 MG										

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00085-1762-01	J0744			8/17/2005	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DX,BAXTER) 400 MG/200 ML	400 ML	FC	IV	ML		200 MG		0.01	08/17/2005	99/99/9999						
00085-1763-03	J0744			8/17/2005	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	20 ML	VL	IV	ML		200 MG		0.05	08/17/2005	99/99/9999						
00085-1781-01	J0744			8/17/2005	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DX,BAXTER) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	08/17/2005	99/99/9999						
00085-1806-01	Q4094			7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG		0.83	07/01/2007	12/31/2007						
00085-1806-01	Q4094	KO		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG		0.83	07/01/2007	12/31/2007						
00085-1806-01	J7603			1/1/2008	3/3/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/03/2008						
00085-1806-01	KO J7603	KO		1/1/2008	3/3/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/03/2008						
00085-3004-01	None			1/30/2008	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14 EA	BO	PO	EA		5 MG		1	01/30/2008	99/99/9999						
00085-3004-02	None			1/30/2008	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA		5 MG		1	01/30/2008	99/99/9999						
00087-0570-03	J7608			1/1/2002	4/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	10 ML	VL	IH	ML		1 GM		0.2	01/01/2002	04/01/2004						
00087-0570-03	KO J7608	KO		1/1/2002	4/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	10 ML	VL	IH	ML		1 GM		0.2	01/01/2002	04/01/2004						
00087-0570-07	J7608			1/1/2002	8/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	4 ML	VL	IH	ML		1 GM		0.2	01/01/2002	08/01/2004						
00087-0570-07	KO J7608	KO		1/1/2002	8/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	4 ML	VL	IH	ML		1 GM		0.2	01/01/2002	08/01/2004						
00087-0570-09	J7608			1/1/2002	8/1/2005	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	08/01/2005						
00087-0570-09	KO J7608	KO		1/1/2002	8/1/2005	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	08/01/2005						
00087-0572-01	J7608			1/1/2002	2/1/2005	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	10 ML	VL	IH	ML		1 GM		0.1	01/01/2002	02/01/2005						
00087-0572-01	KO J7608	KO		1/1/2002	2/1/2005	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	10 ML	VL	IH	ML		1 GM		0.1	01/01/2002	02/01/2005						
00087-0572-02	J7608			1/1/2002	4/26/2006	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	04/26/2006						
00087-0572-02	KO J7608	KO		1/1/2002	4/26/2006	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	04/26/2006						
00087-0572-03	J7608			1/1/2002	8/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	4 ML	VL	IH	ML		1 GM		0.1	01/01/2002	08/01/2004						
00087-0572-03	KO J7608	KO		1/1/2002	8/1/2004	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	MUCOMYST 10%	4 ML	VL	IH	ML		1 GM		0.1	01/01/2002	08/01/2004						
00087-6011-42	J0706			1/1/2004	11/4/2008	INJECTION, CAFFEINE CITRATE, 5MG	CAFCIT (S.D.V.) 20 MG/ML	3 ML	VL	IJ	ML		5 MG		4	01/01/2004	11/4/2008						
00088-1153-30	Q2010			4/18/2002	12/31/2003	INJECTION, GLATIRAMER ACETATE, PER DOSE	COPAXONE (30 SRN,PREFILLED,PF) 20 MG/ML	1 ML	DP	MR	EA		1 DOSE		30	04/18/2002	12/31/2003						
00088-1153-30	J1595			1/1/2004	4/27/2008	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE (30 SRN,PREFILLED,PF) 20 MG/ML	1 ML	DP	MR	EA		20 MG		30	01/01/2004	04/27/2008						
00088-1202-05	Q0180			1/1/2002	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	ANZEMET 50 MG	5 EA	BO	PO	EA		100 MG		0.5	01/01/2002	99/99/9999						
00088-1202-29	Q0180			1/1/2002	8/4/2004	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET (BLISTER PACK,1X5) 50 MG	5 EA	BX	PO	EA		100 MG		0.5	01/01/2002	08/04/2004						
00088-1202-43	Q0180			1/1/2002	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 50 MG	10 EA	BX	PO	EA		100 MG		0.5	01/01/2002	99/99/9999						
00088-1203-05	Q0180			1/1/2002	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 100 MG	5 EA	BO	PO	EA		100 MG		1	01/01/2002	99/99/9999						
00088-1203-29	Q0180			1/1/2002	10/15/2004	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET (BLISTER PACK,1X5) 100 MG	5 EA	BX	PO	EA		100 MG		1	01/01/2002	10/15/2004						
00088-1203-43	Q0180			1/1/2002	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 100 MG	10 EA	BX	PO	EA		100 MG		1	01/01/2002	99/99/9999						
00088-1208-32	J1260			1/1/2002	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (S.D.V.) 20 MG/ML	5 ML	VL	IV	ML		10 MG		2	01/01/2002	99/99/9999						
00088-1208-65	J1260			1/1/2002	2/9/2004	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (S.D.V.) 20 MG/ML	0.625 ML	VL	IV	ML		10 MG		2	12/15/2003	99/99/9999						
00088-1208-76	J1260			2/20/2002	1/4/2010	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (AMP) 20 MG/ML	0.625 ML	AM	IV	ML		10 MG		2	01/01/2002	02/09/2004						
00088-1209-26	J1260			7/21/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET 20 MG/ML	0.625 ML	CT	IV	ML		10 MG		2	02/20/2002	1/4/2010						
00088-1209-26	J1260			7/21/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML		10 MG		2	07/21/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00088-2220-33	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML	100 U				1	01/01/2002	12/31/2002					
00088-2220-33	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML	5 U				20	01/01/2003	99/99/9999					
00088-2220-52	J1815			1/10/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (U-100,5X3ML) 100 U/ML	3 ML	CT	SC	ML	5 U				20	01/10/2005	99/99/9999					
00088-2220-60	J1815			7/9/2007	9/12/2010	INJECTION, INSULIN, PER 5 UNITS	LANTUS SOLOSTAR 100 U/ML	3 ML	SR	SC	ML	5 U				20	07/09/2007	9/12/2010					
00088-2500-33	J1817			1/24/2006	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA 100 U/ML	10 ML	VL	SC	ML	50 U				2	01/24/2006	99/99/9999					
00088-2500-52	J1815			1/24/2006	6/30/2010	INJECTION, INSULIN, PER 5 UNITS	APIDRA (5X3ML.OPTICLIK PEN) 100 U/ML	3 ML	CT	SC	ML	5 U				20	01/24/2006	6/30/2010					
00088-2502-05	J1817			3/4/2009	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA SOLOSTAR (5X3ML) 100U/ML	3 ML	EA	IJ	ML	50 U				2	3/4/2009	99/99/9999					
00089-0510-06	J0600			1/1/2002	12/8/2009	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	CALCIUM DISODIUM VERSENATE (AMP) 200 MG/ML	5 ML	AM	IJ	ML	1000 MG				0.2	01/01/2002	12/8/2009					
00089-0540-06	J2360			1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NORFLEX (AMP) 30 MG/ML	2 ML	AM	IJ	ML	60 MG				0.5	01/01/2002	99/99/9999					
00091-1010-06	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (6 S.D.V. PER CARTON) 10 MCG	1 EA	VL	IC	EA	1.25 MCG				8	01/01/2002	09/01/2004					
00091-1020-06	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (6 S.D.V. PER CARTON) 20 MCG	1 EA	VL	IC	EA	1.25 MCG				16	01/01/2002	09/01/2004					
00091-1027-22	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE REFILL PACK (2 S.D. CARTRIDGES/NDLS) 10 MCG	2 EA	BX	IC	EA	1.25 MCG				16	01/01/2002	09/01/2004					
00091-1029-22	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE REFILL PACK (2 S.D. CARTRIDGES/NDLS) 20 MCG	2 EA	BX	IC	EA	1.25 MCG				32	01/01/2002	09/01/2004					
00091-1032-22	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE REFILL PACK (2 S.D. CARTRIDGES/NDLS) 40 MCG	2 EA	BX	IC	EA	1.25 MCG				64	01/01/2002	09/01/2004					
00091-1040-06	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (6 S.D.V. PER CARTON) 40 MCG	1 EA	VL	IC	EA	1.25 MCG				32	01/01/2002	09/01/2004					
00091-1110-11	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE STARTER PACK 10 MCG	2 EA	BX	IC	EA	1.25 MCG				16	01/01/2002	09/01/2004					
00091-1110-16	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 10 MCG	1 EA	BX	MR	EA	1.25 MCG				8	09/02/2004	99/99/9999					
00091-1110-20	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 10 MCG	1 EA	BX	MR	EA	1.25 MCG				8	09/02/2004	99/99/9999					
00091-1120-11	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE STARTER PACK 20 MCG	2 EA	BX	IC	EA	1.25 MCG				32	01/01/2002	09/01/2004					
00091-1120-16	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 20 MCG	1 EA	BX	MR	EA	1.25 MCG				16	09/02/2004	99/99/9999					
00091-1120-20	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 20 MCG	1 EA	BX	MR	EA	1.25 MCG				16	09/02/2004	99/99/9999					
00091-1140-11	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX CARTRIDGE STARTER PACK 40 MCG	2 EA	BX	IC	EA	1.25 MCG				64	01/01/2002	09/01/2004					
00091-1140-16	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 40 MCG	1 EA	BX	MR	EA	1.25 MCG				32	09/02/2004	99/99/9999					
00091-1140-20	J0270			9/2/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (29GX1/2",KIT) 40 MCG	1 EA	BX	MR	EA	1.25 MCG				32	09/02/2004	99/99/9999					
00091-1410-44	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (VIAL,SRN,NDLS,SWABS) 10 MCG	4 EA	BX	IC	EA	1.25 MCG				32	01/01/2002	09/01/2004					
00091-1420-44	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (VIAL,SRN,NDLS,SWABS) 20 MCG	4 EA	BX	IC	EA	1.25 MCG				64	01/01/2002	09/01/2004					
00091-1440-44	J0270			1/1/2002	9/1/2004	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	EDEX (VIAL,SRN,NDLS,SWABS) 40 MCG	4 EA	BX	IC	EA	1.25 MCG				128	01/01/2002	09/01/2004					
00091-1510-21	J1910			1/1/2002	12/3/2003	INJECTION, KUTAPRESSIN, UP TO 2 ML	KUTAPRESSIN (VIAL) 25.5 MG/ML	20 ML	VL	IJ	ML	2 ML				0.5	01/01/2002	12/03/2003					
00091-1536-05	J1980			1/1/2002	4/15/2009	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	LEVSIIN (AMP) 0.5 MG/ML	1 ML	AM	IJ	ML	0.25 MG				2	01/01/2002	4/15/2009					
00093-0782-01	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100 EA	BO	PO	EA	1 EA				1	02/20/2003	99/99/9999					
00093-0782-05	J8999			1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	500 EA	BO	PO	EA	1 EA				1	01/09/2008	99/99/9999					
00093-0782-10	J8999			1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	1000 EA	BO	PO	EA	1 EA				1	01/09/2008	99/99/9999					
00093-0782-56	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30 EA	BO	PO	EA	1 EA				1	02/20/2003	99/99/9999					
00093-0784-05	J8999			1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	500 EA	BO	PO	EA	1 EA				1	01/09/2008	99/99/9999					
00093-0784-06	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	60 EA	BO	PO	EA	1 EA				1	02/20/2003	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-0784-10	J8999			1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	1000 EA	BO	PO	EA		1 EA		1	01/09/2008	99/99/9999						
00093-0784-86	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	180 EA	BO	PO	EA		1 EA		1	02/20/2003	99/99/9999						
00093-5420-88	J8515			3/7/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA		0.25 MG		2	03/07/2007	99/99/9999						
00093-5510-06	J8999			4/27/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	60 EA	BO	PO	EA		1 EA		1	04/27/2005	99/99/9999						
00093-6118-16	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
00093-6118-87	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
00093-6723-73	J7620			1/3/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3 ML	VL	IH	ML		2.5 MG		0.33333	01/03/2008	99/99/9999						
00093-6723-74	J7620			1/3/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3 ML	VL	IH	ML		2.5 MG		0.33333	01/03/2008	99/99/9999						
00093-6815-73	J7626			12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30 EA	PC	IH	ML		0.5 MG		0.25	12/15/2009	99/99/9999						
00093-6815-73	KO J7626	KO		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30 EA	PC	IH	ML		0.5 MG		0.25	12/15/2009	99/99/9999						
00093-6816-73	J7626			12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30 EA	PC	IH	ML		0.5 MG		0.5	12/15/2009	99/99/9999						
00093-6816-73	KO J7626	KO		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30 EA	PC	IH	ML		0.5 MG		0.5	12/15/2009	99/99/9999						
00093-7120-05	J8999			1/1/2002	1/26/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	01/26/2006						
00093-7120-86	J8999			1/1/2002	1/26/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA		1	01/01/2002	01/26/2006						
00093-7146-09	Q0144			12/6/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18 EA	DP	PO	EA		1 GM		0.25	12/06/2005	99/99/9999						
00093-7146-18	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	DP	PO	EA		1 GM		0.25	11/14/2005	99/99/9999						
00093-7146-56	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA		1 GM		0.25	11/14/2005	99/99/9999						
00093-7147-56	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	BO	PO	EA		1 GM		0.6	11/14/2005	99/99/9999						
00093-7169-33	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	DP	PO	EA		1 GM		0.5	11/14/2005	99/99/9999						
00093-7169-56	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30 EA	BO	PO	EA		1 GM		0.5	11/14/2005	99/99/9999						
00093-7236-56	Q0179			8/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HCL	30 EA	BO	PO	EA		8 MG		1	08/01/2007	99/99/9999						
00093-7301-65	Q0179			7/3/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 4 MG	30 EA	BX	PO	EA		8 MG		0.5	07/03/2007	99/99/9999						
00093-7302-03	Q0179			7/3/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 8 MG	10 EA	BX	PO	EA		8 MG		1	07/03/2007	99/99/9999						
00093-7302-65	Q0179			7/3/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 8 MG	30 EA	BX	PO	EA		8 MG		1	07/03/2007	99/99/9999						
00093-7334-05	J7517			5/6/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500 EA	BO	PO	EA		250 MG		1	05/06/2009	99/99/9999						
00093-7477-01	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100 EA	BO	PO	EA		250 MG		2	05/05/2009	99/99/9999						
00093-7477-05	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500 EA	BO	PO	EA		250 MG		2	5/5/2009	99/99/9999						
00093-7485-12	Q0166			1/2/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISTERON HYDROCHLORIDE (2X1,FILM COATED) 1 MG	2 EA	BX	PO	EA		1 MG		1	01/02/2008	99/99/9999						
00093-7485-20	Q0166			1/2/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISTERON HYDROCHLORIDE (5X4,FILM COATED) 1 MG	20 EA	BX	PO	EA		1 MG		1	01/02/2008	99/99/9999						
00093-8940-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-8940-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-8940-93	J8499			11/30/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP,HARD GELATIN) 200 MG	100 EA	BX	PO	EA		1 EA		1	11/30/2007	99/99/9999						
00093-8943-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-8943-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-8947-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-8947-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00093-9634-87	J8999			8/13/2003	10/14/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (APRICOT) 40 MG/ML	240 ML	BO	PO	ML		1 EA		1	08/13/2003	10/14/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-9643-01		Q0164		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
00093-9652-01		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	01/01/2002	99/99/9999						
00095-0086-35	J8540			9/1/2006	9/30/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK JR TAPERPAK 1.5 MG	35 EA	DP	PO	EA		0.25 MG		6	09/01/2006	9/30/2009						
00095-0086-51	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXPAK (TAPERPAK) 1.5 MG	51 EA	DP	PO	EA		1 EA		1	01/01/2002	12/31/2005						
00095-0086-51	J8540			1/1/2006	8/31/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK (TAPERPAK) 1.5 MG	51 EA	DP	PO	EA		0.25 MG		6	01/01/2006	8/31/2009						
00113-0024-05	Q0163			1/14/2004	9/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE SLEEP AID SOFTGELS (MAXIMUM STRENGTH) 50 MG	32 EA	BO	PO	EA		50 MG		1	01/14/2004	09/01/2004						
00113-0024-73	Q0163			1/14/2004	9/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE SLEEP AID SOFTGELS (MAXIMUM STRENGTH) 50 MG	16 EA	BO	PO	EA		50 MG		1	01/14/2004	09/01/2004						
00113-0379-26	Q0163			1/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (ALCOHOL FREE,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/14/2004	99/99/9999						
00113-0406-73	Q0163			1/14/2004	1/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE SLEEP (ORIGINAL FORMULA) 25 MG	16 EA	BX	PO	EA		50 MG		0.5	01/14/2004	01/01/2006						
00113-0431-62	Q0163			1/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE NIGHTTIME SLEEP AID (MINI-CAPLETS) 25 MG	24 EA	NA	PO	EA		50 MG		0.5	01/14/2004	99/99/9999						
00113-0462-62	Q0163			1/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/14/2004	99/99/9999						
00113-0479-62	Q0163			1/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/14/2004	99/99/9999						
00113-0479-78	Q0163			1/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/14/2004	99/99/9999						
00115-1040-01	Q0169			2/12/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100 EA	BO	PO	EA		12.5 MG		1	02/12/2008	99/99/9999						
00115-1041-01	Q0170			2/12/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BO	PO	EA		25 MG		1	02/12/2008	99/99/9999						
00115-1041-03	Q0170			4/1/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000 EA	BO	PO	EA		25 MG		1	04/01/2008	99/99/9999						
00115-1042-01	Q0170			5/20/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100 EA	BO	PO	EA		25 MG		2	05/20/2008	99/99/9999						
00115-1911-01	G9020			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	RIMANTADINE HCL 100 MG	100 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
00121-0489-05	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5 ML	CP	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00121-0489-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10 ML	CP	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00121-0489-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	20 ML	CP	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00121-0646-10	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (AF,SF,DYE-FREE) 50 MG/5 ML	10 ML	CP	PO	ML		100 MG		0.1	12/01/2004	05/31/2005						
00121-0646-16	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (AF,SF,DYE-FREE) 50 MG/5 ML	473 ML	BO	PO	ML		100 MG		0.1	12/01/2004	05/31/2005						
00121-0687-05	J7510			4/1/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	5 ML	CP	PO	ML		5 MG		0.6	04/01/2003	7/22/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00121-0687-08	J7510			4/17/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	04/17/2003	7/22/2008						
00121-0687-16	J7510			4/17/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	473 ML	BO	PO	ML		5 MG		0.6	04/17/2003	7/22/2008						
00121-0711-04	J7510			2/25/2003	9/15/2005	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 6.7 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.268	02/25/2003	09/15/2005						
00121-0711-05	J7510			2/25/2003	10/7/2005	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 6.7 MG/5 ML	5 ML	CP	PO	ML		5 MG		0.268	02/25/2003	10/07/2005						
00121-0711-10	J7510			2/25/2003	5/11/2004	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 6.7 MG/5 ML	10 ML	CP	PO	ML		5 MG		0.268	02/25/2003	05/11/2004						
00121-0711-20	J7510			2/25/2003	6/22/2004	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 6.7 MG/5 ML	20 ML	CP	PO	ML		5 MG		0.268	02/25/2003	06/22/2004						
00121-0759-08	J7510			5/2/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	05/02/2005	99/99/9999						
00121-4776-10	J8999			7/7/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (40X10ML CUPS,APRICOT) 40 MG/ML	10 ML	CP	PO	ML		1 EA		1	07/07/2006	99/99/9999						
00143-1425-01	J7506			12/9/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 2.5 MG	100 EA	BO	PO	EA		5 MG		0.5	12/09/2004	99/99/9999						
00143-1473-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
00143-1473-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
00143-1475-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
00143-1475-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
00143-1477-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00143-1477-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	500 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00143-1477-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	1000 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00143-9771-06	J2405			2/5/2009	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (48X50ML) 32 MG/50ML	50 ML	EA	IV	ML		1 MG		0.64	2/5/2009	99/99/9999						
00143-9856-25	J0696			4/21/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	04/21/2008	99/99/9999						
00143-9857-25	J0696			4/21/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	04/21/2008	99/99/9999						
00143-9858-25	J0696			4/21/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	04/21/2008	99/99/9999						
00143-9859-25	J0696			4/21/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	04/21/2008	99/99/9999						
00143-9868-22	J2550			8/4/2008	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 50 MG/ML	1 ML	VL	IJ	EA		50 MG		1	08/04/2008	99/99/9999						
00143-9869-22	J2550			8/4/2008	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 25 MG/ML	1 ML	VL	IJ	EA		50 MG		0.5	08/04/2008	99/99/9999						
00143-9872-01	J1800			4/21/2008	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (10X1ML) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	04/21/2008	99/99/9999						
00143-9875-10	J0282			5/26/2008	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (10X3ML) 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	05/26/2008	99/99/9999						
00143-9881-25	J1165			4/3/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP,25X5ML) 50 MG/ML	5 ML	VL	IV	ML		50 MG		1	04/03/2007	99/99/9999						
00143-9882-25	J1165			4/3/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP,25X2ML) 50 MG/ML	2 ML	VL	IV	ML		50 MG		1	04/03/2007	99/99/9999						
00143-9890-01	J2405			4/3/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,MULTIDOSE) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	04/03/2007	99/99/9999						
00143-9891-05	J2405			4/3/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SINGLE DOSE) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	04/03/2007	99/99/9999						
00143-9899-06	J1450			4/3/2007	4/25/2007	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML) 200 MG/100 ML	100 ML	GC	IV	ML		200 MG		0.01	04/03/2007	4/25/2007						
00143-9923-90	J0690			1/13/2003	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (U.S.P.) 500 MG	1 EA	VL	IJ	EA		500 MG		1	01/13/2003	99/99/9999						
00143-9924-90	J0690			1/13/2003	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (U.S.P.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	01/13/2003	99/99/9999						
00143-9930-03	J0698			4/3/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 500 MG	1 EA	VL	IJ	EA		1 GM		0.5	04/03/2007	99/99/9999						
00143-9931-22	J0698			4/3/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM		1	04/03/2007	99/99/9999						
00143-9933-22	J0698			4/3/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 2 GM	1 EA	VL	IJ	EA		1 GM		2	04/03/2007	99/99/9999						
00143-9935-91	J0698			4/3/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA		1 GM		10	04/03/2007	99/99/9999						
00143-9976-03	J0697			4/3/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (USP,BULK PACKAGE) 7.5 GM	1 EA	VL	IV	EA		750 MG		10	04/03/2007	99/99/9999						
00143-9976-91	J0697			3/10/2005	1/9/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (BULK PACKAGE) 7.5 GM	1 EA	VL	IV	EA		750 MG		10	03/10/2005	1/9/2006						
00143-9977-22	J0697			4/3/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (USP) 1.5 GM	1 EA	VL	IV	EA		750 MG		2	04/03/2007	99/99/9999						
00143-9979-22	J0697			4/3/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM	1 EA	VL	IV	EA		750 MG		2	03/11/2005	1/9/2006						
00143-9979-90	J0697			3/10/2005	1/9/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (USP) 750 MG	25 EA	VL	IJ	EA		750 MG		1	04/03/2007	99/99/9999						
00143-9979-90	J0697			3/10/2005	1/9/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA		750 MG		1	03/10/2005	1/9/2006						
00143-9983-03	J0690			4/3/2007	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG		20	04/03/2007	99/99/9999						
00143-9983-91	J0690			1/13/2003	1/9/2006	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG		20	01/13/2003	1/9/2006						
00143-9984-90	J0170			7/20/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (10X30ML,M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	07/20/2005	12/31/2010						
00144-0444-51	J1631			1/1/2002	6/22/2005	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1 ML	VL	IM	ML		50 MG		1	01/01/2002	06/22/2005						
00144-0444-56	J1631			1/1/2002	6/22/2005	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	01/01/2002	06/22/2005						
00144-0544-51	J1631			1/1/2002	6/22/2005	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1 ML	VL	IM	ML		50 MG		2	01/01/2002	06/22/2005						
00144-0544-56	J1631			1/1/2002	6/22/2005	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	01/01/2002	06/22/2005						
00144-0644-56	J2680			1/1/2002	6/22/2005	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (VIAL) 25 MG/ML	5 ML	VL	IJ	ML		25 MG		1	01/01/2002	06/22/2005						
00169-0017-71	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (SRN,PREFILLED) 70 U/ML-30 U/ML	1.5 ML	SR	SC	ML		100 U		1	01/01/2002	12/31/2002						
00169-0017-71	J1815			1/1/2003	9/30/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (SRN,PREFILLED) 70 U/ML-30 U/ML	1.5 ML	SR	SC	ML		5 U		20	01/01/2003	09/30/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00169-0044-71	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R (SRN,PREFILLED) 100 U/ML	1.5 ML	SR	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-0044-71	J1815			1/1/2003	9/30/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (SRN,PREFILLED) 100 U/ML	1.5 ML	SR	IJ	ML		5 U			20	01/01/2003	09/30/2003					
00169-0045-71	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N (SRN,PREFILLED) 100 U/ML	1.5 ML	SR	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-0045-71	J1815			1/1/2003	2/26/2004	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (SRN,PREFILLED) 100 U/ML	1.5 ML	SR	SC	ML		5 U			20	01/01/2003	02/26/2004					
00169-0070-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	VELOSULIN BR (VIAL, RECOMBINANT DNA) 100 U/ML	10 ML	VL	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-0070-11	J1815			1/1/2003	2/28/2006	INJECTION, INSULIN, PER 5 UNITS	VELOSULIN BR (VIAL, RECOMBINANT DNA) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	01/01/2003	2/28/2006					
00169-1833-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-1833-11	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	01/01/2003	99/99/9999					
00169-1833-17	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R PENFILL (SRN) 100 U/ML	1.5 ML	CT	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-1833-17	J1815			1/1/2003	4/30/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R PENFILL (SRN) 100 U/ML	1.5 ML	CT	IJ	ML		5 U			20	01/01/2003	04/30/2003					
00169-1833-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	RELION/NOVOLIN R (VIAL) 100 U/ML	10 ML	EA	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-1833-18	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, PER 5 UNITS	RELION/NOVOLIN R (VIAL) 100 U/ML	10 ML	EA	IJ	ML		5 U			20	01/01/2003	07/12/2005					
00169-1834-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1834-11	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	99/99/9999					
00169-1834-17	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N PENFILL (SRN) 100 U/ML	1.5 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1834-17	J1815			1/1/2003	3/31/2004	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N PENFILL (SRN) 100 U/ML	1.5 ML	CT	SC	ML		5 U			20	01/01/2003	03/31/2004					
00169-1834-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	RELION/NOVOLIN N (VIAL) 100 U/ML	10 ML	EA	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1834-18	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, PER 5 UNITS	RELION/NOVOLIN N (VIAL) 100 U/ML	10 ML	EA	SC	ML		5 U			20	01/01/2003	07/12/2005					
00169-1835-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN L (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1835-11	J1815			1/1/2003	6/30/2004	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN L (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	06/30/2004					
00169-1837-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1837-11	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	99/99/9999					
00169-1837-17	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 PENFILL (SRN) 70 U/ML-30 U/ML	1.5 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1837-17	J1815			1/1/2003	6/6/2004	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 PENFILL (SRN) 70 U/ML-30 U/ML	1.5 ML	CT	SC	ML		5 U			20	01/01/2003	06/06/2004					
00169-1837-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	RELION/NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	EA	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-1837-18	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, PER 5 UNITS	RELION/NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	EA	SC	ML		5 U			20	01/01/2003	07/12/2005					
00169-2313-21	J1820			8/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R INNOLET (SRN,PREFILLED) 100 U/ML	3 ML	CT	IJ	ML		100 U			1	08/01/2002	12/31/2002					
00169-2313-21	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R INNOLET (SRN,PREFILLED) 100 U/ML	3 ML	CT	IJ	ML		5 U			20	01/01/2003	1/1/2010					
00169-2314-21	J1820			5/3/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N INNOLET (SRN, PREFILLED) 100 U/ML	3 ML	CT	SC	ML		100 U			1	05/03/2002	12/31/2002					
00169-2314-21	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N INNOLET (SRN, PREFILLED) 100 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	1/1/2010					
00169-2317-21	J1820			5/3/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 INNOLET (SRN, PREFILLED) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		100 U			1	05/03/2002	12/31/2002					
00169-2317-21	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 INNOLET (SRN, PREFILLED) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	1/1/2010					
00169-3303-12	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-3303-12	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	99/99/9999					
00169-3473-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R PENFILL (SRN) 100 U/ML	3 ML	CT	IJ	ML		100 U			1	01/01/2002	12/31/2002					
00169-3473-18	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R PENFILL (SRN) 100 U/ML	3 ML	CT	IJ	ML		5 U			20	01/01/2003	1/1/2010					
00169-3474-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N PENFILL (SRN) 100 U/ML	3 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-3474-18	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N PENFILL (SRN) 100 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	1/1/2010					
00169-3477-18	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 PENFILL (SRN) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		100 U			1	01/01/2002	12/31/2002					
00169-3477-18	J1815			1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 PENFILL (SRN) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	1/1/2010					
00169-3682-13	J1820			9/11/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLOG MIX 70/30 (PENFILL CARTRIDGE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		100 U			1	09/11/2002	12/31/2002					
00169-3682-13	J1815			1/1/2003	5/16/2008	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (PENFILL CARTRIDGE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U			20	01/01/2003	5/16/2008					
00169-3685-12	J1815			2/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	02/10/2003	99/99/9999					
00169-3696-19	J1820			9/11/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLOG MIX 70/30 (FLEXPEN,SRN PREFILLED) 70 U/ML-30 U/ML	3 ML	SR	SC	ML		100 U			1	09/11/2002	12/31/2002					
00169-3696-19	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (FLEXPEN,SRN PREFILLED) 70 U/ML-30 U/ML	3 ML	SR	SC	ML		5 U			20	01/01/2003	99/99/9999					
00169-6339-10	J1815			2/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG FLEXPEN (PREFILLED SYRINGE) 100 U/ML	3 ML	SR	SC	ML		5 U			20	02/10/2003	99/99/9999					
00169-7060-01	Q0187			1/1/2002	12/31/2005	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	NOVOSEVEN (1200MCG/VIAL) 1.2 MG	1 EA	VL	IV	EA		1.2 MG			1	01/01/2002	12/31/2005					
00169-7060-01	J7189			1/1/2006	99/99/9999	FACTOR VIIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (1200MCG/VIAL) 1.2 MG	1 EA	VL	IV	EA		1 MCG			1200	01/01/2006	99/99/9999					
00169-7061-01	Q0187			6/5/2002	12/31/2005	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	NOVOSEVEN (2400MCG/VIAL) 2.4 MG	1 EA	VL	IV	EA		1.2 MG			2	06/05/2002	12/31/2005					
00169-7061-01	J7189			1/1/2006	99/99/9999	FACTOR VIIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (2400MCG/VIAL) 2.4 MG	1 EA	VL	IV	EA		1 MCG			2400	01/01/2006	99/99/9999					
00169-7062-01	Q0187			1/1/2002	12/31/2005	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	NOVOSEVEN (4800MCG/VIAL) 4.8 MG	1 EA	VL	IV	EA		1.2 MG			4	01/01/2002	12/31/2005					
00169-7062-01	J7189			1/1/2006	99/99/9999	FACTOR VIIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (4800MCG/VIAL) 4.8 MG	1 EA	VL	IV	EA		1 MCG			4800	01/01/2006	99/99/9999					
00169-7065-15	J1610			6/1/2005	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN HYPOTIK 1 MG	1 EA	BX	IJ	EA		1 MG			1	06/01/2005	99/99/9999					
00169-7501-11	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLOG (VIAL) 100 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00169-7501-11	J1817			1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG (VIAL) 100 U/ML	10 ML	VL	SC	ML	50 U			2	01/01/2003	99/99/9999						
00169-7704-11	J2941			1/24/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN, ORANGE) 5 MG/1.5 ML	1.5 ML	SR	SC	ML	1 MG		3.33333	01/24/2005	99/99/9999							
00169-7705-11	J2941			1/2/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN,BLUE) 10 MG/1.5 ML	1.5 ML	SR	SC	ML	1 MG		6.66666	01/02/2006	99/99/9999							
00169-7708-11	J2941			1/24/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN, GREEN) 15 MG/1.5 ML	1.5 ML	SR	SC	ML	1 MG		10	01/24/2005	99/99/9999							
00169-7768-11	J2941			1/1/2002	1/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (CARTRIDGE) 5 MG/1.5 ML	1.5 ML	CT	SC	ML	1 MG		3.33333	01/01/2002	1/1/2011							
00169-7770-11	J2941			1/1/2002	1/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (CARTRIDGE, GREEN) 15 MG/1.5 ML	1.5 ML	CT	SC	ML	1 MG		10	01/01/2002	1/1/2011							
00169-7774-11	J2941			1/1/2002	6/30/2003	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (VIAL) 4 MG	1 EA	VL	SC	EA	1 MG		4	01/01/2002	06/30/2003							
00169-7778-12	J2941			1/1/2002	6/30/2003	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (VIAL) 8 MG	1 EA	VL	SC	EA	1 MG		8	01/01/2002	06/30/2003							
00172-2909-60	Q0178			1/1/2002	4/10/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA	50 MG		1	01/01/2002	4/10/2006							
00172-2911-60	Q0177			1/1/2002	4/10/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG		1	01/01/2002	4/10/2006							
00172-2911-70	Q0177			1/1/2002	4/10/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA	25 MG		1	01/01/2002	4/10/2006	1/1/2002	3/12/2002	0.5				
00172-3667-60	Q0175			1/1/2002	5/3/2007	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100 EA	BO	PO	EA	4 MG		0.5	05/13/2003	05/03/2007	1/1/2002	3/12/2002	1				
00172-3668-60	Q0175			1/1/2002	3/14/2007	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 4 MG	100 EA	BO	PO	EA	4 MG		1	05/13/2003	03/14/2007	1/1/2002	3/12/2002	1				
00172-3669-60	Q0176			1/1/2002	9/14/2007	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA	8 MG		1	05/13/2003	09/14/2007	1/1/2002	3/12/2002	2				
00172-3670-60	Q0176			1/1/2002	2/1/2007	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 16 MG	100 EA	BO	PO	EA	8 MG		2	05/13/2003	02/01/2007							
00172-3690-60	Q0164			1/1/2002	1/16/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	100 EA	BO	PO	EA	5 MG		1	01/01/2002	01/16/2006							
00172-3691-60	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100 EA	BO	PO	EA	10 MG		1	01/01/2002	99/99/9999							
00172-3753-77	J9265			1/1/2002	9/15/2009	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG		0.2	01/01/2002	9/15/2009							
00172-3753-96	J9265			1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG		0.2	01/24/2002	99/99/9999							
00172-3754-73	J9265			1/1/2002	11/2/2009	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG		0.2	01/01/2002	11/2/2009							
00172-3754-94	J9265			1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG		0.2	01/24/2002	99/99/9999							
00172-3755-31	J9265			10/16/2003	10/9/2006	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL NOVAPLUS 6 MG/ML	16.7 ML	VL	IV	ML	30 MG		0.2	10/16/2003	10/09/2006							
00172-3756-75	J9265			1/1/2002	10/22/2008	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	25 ML	VL	IV	ML	30 MG		0.2	01/01/2002	10/22/2008							
00172-3756-95	J9265			1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	25 ML	VL	IV	ML	30 MG		0.2	01/24/2002	99/99/9999							
00172-4266-60	J8499			1/1/2002	5/31/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	05/31/2006							
00172-4266-70	J8499			1/1/2002	5/31/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA	1 EA		1	01/01/2002	05/31/2006							
00172-4267-60	J8499			1/1/2002	8/28/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	08/28/2007							
00172-4267-70	J8499			1/1/2002	7/23/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA	1 EA		1	01/01/2002	07/23/2007							
00172-4268-60	J8499			1/1/2002	7/10/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	07/10/2007	1/1/2002	3/12/2002	1				
00172-4268-70	J8499			1/1/2002	10/15/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA	1 EA		1	07/18/2003	10/15/2007							
00172-4960-58	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
00172-4960-70	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
00172-5656-49	J8999			2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA		1	02/20/2003	01/08/2008							
00172-5656-58	J8999			2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA	1 EA		1	02/20/2003	01/08/2008							
00172-5656-70	J8999			2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	500 EA	BO	PO	EA	1 EA		1	02/20/2003	01/08/2008							
00172-5656-80	J8999			2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	1000 EA	BO	PO	EA	1 EA		1	02/20/2003	01/08/2008							
00172-5657-46	J8999			2/11/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 20 MG	30 EA	BO	PO	EA	1 EA		1	02/11/2004	99/99/9999							
00172-5657-60	J8999			2/20/2003	10/10/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	100 EA	BO	PO	EA	1 EA		1	02/20/2003	10/10/2007							
00172-5657-70	J8999			2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	500 EA	BO	PO	EA	1 EA		1	02/20/2003	01/08/2008							
00172-5657-80	J8999			4/28/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	1000 EA	BO	PO	EA	1 EA		1	04/28/2003	01/08/2008							
00172-6405-44	Q4094			7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG		0.83	07/01/2007	12/31/2007							
00172-6405-44	KO Q4094	KO		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG		0.83	07/01/2007	12/31/2007							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00172-6405-44		J7603		1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/25/2008						
00172-6405-44	KO	J7603	KO	1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/25/2008						
00172-6405-49		Q4094		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	07/01/2007	12/31/2007						
00172-6405-49	KO	Q4094	KO	7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	07/01/2007	12/31/2007						
00172-6405-49		J7603		1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/25/2008						
00172-6405-49	KO	J7603	KO	1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/25/2008						
00172-6406-49		J7631		1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-6406-49	KO	J7631	KO	1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-6406-59		J7631		1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-6406-59	KO	J7631	KO	1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999						
00172-6407-44		J7644		1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/23/2008						
00172-6407-44	KO	J7644	KO	1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/23/2008						
00172-6407-49		J7644		1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/23/2008						
00172-6407-49	KO	J7644	KO	1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/23/2008						
00172-7310-46		J7515		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	04/14/2005	99/99/9999						
00172-7311-46		J7515		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25	MG	2	04/14/2005	99/99/9999						
00172-7312-46		J7502		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	04/14/2005	99/99/9999						
00172-7313-20		J7502		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED) 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	04/14/2005	99/99/9999						
00173-0045-35	None	1/1/1994		10/07/2005	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	01/01/1994	10/07/2005							
00173-0045-35	None	4/1/2009		99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	4/1/2009	99/99/9999							
00173-0071-95	J0330	1/1/2002		1/13/2003	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (M.D.V.) 20 MG/ML	10	ML	IV	ML	IV	20	MG	1	01/01/2002	01/13/2003							
00173-0107-93	J3485	1/1/2002		99/99/9999	INJECTION, ZIDOVUDINE, 10 MG	RETROVIR (S.D.V.) 10 MG/ML	20	ML	IV	ML	IV	10	MG	1	01/01/2002	99/99/9999		1/1/2002	3/31/2003	1	06/01/2003	03/14/2004	1
00173-0130-93	J9245	1/1/2002		99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	ALKERAN IV 50 MG	1	EA	IV	EA	IV	EA	50	MG	1	4/1/2009	99/99/9999						
00173-0230-44	Q2006	1/1/2002		12/31/2005	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIBIND (VIAL) 38 MG	1	EA	IV	EA	IV	EA	1	VIAL	1	01/01/2002	12/31/2005						
00173-0230-44	J1162	1/1/2006		99/99/9999	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIBIND (VIAL) 38 MG	1	EA	IV	EA	IV	EA	1	VIAL	1	01/01/2006	99/99/9999						
00173-0260-10	J1160	1/1/2002		99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5	MG	0.5	01/01/2002	99/99/9999							
00173-0260-35	J1160	99/99/9999		99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5	MG	0.5	01/01/2002	99/99/9999							
00173-0262-10	J1160	1/1/2002		99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC (AMP) 0.1 MG/ML	1	ML	AM	IV	ML	0.5	MG	0.2	01/01/2002	99/99/9999							
00173-0352-10	J0697	2/1/2005		99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 750 MG	1	EA	IV	IJ	EA	750	MG	1	02/01/2005	99/99/9999							
00173-0352-31	J0697	1/1/2002		2/1/2005	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 750 MG	1	EA	IV	IJ	EA	750	MG	1	01/01/2002	02/01/2005							
00173-0353-32	J0697	1/1/2002		5/9/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (P.B.) 750 MG	1	EA	IV	IJ	EA	750	MG	1	01/01/2002	05/09/2007							
00173-0354-10	J0697	2/1/2005		99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 1.5 GM	1	EA	IV	IJ	EA	750	MG	2	02/01/2005	99/99/9999							
00173-0354-35	J0697	1/1/2002		2/1/2005	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 1.5 GM	1	EA	IV	IJ	EA	750	MG	2	01/01/2002	02/01/2005							
00173-0356-32	J0697	1/1/2002		3/30/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (P.B.) 1.5 GM	1	EA	IV	IJ	EA	750	MG	2	01/01/2002	03/30/2007							
00173-0362-38	J2780	1/1/2002		99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (VIAL) 25 MG/ML	2	ML	IV	IJ	ML	25	MG	1	01/01/2002	99/99/9999							
00173-0363-00	J2780	1/1/2002		99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (VIAL) 25 MG/ML	40	ML	IV	IJ	ML	25	MG	1	01/01/2002	99/99/9999							
00173-0363-01	J2780	1/1/2002		99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/ML	6	ML	IV	IJ	ML	25	MG	1	01/01/2002	99/99/9999							
00173-0377-10	J0713	2/1/2005		99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 500 MG	1	EA	IV	IJ	EA	500	MG	1	02/01/2005	99/99/9999							
00173-0377-31	J0713	1/1/2002		2/1/2005	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (VIAL) 500 MG	1	EA	IV	IJ	EA	500	MG	1	01/01/2002	02/01/2005							
00173-0378-10	J0713	2/1/2005		99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 1 GM	1	EA	IV	IJ	EA	500	MG	2	02/01/2005	99/99/9999							
00173-0378-35	J0713	1/1/2002		2/1/2005	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (VIAL) 1 GM	1	EA	IV	IJ	EA	500	MG	2	01/01/2002	02/01/2005							
00173-0378-34	J0713	1/1/2002		99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (VIAL) 2 GM	1	EA	IV	IJ	EA	500	MG	4	01/01/2002	99/99/9999							
00173-0380-32	J0713	1/1/2002		4/27/2007	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (P.B.) 1 GM	1	EA	IV	IJ	EA	500	MG	2	01/01/2002	04/27/2007							
00173-0381-32	J0713	1/1/2002		11/6/2006	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (P.B.) 2 GM	1	EA	IV	IJ	EA	500	MG	4	01/01/2002	11/06/2006							
00173-0382-37	J0713	1/1/2002		99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (BULK VIAL) 6 GM	1	EA	IV	IJ	EA	500	MG	12	01/01/2002	99/99/9999							
00173-0400-00	J0697	1/1/2002		99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 7.5 GM	1	EA	IV	IJ	EA	750	MG	10	01/01/2002	99/99/9999							
00173-0418-00	J0713	1/1/2002		8/5/2003	INJECTION, CEFTAZIDIME, PER 500 MG	CEPTAZ (BULK VIAL) 10 GM	1	EA	IV	IJ	EA	500	MG	20	01/01/2002	08/05/2003							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00173-0424-00	J0697			1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 750 MG/50 ML	50 ML	PC	IV	ML	750 MG			0.02	01/01/2002	99/99/9999						
00173-0425-00	J0697			1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 1.5 GM/50 ML	50 ML	PC	IV	ML	750 MG			0.04	01/01/2002	99/99/9999						
00173-0434-00	J0713			1/1/2002	99/99/9999	INJECTION, CEFOTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 1 GM	1 EA	VL	U	EA	500 MG			2	01/01/2002	99/99/9999						
00173-0435-00	J0713			1/1/2002	99/99/9999	INJECTION, CEFOTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 2 GM	1 EA	VL	U	EA	500 MG			4	01/01/2002	99/99/9999						
00173-0436-00	J0697			1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 750 MG	1 EA	VL	U	EA	750 MG			1	01/01/2002	99/99/9999						
00173-0437-00	J0697			1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 1.5 GM	1 EA	VL	U	EA	750 MG			2	01/01/2002	99/99/9999						
00173-0441-00	J2780			1/1/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (PREMIX) 1 MG/ML	50 ML	FC	IV	ML	25 MG			0.04	01/01/2002	99/99/9999						
00173-0442-00	J2405			1/1/2002	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (M.D.V.) 2 MG/ML	20 ML	VL	U	ML	1 MG			2	01/01/2002	99/99/9999						
00173-0442-02	J2405			1/1/2002	10/11/2010	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (S.D.V.) 2 MG/ML	2 ML	VL	U	ML	1 MG			2	01/01/2002	10/11/2010						
00173-0446-00	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	30 EA	BO	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	100 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
00173-0446-02	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	100 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
00173-0446-04	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	30 EA	BO	PO	EA	8 MG			1	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	100 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
00173-0447-02	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	100 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
00173-0447-04	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
						INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML	6 MG			2	01/01/2002	99/99/9999						
						INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (PREMIXED BAG) 32 MG/50 ML	50 ML	FC	IV	ML	1 MG		0.64	01/01/2002	11/18/2008							
00173-0489-00	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (BERRY) 4 MG/5 ML	50 ML	BO	PO	ML	8 MG			0.1	01/01/2002	99/99/9999	1/1/2002	9/30/2006		1		
						INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1 EA	VL	IV	EA	0.5 MG			1	11/11/2006	4/1/2009						
						INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1 EA	VL	IV	EA	0.5 MG			1	07/27/2010	99/99/9999	1/1/2002	9/30/2006		3		
00173-0517-00	J1325			7/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1 EA	VL	IV	EA	0.5 MG			3	07/27/2010	99/99/9999						
00173-0519-00	J1325			7/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1 EA	VL	IV	EA	0.5 MG			3	07/27/2010	99/99/9999						
00173-0569-00	Q0179			1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN ODT 4 MG	30 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN ODT 8 MG	30 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN ODT (5X2) 8 MG	10 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
00173-0635-35	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	50 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
00173-0656-01	J9390			1/1/2002	12/19/2005	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (S.D.V.) 10 MG/ML	1 ML	VL	IV	ML	10 MG			1	01/01/2002	12/19/2005						
00173-0656-44	J9390			1/1/2002	12/19/2005	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (S.D.V.) 10 MG/ML	5 ML	VL	IV	ML	10 MG			1	01/01/2002	12/19/2005						
00173-0680-00	Q0179			1/1/2002	2/21/2006	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 24 MG	1 EA	BX	PO	EA	8 MG			3	01/01/2002	02/21/2006						
						ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, BRAND, PER 10 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	RELENZA (5X4,W/DISKHALER) 5 MG/Actuation	20 EA	IH	IH	EA	10 MG		0.5	12/01/2004	05/31/2005							
						BUSULFAN, 2 MG, ORAL	MYLERAN 2 MG	25 EA	BO	PO	EA	2 MG			1	01/01/2000	99/99/9999						
00173-0739-00	J3030			3/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE 4 MG/0.5 ML	1 EA	BX	SC	EA	6 MG		0.666667	03/17/2006	99/99/9999							
00173-0739-02	J3030			3/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX STATDOSE (REFILL W/2 SYRINGES) 4 MG/0.5 ML	1 EA	BX	SC	EA	6 MG		0.666667	03/17/2006	99/99/9999							
00173-0807-25	J8999			1/1/2002	9/9/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	25 EA	BO	PO	EA	1 EA			1	01/01/2002	09/09/2003						
00173-0807-65	J8999			1/1/2002	9/12/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	250 EA	BO	PO	EA	1 EA			1	01/01/2002	09/12/2003						
00173-0945-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
00173-0949-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
00173-0952-01	J3490			1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	ZOVIRAX 1000 MG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	09/30/2003						
00173-0952-01	Q4075			10/1/2003	1/14/2005	INJECTION, ACYCLOVIR, 5 MG	ZOVIRAX 1000 MG	1 EA	VL	IV	EA	5 MG			200	10/01/2003	01/14/2005						
00173-0953-96	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG/5 ML	473 ML	BO	PO	ML	1 EA			1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00173-0991-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
00173-0991-56	J8499			1/1/2002	9/7/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX (2X5X10) 200 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	09/07/2007							
00173-0995-01	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ZOVIRAX 500 MG	1	EA	VL	IV	EA	5 MG		100	10/01/2003	12/31/2005							
00173-0995-01	J0133			1/1/2006	4/18/2006	INJECTION, ACYCLOVIR, 5 MG	ZOVIRAX 500 MG	1	EA	VL	IV	EA	5 MG		100	01/01/2006	04/18/2006							
00182-0201-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 5 MG	100	EA	BX	PO	EA	5 MG		1	01/01/2002	2/5/2009							
00182-0492-10	Q0163			1/1/2002	10/23/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	10/23/2009							
00182-1086-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	5 MG		4	01/01/2002	2/5/2009							
00182-1098-89	Q0177			1/1/2002	4/10/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BX	PO	EA	25 MG		1	01/01/2002	4/10/2006							
00182-1099-89	Q0178			1/1/2002	4/10/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	50 MG		1	01/01/2002	4/10/2006							
00182-1131-93	Q0163			5/3/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHT-TIME SLEEP AID (MAX. STR.,SOFTGEL) 50 MG	32	EA	BO	PO	EA	50 MG		1	05/03/2002	99/99/9999							
00182-1334-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	5 MG		2	01/01/2002	2/5/2009							
00182-1396-01	Q0173			1/1/2002	7/7/2004	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100	EA	BO	PO	EA	250 MG		1	01/01/2002	07/07/2004							
00182-1864-89	J8999			1/1/2002	7/16/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	7/16/2009							
00182-2001-37	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	2/5/2010							
00182-2091-16	Q0163			1/1/2002	10/30/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST 25 MG	24	EA	BO	PO	EA	50 MG		0.5	01/01/2002	10/30/2009							
00182-2092-01	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	2/5/2010							
00182-2092-16	Q0163			1/1/2002	7/30/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	7/30/2010							
00182-2666-89	J8499			1/1/2002	11/29/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 200 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	11/29/2007							
00182-2667-89	J8499			1/1/2002	9/14/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 800 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	9/14/2008							
00182-3154-99	J9218			1/25/2002	4/26/2006	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (2 WEEK ADMINISTRATION) 5 MG/ML	2.8	ML	VL	SC	EA	1 MG		14	01/25/2002	4/26/2006							
00182-6014-65	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	01/01/2008	03/31/2008							
00182-6014-65	J7611			4/1/2008	12/9/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	12/9/2009							
00182-6168-37	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDRAMINE (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	2/5/2010							
00182-6168-40	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDRAMINE (AF) 12.5 MG/5 ML	480	ML	BO	PO	ML	50 MG		0.05	01/01/2002	2/5/2010							
00182-7096-11	K0416			3/3/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 MG		25	03/03/2003	12/31/2005							
00182-7096-11	J8498			1/1/2006	8/19/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1 EA			1	01/01/2006	8/19/2008						
00182-7099-11	K0416			10/8/2004	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1 MG		12.5	10/08/2004	12/31/2005							
00182-7099-11	J8498			1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	8/8/2008							
00182-7100-11	K0416			10/8/2004	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 MG		25	10/08/2004	12/31/2005							
00182-7100-11	J8498			1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	8/8/2008							
00182-7101-11	K0416			10/8/2004	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 50 MG	12	EA	BX	RC	EA	1 MG		50	10/08/2004	12/31/2005							
00182-7101-11	J8498			1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 50 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	8/8/2008							
00182-8200-89	J8499			1/1/2002	9/14/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 400 MG	100	EA	BX	PO	EA	1 EA		1	01/01/2002	9/14/2008							
00182-8210-89	Q0164			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (10X10,FILM-COATED) 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00182-8211-89		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (10X10,FILM-COATED) 10 MG	100	EA	BO	PO	EA	10 MG		1	01/01/2002	99/99/9999						
00185-0613-01		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00185-0613-05		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00185-0615-01		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00185-0615-05		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00185-0648-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
00185-0648-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
00185-0649-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00185-0649-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
00185-0932-30		J7515		1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00185-0933-30		J7502		1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30	EA	BO	PO	EA	100 MG		1	01/01/2002	99/99/9999						
00185-1125-05		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00185-1125-18		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00185-1125-88		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE (BLISTER PACK,10X10) 125 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
00185-7203-70		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	09/21/2006	99/99/9999						
00185-7206-70		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	09/21/2006	99/99/9999						
00185-7209-69		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	09/21/2006	99/99/9999						
00185-7212-68		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	09/21/2006	99/99/9999						
00185-7322-13		J7620		7/1/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	07/01/2007	99/99/9999						
00185-7322-30		J7620		7/1/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	07/01/2007	99/99/9999						
00185-7322-60		J7620		7/1/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	07/01/2007	99/99/9999						
00185-7400-14		J9218		1/1/2002	12/3/2003	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8	ML	VL	SC	ML	1 MG		5	01/01/2002	12/03/2003						
00185-7400-85		J9218		1/1/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (2 WEEK ADMINISTRATION) 5 MG/ML	2.8	ML	VL	SC	EA	1 MG		14	01/01/2002	99/99/9999						
00186-0110-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	20	ML	VL	EP	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0110-01		J2001		1/1/2004	4/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 1%	20	ML	VL	EP	ML	10 MG		1	01/01/2004	4/1/2010						
00186-0112-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 1%	30	ML	VL	EP	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0112-01		J2001		1/1/2004	11/17/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 1%	30	ML	VL	EP	ML	10 MG		1	01/01/2004	11/17/2009						
00186-0112-91		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.,STERILE-PAK) 1%	30	ML	VL	EP	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0112-91		J2001		1/1/2004	4/7/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.,STERILE-PAK) 1%	30	ML	VL	EP	ML	10 MG		1	01/01/2004	4/7/2010						
00186-0120-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 2%	20	ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0120-01		J2001		1/1/2004	11/17/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	20	ML	VL	IJ	ML	10 MG		2	01/01/2004	11/17/2009						
00186-0135-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 0.5%	50	ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0135-01		J2001		1/1/2004	7/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 0.5%	50	ML	VL	IJ	ML	10 MG		0.5	01/01/2004	7/1/2010						
00186-0137-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 0.5%	50	ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0137-01		J2001		1/1/2004	4/6/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 0.5%	50	ML	VL	IJ	ML	10 MG		0.5	01/01/2004	4/6/2010						
00186-0145-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	50	ML	VL	EP	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0145-01		J2001		1/1/2004	12/6/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 1%	50	ML	VL	EP	ML	10 MG		1	01/01/2004	12/6/2009						
00186-0155-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 2%	50	ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003						
00186-0155-01		J2001		1/1/2004	7/12/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	50	ML	VL	IJ	ML	10 MG		2	01/01/2004	7/12/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00186-0170-14	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (ASTRAPAK, DENTAL) 2%	1.8 ML	EA	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0170-14	J2001			1/1/2004	8/14/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (ASTRAPAK, DENTAL) 2%	1.8 ML	EA	U	ML		10 MG			2	01/01/2004	08/14/2006					
00186-0210-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 1%	2 ML	AM	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0210-03	J2001			1/1/2004	10/8/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D. AMP) 1%	2 ML	AM	EP	ML		10 MG			1	01/01/2004	10/8/2009					
00186-0215-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 2%	2 ML	AM	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0215-03	J2001			1/1/2004	2/18/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D. AMP) 2%	2 ML	AM	U	ML		10 MG			2	01/01/2004	2/18/2010					
00186-0230-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 1%	5 ML	AM	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0230-03	J2001			1/1/2004	10/28/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D. AMP) 1%	5 ML	AM	EP	ML		10 MG			1	01/01/2004	10/28/2009					
00186-0232-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (AMP, CARDIAC) 2%	5 ML	AM	IV	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0232-03	J2001			1/1/2004	2/22/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (AMP, CARDIAC) 2%	5 ML	AM	IV	ML		10 MG			2	01/01/2004	2/22/2010					
00186-0235-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 4%	5 ML	AM	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0235-03	J2001			1/1/2004	2/21/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D. AMP) 4%	5 ML	AM	U	ML		10 MG			4	01/01/2004	2/21/2010					
00186-0240-44	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 2%	10 ML	AM	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0240-44	J2001			1/1/2004	5/10/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 2%	10 ML	AM	U	ML		10 MG			2	01/01/2004	5/10/2009					
00186-0241-13	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 2%	2 ML	VL	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0241-13	J2001			1/1/2004	11/19/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 2%	2 ML	VL	U	ML		10 MG			2	01/01/2004	11/19/2009					
00186-0242-13	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 2%	5 ML	VL	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0242-13	J2001			1/1/2004	10/8/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 2%	5 ML	VL	U	ML		10 MG			2	01/01/2004	10/8/2009					
00186-0243-12	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 2%	10 ML	VL	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0243-12	J2001			1/1/2004	5/17/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	10 ML	VL	U	ML		10 MG			2	01/01/2004	5/17/2010					
00186-0244-44	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1.5%	10 ML	AM	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0244-44	J2001			1/1/2004	11/10/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1.5%	10 ML	AM	U	ML		10 MG			1.5	01/01/2004	11/10/2009					
00186-0245-54	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1.5%	20 ML	AM	U	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0245-54	J2001			1/1/2004	3/30/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1.5%	20 ML	AM	U	ML		10 MG			1.5	01/01/2004	3/30/2009					
00186-0255-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 1%	30 ML	AM	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0255-02	J2001			1/1/2004	7/29/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D. AMP) 1%	30 ML	AM	EP	ML		10 MG			1	01/01/2004	7/29/2010					
00186-0275-12	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	10 ML	VL	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0275-12	J2001			1/1/2004	5/28/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 1%	10 ML	VL	EP	ML		10 MG			1	01/01/2004	5/28/2010					
00186-0276-13	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 1%	2 ML	VL	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0276-13	J2001			1/1/2004	9/20/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 1%	2 ML	VL	EP	ML		10 MG			1	01/01/2004	9/20/2009					
00186-0277-13	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 1%	5 ML	VL	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0277-13	J2001			1/1/2004	9/20/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.) 1%	5 ML	VL	EP	ML		10 MG			1	01/01/2004	9/20/2009					
00186-0278-44	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1%	10 ML	AM	EP	ML		50 ML			0.02	01/01/2002	12/31/2003					
00186-0278-44	J2001			1/1/2004	4/14/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1%	10 ML	AM	EP	ML		10 MG			1	01/01/2004	4/14/2009					
00186-0278-54	J2000			1/1/2002	9/5/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (POLYAMP, STERILE-PAK) 1%	20 ML	AM	EP	ML		50 ML			0.02	01/01/2002	09/05/2003					
00186-0410-01	J0670			1/1/2002	10/25/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 1%	50 ML	VL	U	ML		10 ML			0.1	01/01/2002	10/25/2009					
00186-0412-01	J0670			1/1/2002	6/7/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 1%	30 ML	VL	U	ML		10 ML			0.1	01/01/2002	6/7/2009					
00186-0418-01	J0670			1/1/2002	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 1.5%	30 ML	VL	U	ML		10 ML			0.1	01/01/2002	99/99/9999					
00186-0420-01	J0670			1/1/2002	2/5/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 2%	50 ML	VL	U	ML		10 ML			0.1	01/01/2002	2/5/2009					
00186-0422-01	J0670			1/1/2002	12/2/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 2%	20 ML	VL	U	ML		10 ML			0.1	01/01/2002	12/2/2009					
00186-0440-14	J0670			1/1/2002	8/14/2006	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (ASTRAPAK) 3%	1.8 ML	EA	U	ML		10 ML			0.1	01/01/2002	08/14/2006					
00186-0460-14	J0670			1/1/2002	8/14/2006	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (ASTRAPAK/W/LEVONORDEFERIN) 2%	1.8 ML	EA	U	ML		10 ML			0.1	01/01/2002	08/14/2006					
00186-0859-44	J2795			1/1/2002	4/14/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 2 MG/ML	10 ML	AM	U	ML		1 MG			2	01/01/2002	4/14/2009					
00186-0859-54	J2795			1/1/2002	7/13/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 2 MG/ML	20 ML	AM	U	ML		1 MG			2	01/01/2002	7/13/2009					
00186-0859-77	J2795			1/19/2007	6/17/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NOVAPLUS NAROPIN (SINGLE-DOSE, PF) 2 MG/ML	100 ML	VL	U	ML		1 MG			2	01/19/2007	6/17/2009					
00186-0859-81	J2795			1/1/2002	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	100 ML	VL	U	ML		1 MG			2	01/01/2002	99/99/9999					
00186-0859-91	J2795			1/1/2002	8/9/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	200 ML	VL	U	ML		1 MG			2	01/01/2002	8/9/2009					
00186-0863-44	J2795			1/1/2002	9/5/2003	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 5 MG/ML	10 ML	AM	U	ML		1 MG			5	01/01/2002	09/05/2003					
00186-0863-54	J2795			1/1/2002	4/29/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 5 MG/ML	20 ML	AM	U	ML		1 MG			5	01/01/2002	4/29/2009					
00186-0863-61	J2795			1/1/2002	7/19/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D.V.) 5 MG/ML	30 ML	VL	U	ML		1 MG			5	01/01/2002	7/19/2009					
00186-0863-69	J2795			1/1/2002	10/18/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D.V., STERILE-PAK) 5 MG/ML	30 ML	VL	U	ML		1 MG			5	01/01/2002	10/18/2009					
00186-0863-77	J2795			1/19/2007	8/2/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NOVAPLUS NAROPIN (SDV, PF) 5 MG/ML	30 ML	VL	U	ML		1 MG			5	01/19/2007	8/2/2009					
00186-0867-44	J2795			1/1/2002	9/5/2003	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 7.5 MG/ML	10 ML	AM	U	ML		1 MG			7.5	01/01/2002	09/05/2003					
00186-0867-54	J2795			1/1/2002	9/15/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 7.5 MG/ML	20 ML	AM	U	ML		1 MG			7.5	01/01/2002	9/15/2009					
00186-0868-44	J2795			1/1/2002	8/4/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 10 MG/ML	10 ML	AM	U	ML		1 MG			10	01/01/2002	8/4/2009					
00186-0868-54	J2795			1/1/2002	6/7/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT, STER-PAK) 10 MG/ML	20 ML	AM	U	ML		1 MG			10	01/01/2002	6/7/2009					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00186-0971-66	J2400			1/1/2002	5/3/2010	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NESACAINE (M.D.V.) 1%	30 ML	VL	IJ	ML		30 ML		0.03333	01/01/2002	5/3/2010						
00186-0972-66	J2400			1/1/2002	3/15/2009	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NESACAINE (M.D.V.) 2%	30 ML	VL	IJ	ML		30 ML		0.03333	01/01/2002	3/15/2009						
00186-0991-66	J2400			1/1/2002	11/9/2008	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NESACAINE-MPF (S.D.V.) 2%	20 ML	VL	IJ	ML		30 ML		0.03333	01/01/2002	11/9/2008						
00186-0992-66	J2400			1/1/2002	11/9/2008	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NESACAINE-MPF (S.D.V.) 3%	20 ML	VL	IJ	ML		30 ML		0.03333	01/01/2002	11/9/2008						
00186-1026-03	J3490			1/1/2002	6/28/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP.SPINAL.W/DEXTR) 0.75%	2 ML	AM	IJ	ML		1 EA		1	01/01/2002	6/28/2009						
00186-1030-01	J3490			1/1/2002	8/3/2009	UNCLASSIFIED DRUGS	SENSORCAINE (M.D.V.) 0.25%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	8/3/2009						
00186-1030-02	J3490			1/1/2002	4/20/2010	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP) 0.25%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	4/20/2010						
00186-1030-12	J3490			1/1/2002	7/26/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,E-Z O CLOSURE) 0.25%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	7/26/2009						
00186-1030-91	J3490			1/1/2002	9/14/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,STERILE-PAK) 0.25%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	9/14/2009						
00186-1031-01	J3490			1/1/2002	11/11/2009	UNCLASSIFIED DRUGS	SENSORCAINE (M.D.V.) 0.25%	50 ML	VL	IJ	ML		1 EA		1	01/01/2002	11/11/2009						
00186-1033-01	J3490			1/1/2002	9/15/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.) 0.5%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	9/15/2009						
00186-1033-02	J3490			1/1/2002	8/31/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP) 0.5%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	8/31/2009						
00186-1033-12	J3490			1/1/2002	1/3/2010	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,E-Z O CLOSURE) 0.5%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	1/3/2010						
00186-1033-91	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,STERILE-PAK) 0.5%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	99/99/9999						
00186-1035-01	J3490			1/1/2002	8/31/2009	UNCLASSIFIED DRUGS	SENSORCAINE (M.D.V.) 0.5%	50 ML	VL	IJ	ML		1 EA		1	01/01/2002	8/31/2009						
00186-1037-01	J3490			1/1/2002	9/28/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.) 0.75%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	9/28/2009						
00186-1037-02	J3490			1/1/2002	9/1/2010	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP) 0.75%	30 ML	AM	IJ	ML		1 EA		1	01/01/2002	9/1/2010						
00186-1037-12	J3490			1/1/2002	8/3/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,E-Z O CLOSURE) 0.75%	10 ML	VL	IJ	ML		1 EA		1	01/01/2002	8/3/2009						
00186-1150-02	J2275			1/1/2002	11/11/2009	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D. AMP) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG		0.05	01/01/2002	11/11/2009						
00186-1151-02	J2275			1/1/2002	2/18/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D. AMP) 1 MG/ML	10 ML	AM	IJ	ML		10 MG		0.1	01/01/2002	2/18/2010						
00186-1152-12	J2275			1/1/2002	7/14/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D.V.,E-Z O CLOSURE) 0.5 MG/ML	10 ML	VL	IJ	ML		10 MG		0.05	01/01/2002	7/14/2010						
00186-1153-12	J2275			1/1/2002	11/17/2009	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D.V.,E-Z O CLOSURE) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	11/17/2009						
00186-1159-03	J2275			1/1/2002	9/30/2009	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D. AMP) 0.5 MG/ML	2 ML	AM	IJ	ML		10 MG		0.05	01/01/2002	9/30/2009						
00186-1160-03	J2275			1/1/2002	10/5/2009	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	ASTRAMORPH PF (S.D. AMP) 1 MG/ML	2 ML	AM	IJ	ML		10 MG		0.1	01/01/2002	10/5/2009						
00186-1905-01	J1455			1/1/2002	10/5/2005	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCAVIR 24 MG/ML	250 ML	GC	IV	ML		1000 MG		0.024	01/01/2002	10/05/2005						
00186-1906-01	J1455			1/1/2002	4/9/2009	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCAVIR 24 MG/ML	500 ML	GC	IV	ML		1000 MG		0.024	01/01/2002	4/9/2009						
00186-1988-04	J7626			1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	01/01/2002	99/99/9999						
00186-1988-04	KO J7626	KO		1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	01/01/2002	99/99/9999						
00186-1989-04	J7626			1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	01/01/2002	99/99/9999						
00186-1989-04	KO J7626	KO		1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	01/01/2002	99/99/9999						
00186-1990-04	J7626			8/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		1	08/27/2007	99/99/9999						
00186-1990-04	KO J7626	KO		8/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		1	08/27/2007	99/99/9999						
00187-0247-01	Q0181			7/10/2006	12/31/2006	REGIMEN	CESAMET 1 MG	20 EA	BO	PO	EA		1 EA		1	07/10/2006	12/31/2006						
00187-0247-01	J8650			1/1/2007	2/5/2010	NABILON, ORAL, 1 MG	CESAMET 1 MG	20 EA	BO	PO	EA		1 MG		1	01/01/2007	2/5/2010						
00187-2006-01	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (1X0.5ML.PF) 30 MCG/ML	0.5 ML	VL	SC	ML		1 MCG		30	01/18/2008	3/5/2009						
00187-2006-05	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X0.5ML.PF) 30 MCG/ML	0.5 ML	VL	SC	ML		1 MCG		30	01/18/2008	3/5/2009						
00187-2007-02	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (1X0.3ML.PF) 30 MCG/ML	0.3 ML	VL	SC	ML		1 MCG		30	01/18/2008	3/5/2009						
00187-2007-06	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X0.3ML.PF) 30 MCG/ML	0.3 ML	VL	SC	ML		1 MCG		30	01/18/2008	3/5/2009						
00187-3072-10	J1960			1/1/2002	99/99/9999	INJECTION, LEVOPHANOL TARTRATE, UP TO 2 MG	LEVO-DROMORAN (AMP) 2 MG/ML	1 ML	AM	IJ	ML		2 MG		1	01/01/2002	99/99/9999						
00187-3101-30	J2710			1/1/2002	6/14/2004	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	PROSTIGMIN (AMP) 0.5 MG/ML	1 ML	AM	IJ	ML		0.5 MG		1	01/01/2002	06/14/2004						
00187-3103-50	J2710			1/1/2002	6/14/2004	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	PROSTIGMIN (VIAL) 1 MG/ML	10 ML	VL	IJ	ML		0.5 MG		2	01/01/2002	06/14/2004						
00187-3104-60	J2710			1/1/2002	6/14/2004	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	PROSTIGMIN (VIAL) 0.5 MG/ML	10 ML	VL	IJ	ML		0.5 MG		1	01/01/2002	06/14/2004						
00187-3755-74	J1990			1/1/2002	11/6/2008	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	LIBRIUM (DUPEX AMP W/DILUENT) 100 MG	1 EA	AM	IJ	EA		100 MG		1	01/01/2002	11/6/2008						
00187-3953-64	J9190			1/1/2002	11/6/2008	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (VIAL) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	01/01/2002	11/6/2008						
00187-3953-64	QR J9190	QR		1/28/2005	11/6/2008	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (VIAL) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	01/28/2005	11/6/2008						
00206-3879-16	J3490			1/1/2002	4/22/2003	UNCLASSIFIED DRUGS	PIPRACIL (VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	04/22/2003						
00206-3880-25	J3490			1/1/2002	4/22/2003	UNCLASSIFIED DRUGS	PIPRACIL (VIAL) 4 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	04/22/2003						
00206-3882-55	J3490			1/1/2002	4/22/2003	UNCLASSIFIED DRUGS	PIPRACIL (VIAL) 3 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	04/22/2003						
00206-8452-16	J2543			1/1/2002	12/4/2006	(1.125 GRAMS) INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS	ZOSYN (VIAL) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM		2	01/01/2002	12/04/2006						
00206-8452-17	J2543			1/1/2002	12/4/2006	(1.125 GRAMS) INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS	ZOSYN (ADD-VANTAGE) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM		2	01/01/2002	12/04/2006						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00206-8454-17	J2543			1/1/2002	12/4/2006	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADD-VANTAGE) 3 GM-0.375 GM	1 EA	VL	IV	EA		1 GM		3	01/01/2002	12/04/2006						
00206-8454-55	J2543			1/1/2002	12/4/2006	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (VIAL) 3 GM-0.375 GM	1 EA	VL	IV	EA		1 GM		3	01/01/2002	12/04/2006						
00206-8455-17	J2543			1/1/2002	12/4/2006	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADD-VANTAGE) 4 GM-0.5 GM	1 EA	VL	IV	EA		1 GM		4	01/01/2002	12/04/2006						
00206-8455-25	J2543			1/1/2002	12/4/2006	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (VIAL) 4 GM-0.5 GM	1 EA	VL	IV	EA		1 GM		4	01/01/2002	12/04/2006						
00206-8620-11	J2543			1/1/2002	12/4/2006	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (BULK VIAL) 36 GM-4.5 GM	1 EA	VL	IV	EA		1 GM		36	01/01/2002	12/04/2006						
00206-8820-02	J2543			1/1/2002	1/23/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 40 MG/ML-5 MG/ML	50 ML	PC	IV	ML		1 GM		0.04	01/01/2002	01/23/2007						
00206-8821-02	J2543			1/1/2002	1/23/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 60 MG/ML-7.5 MG/ML	50 ML	PC	IV	ML		1 GM		0.06	01/01/2002	01/23/2007						
00206-8822-02	J2543			1/1/2002	1/23/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 4 GM/100 ML-0.5 GM/100 ML	100 ML	PC	IV	ML		1 GM		0.04	01/01/2002	01/23/2007						
00206-8852-16	J2543			4/5/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM		2	04/05/2006	99/99/9999						
00206-8852-18	J2543			4/28/2006	8/17/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADD-VANTAGE VIAL) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM		2	04/28/2006	08/17/2007						
00206-8854-16	J2543			3/6/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1 EA	VL	IV	EA		1 GM		3	03/06/2006	99/99/9999						
00206-8854-18	J2543			4/5/2006	8/17/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADDVANTAGE VIAL) 3 GM-0.375 GM	1 EA	VL	IV	EA		1 GM		3	04/05/2006	08/17/2007						
00206-8855-16	J2543			3/13/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1 EA	VL	IV	EA		1 GM		4	03/13/2006	99/99/9999						
00206-8855-18	J2543			4/5/2006	8/17/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADDVANTAGE VIAL) 4 GM-0.5 GM	1 EA	VL	IV	EA		1 GM		4	04/05/2006	08/17/2007						
00206-8859-10	J2543			4/28/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1 EA	VL	IV	EA		1 GM		36	04/28/2006	99/99/9999						
00206-8860-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 2 GM/50 ML-0.25 GM/50 ML	50 ML	PC	IV	ML		1 GM		0.04	01/09/2006	99/99/9999						
00206-8861-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (24 PRE-MIX BAGS OF 50ML) 3 GM/50 ML-0.375 GM/50 ML	50 ML	PC	IV	ML		1 GM		0.06	01/09/2006	99/99/9999						
00206-8862-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100 ML	PC	IV	ML		1 GM		0.04	01/09/2006	99/99/9999						
00223-1512-01	J7510			1/1/2002	8/15/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	100 EA	NA	PO	EA		5 MG		1	01/01/2002	08/15/2008						
00223-7191-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (VIAL) 0.4 MG/ML	1 ML	VL	IJ	ML		0.3 MG		1.33333	01/01/2002	12/31/2009						
00223-7192-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (VIAL) 0.4 MG/ML	1 ML	VL	IJ	ML		0.3 MG		1.33333	01/01/2002	12/31/2009						
00223-7193-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (AMP) 0.4 MG/ML	1 ML	AM	IJ	ML		0.3 MG		1.33333	01/01/2002	12/31/2009						
00223-7206-01	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (VIAL) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG		3.33333	01/01/2002	12/31/2009						
00223-8496-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	5 ML	AM	IV	ML		0.9 %		0.5	01/01/2002	12/31/2006						
00223-8496-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5 ML	AM	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
00223-8496-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	5 ML	AM	IV	ML		0.9 %		0.5	01/01/2002	12/31/2006						
00223-8496-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5 ML	AM	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
00223-8497-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	10 ML	AM	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00223-8497-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10 ML	AM	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00223-8500-30	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00223-8500-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00228-2605-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00228-2605-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00228-2606-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00228-2606-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00228-2607-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00228-2607-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	12/04/2006						
00254-4216-13	J7509			1/1/2002	3/26/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	03/26/2003						
00254-4216-28	J7509			1/1/2002	3/26/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	03/26/2003						
00254-4940-28	Q0175			1/1/2002	3/26/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100 EA	BO	PO	EA		4 MG		0.5	01/01/2002	03/26/2003						
00254-4940-35	Q0175			1/1/2002	3/26/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	500 EA	BO	PO	EA		4 MG		0.5	01/01/2002	03/26/2003						
00254-4941-28	Q0175			1/1/2002	3/26/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	03/26/2003						
00254-4941-35	Q0175			1/1/2002	3/26/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	500 EA	BO	PO	EA		4 MG		1	01/01/2002	03/26/2003						
00254-4942-28	Q0176			1/1/2002	3/26/2003	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA		8 MG		1	01/01/2002	03/26/2003						
00254-4942-35	Q0176			1/1/2002	3/26/2003	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	500 EA	BO	PO	EA		8 MG		1	01/01/2002	03/26/2003						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00254-4943-28	Q0176			1/1/2002	3/26/2003	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 16 MG	100	EA	BO	PO	EA	8 MG		2	01/01/2002	03/26/2003						
00254-5093-13	J7506			1/1/2002	3/26/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	01/01/2002	03/26/2003						
00254-5093-23	J7506			1/1/2002	3/26/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5 MG		2	01/01/2002	03/26/2003						
00254-5094-13	J7506			1/1/2002	3/26/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	01/01/2002	03/26/2003						
00254-5094-23	J7506			1/1/2002	3/26/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5 MG		1	01/01/2002	03/26/2003						
00258-3711-01	G9020			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	RIMANTADINE HCL 100 MG	100	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
00259-0364-21	J7506			1/1/2002	7/1/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (6 DAY UNI-PAK) 10 MG STERAPRED DS (12 DAY UNI-PAK) 10 MG	21	EA	DP	PO	EA	5 MG		2	01/01/2002	7/1/2009						
00259-0389-48	J7506			1/1/2002	8/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED (6 DAY UNI-PAK) 5 MG	48	EA	DP	PO	EA	5 MG		2	01/01/2002	8/31/2009						
00259-0390-21	J7506			1/1/2002	10/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED (12 DAY UNI-PAK) 5 MG	48	EA	DP	PO	EA	5 MG		1	01/01/2002	10/31/2009						
00259-0391-48	J7506			1/1/2002	10/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED (12 DAY UNI-PAK) 5 MG	48	EA	DP	PO	EA	5 MG		1	01/01/2002	10/31/2009						
00264-1101-55	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS) 5%	500	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1102-55	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS W/SS, 250 ML) 5%	150	ML	GC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1107-55	J7060			1/1/2002	11/20/2009	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS W/SOLID STOPPER) 5%	1000	ML	EA	IV	ML	500 ML		0.002	01/01/2002	11/20/2009						
00264-1127-01	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (AIR TUBE, 1000 ML) 60%	500	ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009						
00264-1129-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/AIR TUBE) 70%	2000	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1178-10	J7799			1/1/2002	4/30/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (GLASS CONTAINER) 20%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	4/30/2003						
00264-1207-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (GLASS W/SS, 1000 ML) 10%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1217-10	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS) 5%-0.11%	500	ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009						
00264-1222-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS) 10%-0.45%	1000	ML	EA	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1240-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 30%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1250-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 20%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1251-55	J7799			1/1/2002	7/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 20%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	7/31/2008						
00264-1260-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 40%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1270-50	J7799			1/1/2002	10/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 60%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	10/31/2007						
00264-1280-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 50%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1280-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	1000	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1281-55	J7799			1/1/2002	6/30/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	6/30/2009						
00264-1290-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS, 1000 ML) 70%	500	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1290-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 70%	1000	ML	GC	IV	ML	1 EA		1	01/01/2002	99/99/9999						
00264-1441-55	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	500	ML	GC	IV	ML	40 MG		0.02	10/01/2003	12/31/2005						
00264-1441-55	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	500	ML	GC	IV	ML	40 MG		0.02	01/01/2006	99/99/9999						
00264-1442-55	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.02	10/01/2003	12/31/2005						
00264-1442-55	J1265			1/1/2006	11/30/2007	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.02	01/01/2006	11/30/2007						
00264-1481-55	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	500	ML	GC	IV	ML	40 MG		0.04	10/01/2003	12/31/2005						
00264-1481-55	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	500	ML	GC	IV	ML	40 MG		0.04	01/01/2006	99/99/9999						
00264-1482-55	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.04	10/01/2003	12/31/2005						
00264-1482-55	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.04	01/01/2006	99/99/9999						
00264-1492-55	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-320 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.08	10/01/2003	12/31/2005						
00264-1492-55	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-320 MG/100 ML	250	ML	GC	IV	ML	40 MG		0.08	01/01/2006	99/99/9999						
00264-1510-31	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	50	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1510-32	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (150 ML PAB) 5%	100	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1510-36	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	25	ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999						
00264-1800-31	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	50	ML	FC	IV	ML	0.9 %		0.5	01/01/2002	12/31/2003						
00264-1800-31	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	50	ML	FC	IV	ML	10 ML		0.1	01/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-1800-32	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (150 ML PAB) 0.9%	100 ML	FC	IV	ML	250 ML	0.004	01/01/2002	99/99/9999								
00264-1800-36	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	25 ML	FC	IV	ML	0.9 %	0.5	01/01/2002	12/31/2003								
00264-1800-36	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	25 ML	FC	IV	ML	10 ML	0.1	01/01/2004	99/99/9999								
00264-1940-10	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	500 ML	GC	IV	ML	2 MEQ	1	01/01/2002	99/99/9999								
00264-1940-20	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	250 ML	GC	IV	ML	2 MEQ	1	01/01/2002	99/99/9999								
00264-1960-10	J7110			1/1/2002	9/30/2009	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70 W/NAACL (GLASS CONTAINER) 6%-0.9%	500 ML	GC	IV	ML	500 ML	0.002	01/01/2002	9/30/2009								
00264-1962-10	J7100			1/1/2002	4/9/2003	INFUSION, DEXTRAN 40, 500 ML	DEXTRAN-40 W/DEXTROSE (GLASS CONTAINER) 10%-5%	500 ML	GC	IV	ML	500 ML	0.002	01/01/2002	04/09/2003								
00264-1963-10	J7100			1/1/2002	4/9/2003	INFUSION, DEXTRAN 40, 500 ML	DEXTRAN-40 W/NAACL 10%-0.9%	500 ML	GC	IV	ML	500 ML	0.002	01/01/2002	04/09/2003								
00264-1972-10	Q2013			1/1/2002	4/26/2004	INJECTION, PENTASTARCH, 10% SOLUTION, PER 100 ML	PENTASPAN 10%	500 ML	BO	IV	ML	10 %	0.01	01/01/2002	04/26/2004								
00264-2101-00	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (PIC CONTAINER)	1000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2101-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	1000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2101-10	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (PIC CONTAINER)	500 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2101-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	500 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2101-50	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (PIC CONTAINER)	2000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2101-50	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	2000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2101-70	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION (PIC CONTAINER)	4000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2101-70	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	4000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2201-00	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	1000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2201-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	1000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2201-10	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2201-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2201-50	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2201-50	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2201-70	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000 ML	PC	IR	ML	1000 ML	0.001	01/01/2002	12/31/2003								
00264-2201-70	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999								
00264-2220-55	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS W/SOLID STOPPER) 10%-0.45%	1000 ML	EA	IV	ML	1 EA	1	01/01/2002	11/20/2009								
00264-2303-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	2000 ML	PC	IL	ML	1 EA	1	01/01/2002	99/99/9999								
00264-2303-70	J7799			1/1/2002	8/31/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	4000 ML	PC	IL	ML	1 EA	1	01/01/2002	8/31/2003								
00264-3102-11	J0690			1/1/2002	11/20/2009	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN 500 MG/50 ML	50 ML	EA	IV	ML	500 MG	0.02	01/01/2002	11/20/2009								
00264-3103-11	J0690			3/5/2003	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (DUPLEX) 1 GM/50 ML-4%	50 ML	FC	IV	ML	500 MG	0.04	03/05/2003	99/99/9999								
00264-3112-11	J0697			9/15/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG/50 ML	50 ML	FC	IV	ML	750 MG	0.02	09/15/2003	99/99/9999								
00264-3114-11	J0697			3/1/2004	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (DUPLEX) 1.5 GM/50 ML	50 ML	FC	IV	ML	750 MG	0.04	03/01/2004	99/99/9999								
00264-3123-11	J0694			7/1/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1 EA	FC	IV	EA	1 GM	1	07/01/2006	99/99/9999								
00264-3125-11	J0694			7/1/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1 EA	FC	IV	EA	1 GM	2	07/01/2006	99/99/9999								
00264-3153-11	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 1 GM/50 ML	50 ML	FC	IV	ML	250 MG	0.08	07/20/2005	99/99/9999								
00264-3155-11	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 2 GM/50 ML	50 ML	FC	IV	ML	250 MG	0.16	07/20/2005	99/99/9999								
00264-3500-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (GLASS CONTAINER)	1000 ML	GC	IV	ML	1000 ML	0.001	01/01/2002	11/20/2009								
00264-3501-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (GLASS CONTAINER)	500 ML	GC	IV	ML	1000 ML	0.001	01/01/2002	11/20/2009								
00264-3510-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (GLASS)	1000 ML	NA	IV	ML	1000 ML	0.0005	01/01/2002	11/20/2009								
00264-3511-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (GLASS)	500 ML	NA	IV	ML	1000 ML	0.0005	01/01/2002	11/20/2009								
00264-4000-55	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	1000 ML	GC	IV	ML	1000 ML	0.001	01/01/2002	99/99/9999								
00264-4001-55	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	500 ML	GC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999								
00264-4002-55	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (250 ML GLASS CONTAINER) 0.9%	250 ML	GC	IV	ML	250 ML	0.004	01/01/2002	99/99/9999								
00264-4021-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (GLASS CONTAINER) 0.45%	500 ML	GC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00264-5535-32	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100 ML	FC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00264-5806-32	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 60 MG/100 ML-0.9%	100 ML	FC	IV	ML	80 MG	0.0075	01/01/2002	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-5808-32		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 80 MG/100 ML-0.9%	100 ML	FC	IV	ML	80 MG		0.01	01/01/2002	99/99/9999							
00264-5810-32		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML	80 MG		0.0125	01/01/2002	99/99/9999							
00264-5812-38		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML	80 MG		0.015	01/01/2002	99/99/9999							
00264-5816-38	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.6 MG/ML-0.9%	50 ML	FC	IV	ML	80 MG		0.02	01/01/2002	99/99/9999							
00264-7510-00	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	1000 ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999							
00264-7510-10	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	500 ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999							
00264-7510-20	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	250 ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999							
00264-7520-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7520-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7578-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 20%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7578-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 20%	250 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7605-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7605-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7608-00	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	1000 ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009							
00264-7608-10	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	500 ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009							
00264-7608-20	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	250 ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009							
00264-7608-30	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	150 ML	EA	IV	ML	1 EA		1	01/01/2002	11/20/2009							
00264-7610-00	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000 ML	FC	IV	ML	5 %		0.002	01/01/2002	99/99/9999							
00264-7610-10	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	500 ML	FC	IV	ML	5 %		0.002	01/01/2002	99/99/9999							
00264-7610-20	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	250 ML	FC	IV	ML	5 %		0.002	01/01/2002	99/99/9999							
00264-7612-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7612-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7612-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	250 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7614-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7614-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7614-20	J7799			1/1/2002	9/29/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	250 ML	FC	IV	ML	1 EA		1	01/01/2002	9/29/2003							
00264-7616-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7616-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7616-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	250 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7620-00	J7799			1/1/2002	10/31/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.9%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	10/31/2004							
00264-7622-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7623-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7750-00	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	1000 ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999							
00264-7750-10	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	500 ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999							
00264-7750-20	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	250 ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999							
00264-7751-00	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%LACTATED RINGERS (EXCEL)	1000 ML	FC	IV	ML	1000 ML		0.0005	01/01/2002	99/99/9999							
00264-7751-10	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%LACTATED RINGERS (EXCEL)	500 ML	FC	IV	ML	1000 ML		0.0005	01/01/2002	99/99/9999							
00264-7759-20	J7120			1/1/2002	7/31/2006	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 2.5%LACTATED RINGERS (1/2 STR. LACTATED EXCEL)	250 ML	FC	IV	ML	1000 ML		0.0005	01/01/2002	7/31/2006							
00264-7800-00	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (EXCEL) 0.9%	1000 ML	FC	IV	ML	1000 ML		0.001	01/01/2002	99/99/9999							
00264-7800-10	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL) 0.9%	500 ML	FC	IV	ML	500 ML		0.002	01/01/2002	99/99/9999							
00264-7800-20	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (EXCEL) 0.9%	250 ML	FC	IV	ML	250 ML		0.004	01/01/2002	99/99/9999							
00264-7802-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	1000 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7802-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7805-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC EXCEL) 3%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7806-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC EXCEL) 5%	500 ML	FC	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00264-7850-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (EXCEL)	1000 ML	FC	IV	ML	10 ML		0.1	01/01/2002	12/31/2003							
00264-7850-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	1000 ML	FC	IV	ML	500 ML		0.002	01/01/2004	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-7850-10	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (EXCEL)	500 ML	FC	IV	ML	10 ML			0.1	01/01/2002	12/31/2003						
00264-7850-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	500 ML	FC	IV	ML	500 ML			0.002	01/01/2004	99/99/9999						
00264-7850-20	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (EXCEL)	250 ML	FC	IV	ML	10 ML			0.1	01/01/2002	12/31/2003						
00264-7850-20	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	250 ML	FC	IV	ML	500 ML			0.002	01/01/2004	99/99/9999						
00264-7865-00	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.9% WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000 ML	FC	IV	ML	2 MEQ			0.01	01/01/2002	99/99/9999						
00264-9200-55	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000 ML	GC	IV	ML	10 ML			0.1	01/01/2002	12/31/2003						
00264-9200-55	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000 ML	GC	IV	ML	500 ML			0.002	01/01/2004	99/99/9999						
00264-9201-55	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	500 ML	GC	IV	ML	10 ML			0.1	01/01/2002	12/31/2003						
00264-9201-55	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	500 ML	GC	IV	ML	500 ML			0.002	01/01/2004	99/99/9999						
00264-9205-55	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	2000 ML	GC	IV	ML	10 ML			0.1	01/01/2002	12/31/2003						
00264-9205-55	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	2000 ML	GC	IV	ML	500 ML			0.002	01/01/2004	99/99/9999						
00264-9554-00	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	1000 ML	FC	IV	ML	40 MG			0.02	01/01/2002	99/99/9999						
00264-9554-10	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	500 ML	FC	IV	ML	40 MG			0.02	01/01/2002	99/99/9999						
00264-9558-10	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-160 MG/100 ML	500 ML	FC	IV	ML	40 MG			0.04	01/01/2002	99/99/9999						
00264-9558-20	J2810			1/1/2002	11/20/2009	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5%-160 MG/100 ML	250 ML	FC	IV	ML	40 MG			0.04	01/01/2002	11/20/2009						
00264-9567-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500 ML	FC	IV	ML	1000 U			0.04	01/01/2002	99/99/9999						
00264-9577-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500 ML	FC	IV	ML	1000 U			0.05	01/01/2002	99/99/9999						
00264-9587-20	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250 ML	FC	IV	ML	1000 U			0.1	01/01/2002	99/99/9999						
00264-9592-10	J2000			1/1/2002	4/1/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.2%	500 ML	FC	IV	ML	50 ML			0.02	01/01/2002	04/01/2003						
00264-9594-10	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	500 ML	FC	IV	ML	50 ML			0.02	01/01/2002	12/31/2003						
00264-9594-10	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	500 ML	FC	IV	ML	10 MG			0.4	01/01/2004	99/99/9999						
00264-9594-20	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	250 ML	FC	IV	ML	50 ML			0.02	01/01/2002	12/31/2003						
00264-9594-20	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	250 ML	FC	IV	ML	10 MG			0.4	01/01/2004	99/99/9999						
00264-9598-10	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	500 ML	FC	IV	ML	50 ML			0.02	01/01/2002	12/31/2003						
00264-9598-10	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	500 ML	FC	IV	ML	10 MG			0.8	01/01/2004	99/99/9999						
00264-9598-20	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	250 ML	FC	IV	ML	50 ML			0.02	01/01/2002	12/31/2003						
00264-9598-20	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	250 ML	FC	IV	ML	10 MG			0.8	01/01/2004	99/99/9999						
00264-9872-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500 ML	FC	IV	ML	1000 U			0.002	01/01/2002	99/99/9999						
00270-0556-15	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	KINEVAC (VIAL) 5 MCG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	12/31/2005						
00270-0556-15	J2805			1/1/2006	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	KINEVAC (VIAL) 5 MCG	1 EA	VL	IV	EA	5 MCG			1	01/01/2006	99/99/9999						
00281-0365-10	Q2006			1/29/2002	12/31/2005	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIFAB (VIAL/PF) 40 MG	1 EA	VL	IV	EA	1 VIAL			1	01/29/2002	12/31/2005						
00281-0365-10	J1162			1/1/2006	10/01/2010	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIFAB (VIAL/PF) 40 MG	1 EA	VL	IV	EA	1 VIAL			1	01/01/2006	10/01/2010						
00281-1112-31	J1180			1/1/2002	7/1/2004	INJECTION, DYPHYLLINE, UP TO 500 MG	DILOR (AMP) 250 MG/ML	2 ML	AM	IM	ML	500 MG			0.5	01/01/2002	07/01/2004						
00300-2108-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED (SRN,PREFIL DUAL CHAMBER) 7.5 MG	1 EA	BX	IM	EA	7.5 MG			1	01/01/2002	8/27/2009						
00300-2282-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED 11.25 MG	1 EA	BX	IM	EA	7.5 MG			1.5	01/01/2002	8/27/2009						
00300-2440-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED (SRN,PREFIL DUAL CHAMBER) 15 MG	1 EA	BX	IM	EA	7.5 MG			2	01/01/2002	8/27/2009						
00300-3346-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 22.5 MG	1 EA	BX	IM	EA	7.5 MG			3	01/01/2002	8/27/2009						
00300-3612-24	J9218			1/1/2002	2/13/2009	LEUPROLIDE ACETATE, PER 1 MG	LUPRON (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	VL	SC	EA	1 MG			84	01/01/2002	2/13/2009						
00300-3612-28	J9218			1/1/2002	7/24/2009	LEUPROLIDE ACETATE, PER 1 MG	LUPRON (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA	1 MG			14	01/01/2002	7/24/2009						
00300-3641-01	J1950			1/1/2002	8/27/2009	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 3.75 MG	1 EA	BX	IM	EA	3.75 MG			1	01/01/2002	8/27/2009						
00300-3642-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 7.5 MG	1 EA	BX	IM	EA	7.5 MG			1	01/01/2002	8/27/2009						
00300-3663-01	J9217			1/1/2002	5/20/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 11.25 MG	1 EA	BX	IM	EA	7.5 MG			1.5	01/01/2002	5/20/2009						
00300-3683-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 30 MG	1 EA	BX	IM	EA	7.5 MG			4	01/01/2002	8/27/2009						
00310-0049-10	J1320			1/1/2002	5/12/2003	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	ELAVIL (M.D.V.) 10 MG/ML	10 ML	VL	IM	ML	20 MG			0.5	01/01/2002	05/12/2003						
00310-0201-30	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA	1 EA			1	08/07/2008	99/99/9999						
00310-0201-37	J8999			5/2/2008	10/20/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX (FILM-COATED) 1 MG	30 EA	DP	PO	EA	1 EA			1	05/02/2008	10/20/2008	01/01/2002	06/02/2008				1
00310-0300-11	J3490			1/1/2002	3/5/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	100 ML	VL	IV	ML	1 EA			1	01/01/2002	03/05/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00310-0300-22	J3490			1/1/2002	2/20/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	20 ML	VL	IV	ML	1 EA				1	01/01/2002	02/20/2008					
00310-0300-50	J3490			1/1/2002	4/27/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	50 ML	VL	IV	ML	1 EA				1	01/01/2002	04/27/2008					
00310-0300-54	J3490			1/1/2002	2/14/2005	UNCLASSIFIED DRUGS	DIPRIVAN (SRN, PREFILLED) 10 MG/ML	50 ML	SR	IV	ML	1 EA				1	01/01/2002	02/14/2005					
00310-0300-61	J3490			1/1/2002	1/31/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS (VIAL) 10 MG/ML	100 ML	VL	IV	ML	1 EA				1	01/01/2002	01/31/2008					
00310-0300-64	J3490			11/18/2004	1/14/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS 10 MG/ML	20 ML	VL	IV	ML	1 EA				1	11/18/2004	01/14/2008					
00310-0300-65	J3490			1/1/2002	3/4/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS (VIAL) 10 MG/ML	50 ML	VL	IV	ML	1 EA				1	01/01/2002	03/04/2008					
00310-0321-11	J3490			1/1/2002	6/23/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL) 1 GM	1 EA	VL	IV	EA	1 EA				1	01/01/2002	06/23/2003					
00310-0321-15	J3490			1/1/2002	6/23/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL, ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA	1 EA				1	01/01/2002	06/23/2003					
00310-0321-30	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL) 1 GM	1 EA	VL	IV	EA	1 EA				1	01/01/2002	12/31/2003					
00310-0321-30	J2185			1/1/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 1 GM	1 EA	VL	IV	EA	100 MG				10	01/01/2004	99/99/9999					
00310-0321-65	J2185			7/17/2006	99/99/9999	INJECTION, MEROPENEM, 100 MG	NOVAPLUS MERREM 1 GM	1 EA	VL	IV	EA	100 MG				10	07/17/2006	99/99/9999					
00310-0325-11	J3490			1/1/2002	6/23/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL) 500 MG	1 EA	VL	IV	EA	1 EA				1	01/01/2002	06/23/2003					
00310-0325-15	J3490			1/1/2002	6/23/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL, ADD-VANTAGE) 500 MG	1 EA	VL	IV	EA	1 EA				1	01/01/2002	06/23/2003					
00310-0325-20	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	MERREM IV (VIAL) 500 MG	1 EA	VL	IV	EA	1 EA				1	01/01/2002	12/31/2003					
00310-0325-20	J2185			1/1/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 500 MG	1 EA	VL	IV	EA	100 MG				5	01/01/2004	99/99/9999					
00310-0325-64	J2185			7/17/2006	99/99/9999	INJECTION, MEROPENEM, 100 MG	NOVAPLUS MERREM 500 MG	1 EA	VL	IV	EA	100 MG				5	07/17/2006	99/99/9999					
00310-0375-10	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN (VIAL, BULK) 10 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0375-61	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN NOVAPLUS (VIAL) 10 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0376-10	J3490			1/1/2002	5/9/2005	UNCLASSIFIED DRUGS	CEFOTAN (VIAL) 1 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	05/09/2005					
00310-0376-11	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN (P.B.) 1 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0376-31	J3490			1/1/2002	2/8/2005	UNCLASSIFIED DRUGS	CEFOTAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	02/08/2005					
00310-0376-60	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN NOVAPLUS (VIAL) 1 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0377-20	J3490			1/1/2002	5/9/2005	UNCLASSIFIED DRUGS	CEFOTAN (VIAL) 2 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	05/09/2005					
00310-0377-21	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN (P.B.) 2 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0377-32	J3490			1/1/2002	2/8/2005	UNCLASSIFIED DRUGS	CEFOTAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	02/08/2005					
00310-0377-62	J3490			1/1/2002	7/8/2004	UNCLASSIFIED DRUGS	CEFOTAN NOVAPLUS (VIAL) 2 GM	1 EA	VL	IJ	EA	1 EA				1	01/01/2002	07/08/2004					
00310-0378-51	J3490			1/1/2002	4/4/2006	UNCLASSIFIED DRUGS	CEFOTAN (GALAXY) 1 GM/50 ML	50 ML	FC	IV	ML	1 EA				1	01/01/2002	04/04/2006					
00310-0379-51	J3490			1/1/2002	4/4/2006	UNCLASSIFIED DRUGS	CEFOTAN (GALAXY) 2 GM/50 ML	50 ML	FC	IV	ML	1 EA				1	01/01/2002	04/04/2006					
00310-0482-30	J8565			1/1/2005	99/99/9999	GEFTINIB, ORAL, 250 MG	IRESSA 250 MG	30 EA	BO	PO	EA	250 MG				1	01/01/2005	99/99/9999					
00310-0600-18	J8999			1/1/2002	2/24/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	180 EA	BO	PO	EA	1 EA				1	01/01/2002	02/24/2003					
00310-0600-60	J8999			1/1/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60 EA	BO	PO	EA	1 EA				1	01/01/2002	09/01/2006					
00310-0600-75	J8999			1/1/2002	2/24/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	2500 EA	BO	PO	EA	1 EA				1	01/01/2002	02/24/2003					
00310-0604-12	J8999			1/1/2002	2/24/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 20 MG	1250 EA	BO	PO	EA	1 EA				1	01/01/2002	02/24/2003					
00310-0604-30	J8999			1/1/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 20 MG	30 EA	BO	PO	EA	1 EA				1	01/01/2002	09/01/2006					
00310-0604-90	J8999			1/1/2002	2/24/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 20 MG	90 EA	BO	PO	EA	1 EA				1	01/01/2002	02/24/2003					
00310-0720-25	J9999			5/9/2002	12/31/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	2.5 ML	SR	IM	ML	1 EA				1	05/09/2002	12/31/2003					
00310-0720-25	J9395			1/1/2004	10/29/2009	INJECTION, FULVESTRANT, 25 MG	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	2.5 ML	SR	IM	ML	25 MG				2	01/01/2004	10/29/2009					
00310-0720-50	J9999			5/9/2002	12/31/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	5 ML	SR	IM	ML	1 EA				1	05/09/2002	12/31/2003					
00310-0720-50	J9395			1/1/2004	1/13/2011	INJECTION, FULVESTRANT, 25 MG	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	5 ML	SR	IM	ML	25 MG				2	01/01/2004	1/13/2011					
00310-0730-60	J8999			10/21/2002	2/20/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA				1	10/21/2002	02/20/2003					
00310-0731-30	J8999			10/21/2002	2/20/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA	1 EA				1	10/21/2002	02/20/2003					
00310-0950-36	J9202			5/5/2003	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1 EA	SR	SC	EA	3.6 MG				1	05/05/2003	99/99/9999					
00310-0951-30	J9202			5/5/2003	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1 EA	SR	SC	EA	3.6 MG				3	05/05/2003	99/99/9999					
00310-0960-36	J9202			1/1/2002	5/4/2003	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX 3.6 MG	1 EA	SR	SC	EA	3.6 MG				1	01/01/2002	05/04/2003					
00310-0961-30	J9202			1/1/2002	5/4/2003	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX 10.8 MG	1 EA	SR	SC	EA	3.6 MG				3	01/01/2002	05/04/2003					
00314-0083-10	J3140			1/1/2002	5/24/2006	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (VIAL) 50 MG/ML	10 ML	EA	IM	ML	50 MG				1	01/01/2002	05/24/2006					
00314-0510-70	J1940			1/1/2002	5/24/2006	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROMIDE M.D. (VIAL) 10 MG/ML	10 ML	VL	IJ	ML	20 MG				0.5	01/01/2002	05/24/2006					
00314-0549-10	J12360			1/1/2002	5/24/2006	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE (VIAL) 30 MG/ML	10 ML	EA	IJ	ML	60 MG				0.5	01/01/2002	05/24/2006					
00314-0617-70	J0725			1/1/2002	5/24/2006	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHOREX 5000 U	1 EA	NA	IM	EA	1000 USP Units				5	01/01/2002	05/24/2006					
00314-0618-70	J0725			1/1/2002	5/24/2006	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHOREX (w/DILUENT) 10000 U	1 EA	VL	IM	EA	1000 USP Units				10	01/01/2002	05/24/2006					
00314-0622-30	J3420			1/1/2002	5/24/2006	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG				1	01/01/2002	05/24/2006					
00314-0622-70	J3420			1/1/2002	5/24/2006	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (VIAL) 1000 MCG/ML	10 ML	VL	IM	ML	1000 MCG				1	01/01/2002	05/24/2006					
00314-0644-70	J1435			1/1/2002	5/24/2006	INJECTION, ESTRONE, PER 1 MG	KESTRONE 5 (VIAL) 5 MG/ML	10 ML	VL	IM	ML	1 MG				5	01/01/2002	05/24/2006					
00314-0661-70	J1240			1/1/2002	5/24/2006	INJECTION, DIMENHYDRINATE, UP TO 50 MG	HYDREXIN (VIAL) 50 MG/ML	10 ML	EA	IJ	ML	50 MG				1	01/01/2002	05/24/2006					
00314-0673-70	J1200			1/1/2002	5/24/2006	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	HYREXIN (VIAL) 50 MG/ML	10 ML	EA	IJ	ML	50 MG				1	01/01/2002	05/24/2006					
00314-0678-30	J3420			1/1/2002	5/24/2006	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	LA-12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG				1	01/01/2002	05/24/2006					
00314-0679-50	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL) 1%	50 ML	EA	EP	ML	10 MG				0.02	01/01/2002	12/31/2003					
00314-0679-50	J2001			1/1/2004	5/24/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL) 1%	50 ML	EA	EP	ML	10 MG				1	01/01/2004	05/24/2006					
00314-0680-50	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL) 2%	50 ML	EA	IJ	ML	50 MG				0.02	01/01/2002	12/31/2003					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00314-0774-30	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	THIAMINE HCL (VIAL) 100 MG/ML	30 ML	EA	IJ	ML		1 EA			1	01/01/2002	12/31/2003					
00314-0774-30	J3411			1/1/2004	5/24/2006	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VIAL) 100 MG/ML	30 ML	EA	IJ	ML		100 MG			1	01/01/2004	05/24/2006					
00314-0782-70	J1390			1/1/2002	5/24/2006	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	VALERGEN 20 MG/ML	10 ML	VL	IM	ML		20 MG			1	01/01/2002	05/24/2006					
00314-0784-70	J0870			1/1/2002	5/24/2006	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	VALERGEN (VIAL) 40 MG/ML	10 ML	EA	IM	ML		40 MG			1	01/01/2002	05/24/2006					
00314-0794-30	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (VIAL)	30 ML	VL	IV	ML		10 ML			0.1	01/01/2002	12/31/2003					
00314-0794-30	A4216			1/1/2004	5/24/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL)	30 ML	VL	IV	ML		10 ML			0.1	01/01/2004	05/24/2006					
00314-0855-70	J1000			1/1/2002	5/24/2006	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPOGEN (VIAL) 5 MG/ML	10 ML	VL	IM	ML		5 MG			1	01/01/2002	05/24/2006					
00314-0891-75	J3490			1/1/2002	5/24/2006	UNCLASSIFIED DRUGS	HYLUTIN (VIAL) 250 MG/ML	5 ML	VL	IM	ML		1 EA			1	01/01/2002	05/24/2006					
00314-0892-75	J3490			1/1/2002	5/24/2006	UNCLASSIFIED DRUGS	HYDROXYPROGESTERONE CAPROATE (VIAL) 250 MG/ML	5 ML	VL	IM	ML		1 EA			1	01/01/2002	05/24/2006					
00314-0896-30	J1100			1/1/2002	5/24/2006	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	SOLUREX (VIAL) 4 MG/ML	30 ML	VL	IJ	ML		1 MG			4	01/01/2002	05/24/2006					
00314-0896-70	J1100			1/1/2002	5/24/2006	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	SOLUREX (VIAL) 4 MG/ML	10 ML	VL	IJ	ML		1 MG			4	01/01/2002	05/24/2006					
00314-0896-75	J1100			1/1/2002	5/24/2006	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	SOLUREX (VIAL) 4 MG/ML	5 ML	VL	IJ	ML		1 MG			4	01/01/2002	05/24/2006					
00314-1400-70	J3410			1/1/2002	5/24/2006	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYZINE (VIAL) 50 MG/ML	10 ML	VL	IM	ML		25 MG			2	01/01/2002	05/24/2006					
00314-2236-70	J0945			1/1/2002	5/24/2006	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	ND-STAT (VIAL) 10 MG/ML	10 ML	VL	IJ	ML		10 MG			1	01/01/2002	05/24/2006					
00314-3520-02	J2321			1/1/2002	5/24/2006	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	HYBOLIN DECANOATE (VIAL) 50 MG/ML	2 ML	EA	IM	ML		100 MG			0.5	01/01/2002	05/24/2006					
00314-3525-02	J2321			1/1/2002	5/24/2006	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	HYBOLIN DECANOATE (VIAL) 100 MG/ML	2 ML	EA	IM	ML		100 MG			1	01/01/2002	05/24/2006					
00314-6392-75	J7624			1/1/2002	5/24/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (VIAL) 3 MG/ML	5 ML	EA	IJ	ML		1 MG			3	01/01/2002	05/24/2006					
00314-6392-75	KO J7624	KO		1/1/2002	5/24/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (VIAL) 3 MG/ML	5 ML	EA	IJ	ML		1 MG			3	01/01/2002	05/24/2006					
00314-9013-05	J0610			1/1/2002	5/24/2006	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (VIAL) 100 MG/ML	10 ML	VL	IV	ML		10 ML			0.1	01/01/2002	05/24/2006					
00327-0011-05	Q2004			1/1/2002	99/99/9999	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE	RENAACIDIN	500 ML	BO	IR	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0003-44	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0003-44	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0003-46	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	2000 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0003-46	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	2000 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0003-47	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	3000 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0003-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	3000 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0003-49	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	5000 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0003-49	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	5000 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0004-02	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	250 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0004-02	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	250 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0004-03	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	500 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0004-03	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0004-04	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0004-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0004-05	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	1500 ML	FC	IR	ML		1000 ML			0.001	01/01/2002	12/31/2003					
00338-0004-05	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1500 ML	FC	IR	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0012-04	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 2.5%	1000 ML	EA	IV	ML		1 EA			1	01/01/2002	10/31/2009					
00338-0013-04	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	1000 ML	FC	IV	ML		10 ML			0.1	01/01/2002	12/31/2003					
00338-0013-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	1000 ML	FC	IV	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0013-06	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	2000 ML	FC	IV	ML		10 ML			0.1	01/01/2002	12/31/2003					
00338-0013-06	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	2000 ML	FC	IV	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0013-08	A4712			5/22/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	3000 ML	PC	IV	ML		10 ML			0.1	05/22/2002	12/31/2003					
00338-0013-08	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	3000 ML	PC	IV	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0013-29	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	5000 ML	FC	IV	ML		10 ML			0.1	01/01/2002	12/31/2003					
00338-0013-29	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	5000 ML	FC	IV	ML		500 ML			0.002	01/01/2004	99/99/9999					
00338-0016-02	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	GC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0016-03	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	GC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-01	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	150 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-02	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-03	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-04	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	1000 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-10	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	25 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-11	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-18	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	100 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-31	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-38	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	100 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-41	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML			0.002	01/01/2002	99/99/9999					
00338-0017-48	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	100 ML	FC	IV													

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0031-13	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED)	500 ML	FC	IV	ML		1 EA		1	01/01/2002	1/31/2008						
00338-0031-34	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED)	50%															
00338-0036-03	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (GLASS FULL FILL) 50%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	10/31/2009						
00338-0038-04	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 70%	1000 ML	GC	IV	ML		1 EA		1	01/01/2002	10/31/2009						
00338-0041-46	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.45%	2000 ML	BO	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0041-46	A4217			1/1/2004	3/31/2008	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.45%	2000 ML	BO	IR	ML		500 ML		0.002	01/01/2004	3/31/2008						
00338-0043-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0043-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0044-02	J7050			1/1/2002	10/31/2009	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250 ML	GC	IV	ML		250 ML		0.004	01/01/2002	10/31/2009						
00338-0044-03	J7040			1/1/2002	12/31/2009	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	12/31/2009						
00338-0047-24	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-24	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0047-27	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	3000 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-27	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0047-29	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	5000 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-29	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	5000 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0047-44	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (UROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-44	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (UROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0047-46	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	2000 ML	BO	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-46	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	2000 ML	BO	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0047-47	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	3000 ML	FC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0047-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000 ML	FC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0048-02	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	250 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0048-02	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	250 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0048-03	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	500 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0048-03	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	500 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0048-04	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (P.C.) 0.9%	1000 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0048-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (P.C.) 0.9%	1000 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0048-05	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE 0.9%	1500 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0048-05	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	1500 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0049-01	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	150 ML	FC	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
00338-0049-02	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250 ML	FC	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
00338-0049-03	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	99/99/9999						
00338-0049-04	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE 0.9%	1000 ML	FC	IV	ML		1000 ML		0.001	01/01/2002	99/99/9999						
00338-0049-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25 ML	FC	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00338-0049-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25 ML	FC	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00338-0049-11	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00338-0049-11	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00338-0049-18	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
00338-0049-31	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00338-0049-31	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00338-0049-38	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
00338-0049-41	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00338-0049-41	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00338-0049-48	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
00338-0050-47	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PROCESSING) 0.9%	3000 ML	PC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0050-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PROCESSING) 0.9%	3000 ML	PC	IR	ML		500 ML		0.002	01/01/2004	99/99/9999						
00338-0051-44	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	TRAVENOL (STER-CO-SY FOR SLUSH) 0.9%	1000 ML	FC	IR	ML		1000 ML		0.001	01/01/2002	12/31/2003						
00338-0051-44	A4217			1/1/2004	7/15/2004	STERILE WATER/SALINE, 500 ML	TRAVENOL (STER-CO-SY FOR SLUSH) 0.9%	1000 ML	FC	IR	ML		500 ML		0.002	01/01/2004	7/15/2004						
00338-0054-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 3%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0056-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 5%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0073-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0073-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0077-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0077-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0077-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0081-02	J7799			1/1/2002	5/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	5/30/2007						
00338-0081-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0081-04	J7799			1/1/2002	4/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	4/30/2007						
00338-0085-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0085-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0085-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0089-02	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	250 ML	FC	IV	ML		5 %		0.002	01/01/2002	99/99/9999						
00338-0089-03	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	500 ML	FC	IV	ML		5 %		0.002	01/01/2002	99/99/9999						
00338-0089-04	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	1000 ML	FC	IV	ML		5 %		0.002	01/01/2002	99/99/9999						
00338-0095-04	J7799			1/1/2002	5/30/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.9%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	5/30/2006						
00338-0117-02	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	250 ML	FC	IV	ML		1000 ML		0.001	01/01/2002	99/99/9999						
00338-0117-03	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	500 ML	FC	IV	ML		1000 ML		0.001	01/01/2002	99/99/9999						
00338-0117-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	1000 ML	FC	IV	ML		1000 ML		0.001	01/01/2002	99/99/9999						
00338-0120-03	J7120			1/1/2002	5/1/2004	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 2.5% IN RINGERS	500 ML	PC	IV	ML		1000 ML		0.0005	01/01/2002	05/01/2004						
00338-0125-03	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S/DEXTROSE 5%	500 ML	FC	IV	ML		1000 ML		0.0005	01/01/2002	99/99/9999						
00338-0125-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S/DEXTROSE 5%	1000 ML	FC	IV	ML		1000 ML		0.0005	01/01/2002	99/99/9999						
00338-0156-04	Q2002			1/1/2002	5/1/2004	INJECTION, ELLIOTTS B SOLUTION, PER ML	PLASMA-LYTE R W/DEXTROSE	1000 ML	GC	IV	ML		1 ML		1	01/01/2002	05/01/2004						
00338-0265-03	J7110			1/1/2002	8/31/2008	INFUSION, DEXTRAN 75, 500 ML	GENTRAN 70 W/SODIUM CHLORIDE 6%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	8/31/2008						
00338-0270-03	J7100			1/1/2002	8/31/2008	INFUSION, DEXTRAN 40, 500 ML	GENTRAN 40 W/SODIUM CHLORIDE 10%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	8/31/2008						
00338-0272-03	J7100			1/1/2002	9/30/2005	INFUSION, DEXTRAN 40, 500 ML	GENTRAN 40 W/DEXTROSE 10%-5% POTASSIUM CHLORIDE (BULK PACKAGE) 2 MEQ/ML	500 ML	FC	IV	ML		500 ML		0.002	01/01/2002	9/30/2005						
00338-0318-02	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	OSMITROL (VIAFLEX,AF) 5%	250 ML	GC	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
00338-0351-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 5%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0353-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 10%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0353-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX;12X1000ML) 10%	1000 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0355-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX,AF) 15%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0357-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0357-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	500 ML	FC	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00338-0409-02	J2001			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL 5%-0.4%	250 ML	FC	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00338-0409-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.4%	250 ML	FC	IV	ML		10 MG		0.4	01/01/2004	99/99/9999						
00338-0409-03	J2001			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL 5%-0.4%	500 ML	FC	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00338-0409-03	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.4%	500 ML	FC	IV	ML		10 MG		0.4	01/01/2004	99/99/9999						
00338-0411-02	J2001			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL 5%-0.8%	250 ML	FC	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00338-0411-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.8%	250 ML	FC	IV	ML		10 MG		0.8	01/01/2004	99/99/9999						
00338-0411-03	J2001			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	DEXTROSE/LIDOCAINE HCL 5%-0.8%	500 ML	FC	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00338-0411-03	J2001			1/1/2004	10/30/2005	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL 5%-0.8%	500 ML	FC	IV	ML		10 MG		0.8	01/01/2004	10/30/2005						
00338-0431-03	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500 ML	FC	IV	ML		1000 U		0.002	01/01/2002	99/99/9999						
00338-0433-04	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	1000 ML	FC	IV	ML		1000 U		0.002	01/01/2002	99/99/9999						
00338-0439-03	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	01/01/2002	99/99/9999						
00338-0439-04	J2810			1/1/2002	8/31/2006	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-80 MG/100 ML	1000 ML	FC	IV	ML		40 MG		0.02	01/01/2002	8/31/2006						
00338-0441-02	J2810			1/1/2002	12/31/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-160 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	01/01/2002	12/31/2005						
00338-0441-03	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	01/01/2002	99/99/9999						
00338-0443-48	J2810			1/1/2002	12/31/2003	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-200 MG/100 ML	100 ML	FC	IV	ML		40 MG		0.05	01/01/2002	12/31/2003						
00338-0444-02	J2810			1/1/2002	10/30/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-320 MG/100 ML	250 ML	PC	IV	ML		40 MG		0.08	01/01/2002	10/30/2005						
00338-0445-41	J2810			1/1/2002	6/30/2004	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-200 MG/50 ML	50 ML	FC	IV	ML		40 MG		0.1	01/01/2002	6/30/2004						
00338-0445-48	J2810			1/1/2002	11/30/2005	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-400 MG/100 ML	100 ML	FC	IV	ML		40 MG		0.1	01/01/2002	11/30/2005						
00338-0501-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 60 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0075	01/01/2002	99/99/9999						
00338-0503-41	J1580			1/1/2002	8/31/2004	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 0.8 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.01	01/01/2002	8/31/2004						
00338-0503-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAFLEX) 0.8 MG/ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01	01/01/2002	99/99/9999						
00338-0505-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0125	01/01/2002	99/99/9999						
00338-0507-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X50ML) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.015	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0507-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X100ML) 1.2 MG/ML-0.9%	100 ML	FC	IV	ML	80 MG	0.015	01/01/2002	99/99/9999								
00338-0509-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 1.6 MG/ML-0.9%	50 ML	FC	IV	ML	80 MG	0.02	01/01/2002	99/99/9999								
00338-0511-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 2 MG/ML-0.9%	50 ML	FC	IV	ML	80 MG	0.025	01/01/2002	99/99/9999								
00338-0549-03	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-4000 U/100 ML	500 ML	FC	IV	ML	1000 U	0.04	01/01/2002	99/99/9999								
00338-0550-02	J1644			12/8/2004	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-5000 U/100 ML	250 ML	FC	IV	ML	1000 U	0.05	12/08/2004	99/99/9999								
00338-0550-03	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-5000 U/100 ML	500 ML	PC	IV	ML	1000 U	0.05	01/01/2002	99/99/9999								
00338-0551-11	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	50 ML	FC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999								
00338-0551-18	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100 ML	FC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999								
00338-0553-11	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50 ML	FC	IV	ML	0.9 %	0.5	01/01/2002	12/31/2003								
00338-0553-11	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50 ML	FC	IV	ML	10 ML	0.1	01/01/2004	99/99/9999								
00338-0553-18	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100 ML	FC	IV	ML	250 ML	0.004	01/01/2002	99/99/9999								
00338-0640-02	J7799			1/1/2002	6/30/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.2%	250 ML	GC	IV	ML	1 EA	1	01/01/2002	6/30/2009								
00338-0691-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML	2 MEQ	0.01	01/01/2002	99/99/9999								
00338-0695-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML	2 MEQ	0.02	01/01/2002	99/99/9999								
00338-0703-41	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/50 ML	50 ML	PC	IV	ML	2 MEQ	0.2	01/01/2002	99/99/9999								
00338-0703-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 40 MEQ/100 ML	100 ML	PC	IV	ML	2 MEQ	0.2	01/01/2002	99/99/9999								
00338-0704-34	J3480			5/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 MEQ/100 ML-0.45%	1000 ML	FC	IV	ML	2 MEQ	0.01	05/21/2003	99/99/9999								
00338-0705-41	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/50 ML	50 ML	PC	IV	ML	2 MEQ	0.1	01/01/2002	99/99/9999								
00338-0705-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/100 ML	100 ML	PC	IV	ML	2 MEQ	0.1	01/01/2002	99/99/9999								
00338-0709-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/100 ML	100 ML	PC	IV	ML	2 MEQ	0.05	01/01/2002	99/99/9999								
00338-0711-13	J7799			1/1/2002	4/30/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 20%	500 ML	FC	IV	ML	1 EA	1	01/01/2002	4/30/2008								
00338-0711-34	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 20%	1000 ML	FC	IV	ML	1 EA	1	01/01/2002	1/31/2008								
00338-0713-13	J7799			1/1/2002	12/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 30%	500 ML	FC	IV	ML	1 EA	1	01/01/2002	12/31/2007								
00338-0713-34	J7799			1/1/2002	3/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 30%	1000 ML	FC	IV	ML	1 EA	1	01/01/2002	3/31/2007								
00338-0715-13	J7799			1/1/2002	8/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 40%	500 ML	FC	IV	ML	1 EA	1	01/01/2002	8/31/2007								
00338-0715-34	J7799			1/1/2002	9/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 40%	1000 ML	FC	IV	ML	1 EA	1	01/01/2002	9/30/2007								
00338-0719-06	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE) 70%	2000 ML	PC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-0719-13	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,USP) 70%	500 ML	PC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-0811-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING)	1000 ML	FC	IV	ML	1000 ML	0.0005	01/01/2002	99/99/9999								
00338-0815-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING)	1000 ML	FC	IV	ML	1000 ML	0.0005	01/01/2002	99/99/9999								
00338-0873-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (BULK PACKAGE) 23.4%	250 ML	GC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-0960-37	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X200ML,USP,PREMIX,PF) 400 MG/200 ML	200 ML	FC	IV	ML	200 MG	0.01	03/18/2008	99/99/9999								
00338-0960-48	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X100ML,USP,PREMIX,PF) 200 MG/100 ML	100 ML	FC	IV	ML	200 MG	0.01	03/18/2008	99/99/9999								
00338-1005-02	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.02	10/01/2003	12/31/2005								
00338-1005-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.02	01/01/2006	99/99/9999								
00338-1005-03	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	PC	IV	ML	40 MG	0.02	10/01/2003	12/31/2005								
00338-1005-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	PC	IV	ML	40 MG	0.02	01/01/2006	99/99/9999								
00338-1007-02	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.04	10/01/2003	12/31/2005								
00338-1007-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.04	01/01/2006	99/99/9999								
00338-1007-03	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	PC	IV	ML	40 MG	0.04	10/01/2003	12/31/2005								
00338-1007-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	PC	IV	ML	40 MG	0.04	01/01/2006	99/99/9999								
00338-1009-02	Q4076			10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.08	10/01/2003	12/31/2005								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-1009-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250 ML	PC	IV	ML	40 MG	0.08	01/01/2006	99/99/9999								
00338-1013-41	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 1 GM/50 ML	50 ML	PC	IV	ML	250 MG	0.08	01/01/2002	99/99/9999								
00338-1015-41	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 2 GM/50 ML	50 ML	PC	IV	ML	250 MG	0.16	01/01/2002	99/99/9999								
00338-1017-41	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	50 ML	PC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-1019-48	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFICILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	100 ML	FC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-1021-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 1 Million U/50 ML	50 ML	PC	IV	ML	600000 U	0.03333	01/01/2002	99/99/9999								
00338-1023-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 2 Million U/50 ML	50 ML	PC	IV	ML	600000 U	0.06666	01/01/2002	99/99/9999								
00338-1025-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 3 Million U/50 ML	50 ML	PC	IV	ML	600000 U	0.1	01/01/2002	99/99/9999								
00338-1055-48	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE 500 MG/100 ML	100 ML	FC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-1071-03	J1250			1/1/2002	7/31/2005	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (12X500ML) 5%-50 MG/100 ML	500 ML	FC	IV	ML	250 MG	0.002	01/01/2002	7/31/2005								
00338-1073-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-100 MG/100 ML	250 ML	FC	IV	ML	250 MG	0.004	01/01/2002	99/99/9999								
00338-1073-03	J1250			1/1/2002	10/30/2006	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (12X500ML) 5%-100 MG/100 ML	500 ML	FC	IV	ML	250 MG	0.004	01/01/2002	10/30/2006								
00338-1075-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-200 MG/100 ML	250 ML	FC	IV	ML	250 MG	0.008	01/01/2002	99/99/9999								
00338-1077-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-400 MG/100 ML	250 ML	FC	IV	ML	250 MG	0.016	01/01/2002	99/99/9999								
00338-1452-02	J7799			9/22/2003	1/31/2005	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	250 ML	FC	IV	ML	1 EA	1	09/22/2003	1/31/2005								
00338-1452-48	J7799			9/22/2003	12/31/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	100 ML	FC	IV	ML	1 EA	1	09/22/2003	12/31/2004								
00338-1762-41	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (50MLX10,SD,USP,PREMIX) 32 MG/50 ML	50 ML	PC	IV	ML	1 MG	0.64	12/27/2006	99/99/9999								
00338-2689-75	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,GLASS) 1 MG/ML	50 ML	SR	U	ML	10 MG	0.1	01/01/2002	99/99/9999								
00338-2690-75	J2270			1/1/2002	2/28/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,GLASS) 5 MG/ML	50 ML	SR	U	ML	10 MG	0.5	01/01/2002	2/28/2009								
00338-2691-75	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SRN,PREFILLED,GLASS) 10 MG/ML	50 ML	SR	U	ML	100 MG	0.1	01/01/2002	99/99/9999								
00338-3502-41	J0690			1/1/2002	8/27/2006	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (GALAXY P.C.) 500 MG/50 ML	50 ML	FC	IV	ML	500 MG	0.02	01/01/2002	8/27/2006								
00338-3503-41	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50 ML	FC	IV	ML	500 MG	0.04	01/01/2002	99/99/9999								
00338-3551-48	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	100 ML	PC	IV	ML	500 MG	0.01	01/01/2002	99/99/9999								
00338-3552-48	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	200 ML	PC	IV	ML	500 MG	0.01	01/01/2002	99/99/9999								
00338-5002-41	J0696			9/6/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM/50 ML	50 ML	PC	IV	ML	250 MG	0.08	09/06/2005	99/99/9999								
00338-5003-41	J0696			9/6/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM/50 ML	50 ML	PC	IV	ML	250 MG	0.16	09/06/2005	99/99/9999								
00338-5197-41	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (GALAXY PC,PF) 0.4 MG/ML	50 ML	PC	IV	ML	1 EA	1	01/01/2002	99/99/9999								
00338-5198-41	J3490			11/1/2003	10/18/2008	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (PREMIXED WINS PP) 20 MG/50 ML	50 ML	PC	IV	ML	1 EA	1	11/01/2003	10/18/2008								
00338-6010-48	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	100 ML	FC	IV	ML	5 MG	0.04	06/05/2002	99/99/9999								
00338-6011-37	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	200 ML	FC	IV	ML	5 MG	0.04	06/05/2002	99/99/9999								
00338-6045-37	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINER) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG	0.01	07/29/2004	99/99/9999								
00338-6046-48	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINERS) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG	0.01	07/29/2004	99/99/9999								
00338-6307-02	J7120			10/17/2007	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (USP,LATEX-FREE)	250 ML	FC	IV	ML	1000 ML	0.001	10/17/2007	99/99/9999								
00338-6346-02	J7060			3/1/2007	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP 40X250ML,AVIVA) 5%	250 ML	FC	IV	ML	500 ML	0.002	03/01/2007	99/99/9999								
00338-8017-77	J2912			1/1/2002	10/1/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (SRN,PREFILLED) 0.9%	3 ML	SR	IV	ML	0.9 %	0.5	01/01/2002	10/01/2004								
00338-8018-70	J2912			1/1/2002	10/1/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (SRN,PREFILLED 6 ML) 0.9%	5 ML	SR	IV	ML	0.9 %	0.5	01/01/2002	10/01/2004								
00338-8019-70	J2912			1/1/2002	10/1/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (SRN,PREFILLED 12 ML) 0.9%	5 ML	SR	IV	ML	0.9 %	0.5	01/01/2002	10/01/2004								
00338-8020-72	J2912			1/1/2002	10/1/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (SRN,PREFILLED) 0.9%	10 ML	SR	IV	ML	0.9 %	0.5	01/01/2002	10/01/2004								
00338-8021-79	J2912			1/1/2002	10/1/2004	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (SRN,PREFILLED) 0.9%	2 ML	SR	IV	ML	0.9 %	0.5	01/01/2002	10/01/2004								
00338-8106-69	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,PREFILLED 6 ML) 10 U/ML	3 ML	SR	IV	ML	10 U	1	01/01/2002	10/01/2004								
00338-8110-70	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,PREFILLED 12 ML) 10 U/ML	5 ML	SR	IV	ML	10 U	1	01/01/2002	10/01/2004								
00338-8112-69	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,BLUNT CANNULA,PF) 10 U/ML	3 ML	SR	IV	ML	10 U	1	01/01/2002	10/01/2004								
00338-8113-70	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,BLUNT CANNULA,PF) 10 U/ML	5 ML	SR	IV	ML	10 U	1	01/01/2002	10/01/2004								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-8206-69	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,PREFILLED 6 ML) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	10/01/2004						
00338-8209-69	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,PREFILLED 12 ML) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	10/01/2004						
00338-8210-70	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,PREFILLED 12 ML) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	10/01/2004						
00338-8212-69	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,BLUNT CANNULA,PF) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	10/01/2004						
00338-8213-70	J1642			1/1/2002	10/1/2004	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,BLUNT CANNULA,PF) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	10/01/2004						
00338-8301-79	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	2 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00338-8301-79	A4216			1/1/2004	10/1/2004	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	2 ML	SR	IV	ML	10 ML			0.1	01/01/2004	10/01/2004						
00338-8302-69	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	3 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00338-8302-69	A4216			1/1/2004	10/1/2004	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	3 ML	SR	IV	ML	10 ML			0.1	01/01/2004	10/01/2004						
00338-8303-70	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	5 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00338-8303-70	A4216			1/1/2004	10/1/2004	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2004	10/01/2004						
00338-8303-72	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	10 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	12/31/2003						
00338-8303-72	A4216			1/1/2004	10/1/2004	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (SRN,BLUNT CANNULA) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2004	10/01/2004						
00338-9302-48	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.2 MG/100 ML-0.9%	100 ML	FC	IV	ML	0.1 MG			0.02	01/01/2002	02/01/2004						
00338-9307-02	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.5 MG/100 ML-0.9%	250 ML	FC	IV	ML	0.1 MG			0.05	01/01/2002	02/01/2004						
00338-9309-72	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (SRN,12 ML) 0.5 MG/100 ML-0.9%	10 ML	SR	IV	ML	0.1 MG			0.05	01/01/2002	02/01/2004						
00338-9311-48	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100 ML	FC	IV	ML	0.1 MG			0.1	01/01/2002	02/01/2004						
00338-9312-48	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	100 ML	FC	IV	ML	0.1 MG			0.1	01/01/2002	02/01/2004						
00338-9313-02	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	250 ML	FC	IV	ML	0.1 MG			0.1	01/01/2002	02/01/2004						
00338-9314-02	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	250 ML	FC	IV	ML	0.1 MG			0.1	01/01/2002	02/01/2004						
00338-9316-48	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 2 MG/100 ML-0.9%	100 ML	EA	IV	ML	0.1 MG			0.2	01/01/2002	02/01/2004						
00338-9318-41	J3010			1/1/2002	2/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50 ML	FC	IV	ML	0.1 MG			0.5	01/01/2002	02/01/2004						
00338-9361-41	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 10 MG/50 ML-0.9%	50 ML	PC	IV	ML	4 MG			0.05	01/01/2002	02/01/2004						
00338-9362-67	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/5 ML-0.9%	25 ML	SR	IV	ML	4 MG			0.05	01/01/2002	02/01/2004						
00338-9363-75	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,60 ML) 1 MG/5 ML-0.9%	50 ML	SR	IV	ML	4 MG			0.05	01/01/2002	02/01/2004						
00338-9365-41	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	FC	IV	ML	4 MG			0.25	01/01/2002	02/01/2004						
00338-9366-67	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/ML-0.9%	25 ML	SR	IV	ML	4 MG			0.25	01/01/2002	02/01/2004						
00338-9367-75	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,50 ML) 1 MG/ML-0.9%	50 ML	SR	IV	ML	4 MG			0.25	01/01/2002	02/01/2004						
00338-9370-41	J2175			1/1/2002	2/1/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 500 MG/50 ML-0.9%	50 ML	FC	IV	ML	100 MG			0.1	01/01/2002	02/01/2004						
00338-9372-48	J2175			1/1/2002	2/1/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 1 GM/100 ML-0.9%	100 ML	FC	IV	ML	100 MG			0.1	01/01/2002	02/01/2004						
00338-9373-48	J2175			1/1/2002	2/1/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (IPUMP BAG) 1 GM/100 ML-0.9%	100 ML	PC	IV	ML	100 MG			0.1	01/01/2002	02/01/2004						
00338-9375-48	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 10 MG/100 ML-0.9%	100 ML	FC	IV	ML	10 MG			0.01	01/01/2002	02/01/2004						
00338-9377-41	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	FC	IV	ML	10 MG			0.1	01/01/2002	02/01/2004						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-9378-48	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (IPUMP BAG) 100 MG/100 ML-0.9%	100 ML	PC	IV	ML		10 MG		0.1	01/01/2002	02/01/2004						
00338-9379-48	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		10 MG		0.1	01/01/2002	02/01/2004						
00338-9381-02	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 250 MG/250 ML-0.9%	250 ML	FC	IV	ML		10 MG		0.1	01/01/2002	02/01/2004						
00338-9383-48	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	100 ML	FC	IV	ML		10 MG		0.1	01/01/2002	02/01/2004						
00338-9385-02	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	250 ML	FC	IV	ML		10 MG		0.1	01/01/2002	02/01/2004						
00338-9386-67	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25 ML	SR	IV	ML		10 MG		0.2	01/01/2002	02/01/2004						
00338-9387-75	J2270			1/1/2002	2/1/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,60 ML) 5%-2 MG/ML	50 ML	SR	IV	ML		10 MG		0.2	01/01/2002	02/01/2004						
00338-9389-48	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9390-48	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9391-48	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	100 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9392-02	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTAVIA) 0.125%-0.9%	250 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9393-41	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.25%-0.9%	50 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9394-48	J3490			1/1/2002	2/1/2004	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.125%-0.9%	100 ML	FC	IV	ML		1 EA		1	01/01/2002	02/01/2004						
00338-9424-48	J1170			1/1/2002	2/1/2004	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (IPUMP BAG) 20 MG/100 ML-0.9%	100 ML	PC	IV	ML		4 MG		0.05	01/01/2002	02/01/2004						
00364-0484-01	Q0178			1/1/2002	10/31/2003	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	10/31/2003						
00364-2186-46	J2322			1/1/2002	9/30/2004	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE (S.D.V.) 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	01/01/2002	09/30/2004						
00364-2465-34	J0690			1/1/2002	1/16/2003	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	01/01/2002	01/16/2003						
00364-2466-93	J0690			1/1/2002	4/28/2003	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA		500 MG		20	01/01/2002	04/28/2003						
00364-2791-23	J2916			1/1/2003	1/1/2003	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	FERRILECIT (SINGLE USE AMP) 62.5 MG/5 ML	5 ML	AM	IV	ML		12.5 MG		1	01/01/2003	01/01/2003						
00364-2888-30	J3420			1/1/2002	12/23/2003	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	HYDROXOCOBALAMIN 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	12/23/2003						
00364-2908-61	J2540			1/1/2002	5/19/2003	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (VIAL,100 ML) 20 Million U	1 EA	VL	IV	EA		600000 U		33.33333	01/01/2002	05/19/2003						
00364-6683-54	J2675			1/1/2002	1/31/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10 ML	VL	IM	ML		50 MG		1	01/01/2002	01/31/2004						
00364-6717-47	J2321			1/1/2002	4/28/2003	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (M.D.V.) 100 MG/ML	2 ML	VL	IM	ML		100 MG		1	01/01/2002	04/28/2003						
00372-0047-04	Q0163			1/1/2002	9/6/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT	SCOT-TUSSIN ALLERGY RELIEF FORMULA (CHERRY-STRAW) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	09/06/2005						
00372-0047-16	Q0163			1/1/2002	9/6/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT	SCOT-TUSSIN ALLERGY RELIEF FORMULA (CHERRY-STRAW) 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	01/01/2002	09/06/2005						
00378-0014-01	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	01/01/1994	99/99/9999						
00378-0144-05	J8999			2/23/1998	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	5000 EA	BO	PO	EA		2.5 MG		1	02/23/1998	99/99/9999						
00378-0144-91	J8999			2/20/2003	99/99/9999	TAMOXIFEN CITRATE 10 MG	TAMOXIFEN CITRATE 10 MG	500 EA	BO	PO	EA		1 EA		1	02/20/2003	99/99/9999						
00378-0253-01	J8499			1/1/2002	99/99/9999	TAMOXIFEN CITRATE 10 MG	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA		1	02/20/2003	99/99/9999						
00378-0274-01	J8999			2/20/2003	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00378-0274-93	J8999			2/20/2003	99/99/9999	TAMOXIFEN CITRATE 20 MG	TAMOXIFEN CITRATE 20 MG	100 EA	BO	PO	EA		1 EA		1	02/20/2003	99/99/9999						
00378-0302-01	J8499			1/1/2002	99/99/9999	TAMOXIFEN CITRATE 20 MG	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA		1 EA		1	02/20/2003	99/99/9999						
00378-0315-53	Q0179			6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BX	PO	EA		8 MG		0.5	06/27/2007	99/99/9999						
00378-0315-93	Q0179			6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	06/27/2007	99/99/9999						
00378-0344-53	Q0179			6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BX	PO	EA		8 MG		1	06/27/2007	99/99/9999						
00378-0344-93	Q0179			6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	06/27/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-1003-94		Q0166		1/30/2007	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20 EA	EA	BO	PO	EA	1 MG		1	01/30/2007	99/99/9999						
00378-1005-01		J7500		12/22/2009	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE, 50 MG	100 EA	EA	BO	PO	EA	50 MG		1	12/22/2009	99/99/9999						
00378-1533-83		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X8.FILM-COATED) 250 MG	18 EA	EA	BX	PO	EA	1 GM		0.25	06/05/2007	99/99/9999						
00378-1534-59		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3.FILM-COATED) 500 MG	9 EA	EA	BX	PO	EA	1 GM		0.5	06/05/2007	99/99/9999						
00378-1535-93		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	EA	BO	PO	EA	1 GM		0.6	06/05/2007	99/99/9999						
00378-2045-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100.000 EA	EA	EA	PO	EA	1 MG		0.5	09/23/2010	99/99/9999						
00378-2046-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100.000 EA	EA	EA	PO	EA	1 MG		1	09/23/2010	99/99/9999						
00378-2047-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100 EA	EA	EA	PO	EA	1 MG		5	09/23/2010	99/99/9999						
00378-2200-01		J8499		1/1/2002	2/3/2004	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	02/03/2004						
00378-2200-05		J8499		1/1/2002	4/16/2004	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	EA	BO	PO	EA	1 EA		1	01/01/2002	04/16/2004						
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTER PACK,SOFTGEL) 50 MG	20 EA	EA	BX	PO	EA	50 MG		1	10/19/2001	99/99/9999						
00378-3547-25		J8999		7/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE (U.S.P.) 50 MG	250 EA	EA	BO	PO	EA	1 EA		1	07/01/2005	99/99/9999						
00378-3547-52		J8999		7/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE (U.S.P.) 50 MG	25 EA	EA	BO	PO	EA	1 EA		1	07/01/2005	99/99/9999						
00378-5105-01		Q0164		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
00378-5110-01		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	EA	BO	PO	EA	10 MG		1	01/01/2002	99/99/9999						
00378-6988-58		J7620		12/28/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3 ML	PC	IH	ML	2.5 MG		0.33333	12/28/2007	99/99/9999							
00378-6988-91		J7620		12/28/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	ALBUTEROL SULFATE (60X3ML,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3 ML	PC	IH	ML	2.5 MG		0.33333	12/28/2007	99/99/9999							
00378-6988-93		J7620		12/28/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML,1 VIAL/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3 ML	PC	IH	ML	2.5 MG		0.33333	12/28/2007	99/99/9999							
00378-6989-62		J7644		10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6989-62	KO	J7644	KO	10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6989-64		J7644		10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	PC	IH	ML	1 MG		0.2	10/7/2009	99/99/9999							
00378-6989-64	KO	J7644	KO	10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	PC	IH	ML	1 MG		0.2	10/7/2009	99/99/9999							
00378-6989-66		J7644		10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6989-66	KO	J7644	KO	10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6989-93		J7644		10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6989-93	KO	J7644	KO	10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	SOL	IH	ML	1 MG		0.20000	10/7/2009	99/99/9999							
00378-6990-52		J7613		10/7/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25 EA	SOL	IH	ML	1 MG		0.83333	10/7/2009	99/99/9999							
00378-6990-52	KO	J7613	KO	10/7/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25 EA	SOL	IH	ML	1 MG		0.83333	10/7/2009	99/99/9999							
00378-6990-58		J7613		10/7/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (6X5) 0.083%	30 EA	SOL	IH	ML	1 MG		0.83333	10/7/2009	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1080-51	J7060			3/24/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT,10X10ML) 5%	10 ML	VL	IV	ML	500 ML		0.002	03/24/2006	99/99/9999							
00409-1081-51	A4216			12/27/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (THERMOJECT, 25X10ML) 0.9%	10 ML	VL	IV	ML	10 ML		0.1	12/27/2006	99/99/9999							
00409-1082-01	J7060			4/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT KIT) 5%	10 ML	VL	IV	EA	500 ML		0.08	04/25/2005	99/99/9999							
00409-1082-51	J7060			3/29/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP,PF) 5%	10 ML	VL	IV	ML	500 ML		0.002	03/29/2006	99/99/9999							
00409-1097-32	J0745			11/15/2005	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER-LOCK,CARPUJECT) 15 MG/ML	2 ML	SR	IJ	ML	30 MG		0.5	11/15/2005	99/99/9999							
00409-1102-32	J0745			10/5/2005	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER LOCK,CARPUJECT) 30 MG/ML	2 ML	SR	IJ	ML	30 MG		1	10/05/2005	99/99/9999							
00409-1120-62	J2405			1/22/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (10X2ML,SDPFS,USP) 2 MG/ML	2 ML	SR	IJ	ML	1 MG		2	01/22/2007	99/99/9999							
00409-1129-10	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	5 ML	VL	IV	ML	50 MG		0.2	12/11/2006	99/99/9999							
00409-1129-11	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	15 ML	VL	IV	ML	50 MG		0.2	12/11/2006	99/99/9999							
00409-1129-12	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45 ML	VL	IV	ML	50 MG		0.2	12/11/2006	99/99/9999							
00409-1130-02	J7799			5/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 23.4%	250 ML	GC	IV	ML	1 EA		1	05/13/2005	99/99/9999							
00409-1134-03	J2271			9/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20 ML	VL	IJ	ML	100 MG		0.5	09/14/2005	99/99/9999							
00409-1134-05	J2271			8/8/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50 ML	VL	IJ	ML	100 MG		0.5	08/08/2005	99/99/9999							
00409-1135-02	J2275			7/21/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (HIGH CONCENTRATION,PF) 25 MG/ML	10 ML	VL	IJ	ML	10 MG		2.5	07/21/2005	99/99/9999							
00409-1141-02	J7799			4/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL,FLIPTOP,BULK PKG) 23.4%	100 ML	VL	IV	ML	1 EA		1	04/13/2005	99/99/9999							
00409-1151-12	J1642			7/14/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25X10ML,LATEX-FREE) 10 U/ML	10 ML	VL	IV	ML	10 U		1	07/14/2005	3/2/2009							
00409-1151-11	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25X10ML,LATEX-FREE) 10 U/ML	10 ML	VL	IV	ML	10 U		1	10/1/2009	99/99/9999							
00409-1151-70	J1642			7/20/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV,25X10ML) 10 U/ML	10 ML	VL	IV	ML	10 U		1	07/20/2005	3/2/2009							
00409-1151-70	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV,25X10ML) 10 U/ML	10 ML	VL	IV	ML	10 U		1	10/1/2009	99/99/9999							
00409-1151-78	J1642			9/19/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV,25X30ML) 10 U/ML	30 ML	VL	IV	ML	10 U		1	09/19/2005	3/2/2009							
00409-1151-78	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV,25X30ML) 10 U/ML	30 ML	VL	IV	ML	10 U		1	10/1/2009	99/99/9999							
00409-1152-12	J1642			3/15/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	10 ML	VL	IV	ML	10 U		10	03/15/2005	3/2/2009							
00409-1152-12	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	10 ML	VL	IV	ML	10 U		10	10/1/2009	99/99/9999							
00409-1152-70	J1642			9/7/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 100 U/ML	10 ML	VL	IV	ML	10 U		10	09/07/2005	3/2/2009							
00409-1152-70	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 100 U/ML	10 ML	VL	IV	ML	10 U		10	10/1/2009	99/99/9999							
00409-1152-78	J1642			2/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LATEX-FREE) 100 U/ML	30 ML	VL	IV	ML	10 U		10	02/25/2005	3/2/2009							
00409-1152-78	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LATEX-FREE) 100 U/ML	30 ML	VL	IV	ML	10 U		10	10/1/2009	99/99/9999							
00409-1158-01	J3490			7/27/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,5X30ML,LATEX-FREE) 0.25%	30 ML	AM	IJ	ML	1 EA		1	07/27/2005	99/99/9999							
00409-1158-02	J3490			10/28/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,25X50ML,LATEX-FREE) 0.25%	50 ML	AM	IJ	ML	1 EA		1	10/28/2005	99/99/9999							
00409-1159-01	J3490			6/29/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10 ML	VL	IJ	ML	1 EA		1	06/29/2005	99/99/9999							
00409-1159-02	J3490			8/10/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X30ML,LATEX-FREE) 0.25%	30 ML	VL	IJ	ML	1 EA		1	08/10/2005	99/99/9999							
00409-1160-01	J3490			4/12/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50 ML	VL	IJ	ML	1 EA		1	04/12/2005	99/99/9999							
00409-1161-01	J3490			10/18/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5%	30 ML	AM	IJ	ML	1 EA		1	10/18/2004	99/99/9999							
00409-1162-01	J3490			3/8/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X10ML) 0.5%	10 ML	VL	IJ	ML	1 EA		1	03/08/2006	99/99/9999							
00409-1162-02	J3490			11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30 ML	VL	IJ	ML	1 EA		1	11/22/2005	99/99/9999							
00409-1163-01	J3490			3/30/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.5%	50 ML	VL	IJ	ML	1 EA		1	03/30/2005	99/99/9999							
00409-1164-01	J3490			3/24/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HYDROCHLORIDE (5X30ML,USP) 0.75%	30 ML	AM	IJ	ML	1 EA		1	03/24/2006	99/99/9999							
00409-1165-01	J3490			12/8/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10 ML	VL	IJ	ML	1 EA		1	12/08/2005	99/99/9999							
00409-1165-02	J3490			5/24/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (TTV,LATEX-FREE) 0.75%	30 ML	VL	IJ	ML	1 EA		1	05/24/2005	99/99/9999							
00409-1176-30	J2175			8/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 25 MG/ML	1 ML	SR	IJ	ML	100 MG		0.25	08/25/2005	99/99/9999							
00409-1178-30	J2175			9/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 50 MG/ML	1 ML	SR	IJ	ML	100 MG		0.5	09/14/2005	99/99/9999							
00409-1179-30	J2175			12/8/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 75 MG/ML	1 ML	SR	IJ	ML	100 MG		0.75	12/08/2005	99/99/9999							
00409-1180-69	J2175			9/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1 ML	SR	IJ	ML	100 MG		1	09/14/2005	99/99/9999							
00409-1181-30	J2175			1/31/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL (USP,MDV,STERILE) 50 MG/ML	30 ML	VL	IJ	ML	100 MG		0.5	01/31/2006	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1187-01	J1790			8/23/2005	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (10X2ML AMP,LATEX-FREE) 2.5 MG/ML	2 ML	AM	U	ML		5 MG		0.5	08/23/2005	99/99/9999						
00409-1201-20	J2175			3/9/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL (MDV) 100 MG/ML	20 ML	VL	U	ML		100 MG			03/09/2006	99/99/9999						
00409-1203-01	J2175			12/16/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (UNI-AMP, 5X5,LATEX-FREE) 50 MG/ML	0.5 ML	AM	U	ML		100 MG		0.5	12/16/2005	99/99/9999						
00409-1207-03	J1580			8/30/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2 ML	VL	U	ML		80 MG		0.5	08/30/2005	99/99/9999						
00409-1212-01	J2310			6/16/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML AMP,LATEX-FREE) 0.4 MG/ML	1 ML	AM	U	ML		1 MG		0.4	06/16/2005	99/99/9999						
00409-1215-01	J2310			7/8/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL,FLIPTOP,10X1ML) 0.4 MG/ML	1 ML	VL	U	ML		1 MG		0.4	07/08/2005	99/99/9999						
00409-1219-01	J2310			4/3/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	10 ML	VL	U	ML		1 MG		0.4	04/03/2006	99/99/9999						
00409-1253-01	J2175			1/4/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1 ML	AM	U	ML		100 MG		0.5	01/04/2006	99/99/9999						
00409-1254-01	J2175			3/20/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL (25X1.5ML) 50 MG/ML	1.5 ML	AM	U	ML		100 MG			03/20/2006	99/99/9999						
00409-1255-02	J2175			11/23/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (UNI-AMP 5X5,LATEX-FREE) 50 MG/ML	2 ML	AM	U	ML		100 MG		0.5	11/23/2005	99/99/9999						
00409-1256-01	J2175			1/26/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (25X1ML,LATEX-FREE) 100 MG/ML	1 ML	AM	U	ML		100 MG		1	01/26/2006	99/99/9999						
00409-1258-30	J2270			5/10/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,U.S.P., 10X1ML) 4 MG/ML	1 ML	CR	U	ML		10 MG		0.4	05/10/2005	99/99/9999						
00409-1260-69	J2270			3/22/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 8 MG/ML	1 ML	SR	U	ML		10 MG		0.8	03/22/2006	99/99/9999						
00409-1261-30	J2270			7/21/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,SLIM PK, 10X1ML) 10 MG/ML	1 ML	SR	U	ML		10 MG		1	07/21/2005	99/99/9999						
00409-1264-31	J2271			12/16/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 15 MG/ML	1 ML	CR	U	ML		100 MG		0.15	12/16/2005	99/99/9999						
00409-1273-32	J3360			8/23/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML, LUER LOCK) 5 MG/ML	2 ML	CR	U	ML		5 MG		1	08/23/2005	99/99/9999						
00409-1275-32	J1940			8/31/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT W/LUER LOCK) 10 MG/ML	2 ML	SR	U	ML		20 MG		0.5	08/31/2005	99/99/9999						
00409-1276-32	J3010			7/27/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,10X2ML,PF) 0.05 MG/ML	2 ML	SR	U	ML		0.1 MG		0.5	07/27/2005	99/99/9999						
00409-1280-31	J1642			3/28/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1 ML	SR	IV	ML		10 U		1	03/28/2005	3/2/2009						
00409-1280-31	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1 ML	SR	IV	ML		10 U		1	10/01/2009	99/99/9999						
00409-1280-32	J1642			4/8/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2 ML	SR	IV	ML		10 U		1	04/08/2005	3/2/2009						
00409-1280-32	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2 ML	SR	IV	ML		10 U		1	10/01/2009	99/99/9999						
00409-1280-33	J1642			4/5/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3 ML	CR	IV	ML		10 U		1	04/05/2005	3/2/2009						
00409-1280-33	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3 ML	CR	IV	ML		10 U		1	10/01/2009	99/99/9999						
00409-1280-35	J1642			4/1/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5 ML	CR	IV	ML		10 U		1	04/01/2005	3/2/2009						
00409-1280-35	J1642			3/3/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5 ML	CR	IV	ML		10 U		1	03/03/2009	99/99/9999						
00409-1281-31	J1642			7/22/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1 ML	CR	IV	ML		10 U		10	07/22/2005	3/2/2009						
00409-1281-31	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1 ML	CR	IV	ML		10 U		10	10/01/2009	99/99/9999						
00409-1281-32	J1642			4/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2 ML	CR	IV	ML		10 U		10	04/25/2005	3/2/2009						
00409-1281-32	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2 ML	CR	IV	ML		10 U		10	10/01/2009	99/99/9999						
00409-1281-33	J1642			7/15/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3 ML	CR	IV	ML		10 U		10	07/15/2005	3/2/2009						
00409-1281-33	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3 ML	CR	IV	ML		10 U		10	10/01/2009	99/99/9999						
00409-1281-35	J1642			4/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5 ML	CR	IV	ML		10 U		10	04/25/2005	3/2/2009						
00409-1281-35	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5 ML	CR	IV	ML		10 U		10	10/01/2009	99/99/9999						
00409-1283-10	J1170			5/15/2009	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10 EA	SR	U	ML		4 MG		0.25	05/15/2009	99/99/9999						
00409-1283-31	J1170			6/14/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/ML	1 ML	CR	U	ML		4 MG		0.25	06/14/2005	99/99/9999						
00409-1304-31	J1170			7/13/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/ML	1 ML	CR	U	ML		4 MG		1	07/13/2005	99/99/9999						
00409-1312-10	J1170			10/1/2010	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 2 MG/ML	10 EA	SR	U	ML		4 MG		0.5	10/01/2010	99/99/9999						
00409-1312-30	J1170			7/7/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/ML	1 ML	CR	U	ML		4 MG		0.5	07/07/2005	99/99/9999						
00409-1316-25	J1644			10/29/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (10X0.5ML,W/ LUER LOCK) 5000 U/0.5 ML	0.5 ML	SR	U	ML		1000 U		10	10/29/2007	99/99/9999						
00409-1316-32	J1644			3/23/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	0.5 ML	SR	U	ML		1000 U		10	03/23/2005	99/99/9999						
00409-1316-66	J1644			2/11/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF,CARPUJECT) 10000 U/ML	0.5 ML	SR	U	ML		1000 U		10	02/11/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1317-01		J1165		2/8/2005	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	2	ML	AM	IV	ML	50	MG		1	02/08/2005	99/99/9999					
00409-1317-02		J1165		3/30/2005	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	5	ML	AM	IV	ML	50	MG		1	03/30/2005	99/99/9999					
00409-1323-05		J2001		12/8/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML, ANSYSR) 2%	5	ML	SR	IJ	ML	10	MG		2	12/08/2005	99/99/9999					
00409-1402-31		J1644		3/21/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LUER LOCK,CARPUJECT) 5000 U/ML	1	ML	SR	IJ	ML	1000	U		5	03/21/2005	99/99/9999					
00409-1410-01		J7659		7/28/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG		0.2	07/28/2005	12/31/2006					
00409-1410-01	KO	J7659	KO	7/28/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG		0.2	07/28/2005	12/31/2006					
00409-1410-01		J7660		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG		0.2	01/01/2007	99/99/9999					
00409-1410-01	KO	J7660	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG		0.2	01/01/2007	99/99/9999					
00409-1410-05		J7659		10/26/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG		0.2	10/26/2005	12/31/2006					
00409-1410-05	KO	J7659	KO	10/26/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG		0.2	10/26/2005	12/31/2006					
00409-1410-05		J7660		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG		0.2	01/01/2007	99/99/9999					
00409-1410-05	KO	J7660	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG		0.2	01/01/2007	99/99/9999					
00409-1412-04		J3490		6/14/2006	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (SDFLIPTOP VIAL,USP) 0.25 MG/ML	4	ML	VL	IJ	ML	1	EA		1	06/14/2006	99/99/9999					
00409-1412-10		J3490		6/29/2006	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (MDV,USP,10X10ML) 0.25 MG/ML	10	ML	VL	IJ	ML	1	EA		1	06/29/2006	99/99/9999					
00409-1463-01		J2300		3/9/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 10 MG/ML	1	ML	AM	IJ	ML	10	MG		1	03/09/2005	99/99/9999					
00409-1464-01		J2300		7/13/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (25X10ML) 10 MG/ML	10	ML	VL	IJ	ML	10	MG		1	07/13/2005	99/99/9999					
00409-1465-01		J2300		11/18/2004	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (AMP,LATEX-FREE) 20 MG/ML	1	ML	AM	IJ	ML	10	MG		2	11/18/2004	99/99/9999					
00409-1467-01		J2300		5/12/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (VIAL,FLUPTOP) 20 MG/ML	10	ML	VL	IJ	ML	10	MG		2	05/12/2005	99/99/9999					
00409-1505-03		J7110		12/29/2005	99/99/9999	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70 W/SODIUM CHLORIDE 6%-0.9%	500	ML	GC	IV	ML	500	ML		0.002	12/29/2005	99/99/9999					
00409-1508-05		J7799		8/31/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X1000ML) 2.5%	1000	ML	GC	IV	ML	1	EA		1	08/31/2005	99/99/9999					
00409-1513-02		J3480		6/16/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (12X250ML,LATEX-FREE) 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ		1	06/16/2005	99/99/9999					
00409-1522-01		J7060		4/11/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X150ML) 5%	150	ML	GC	IV	ML	500	ML		0.002	04/11/2005	99/99/9999					
00409-1522-02		J7060		3/9/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X250ML) 5%	250	ML	GC	IV	ML	500	ML		0.002	03/09/2005	99/99/9999					
00409-1522-03		J7060		6/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X500ML) 5%	500	ML	GC	IV	ML	500	ML		0.002	06/16/2005	99/99/9999					
00409-1523-01		J7060		9/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (50/150ML PART FILL) 5%	50	ML	GC	IV	ML	500	ML		0.002	09/16/2005	99/99/9999					
00409-1523-11		J7060		7/27/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X100ML) 5%	100	ML	GC	IV	ML	500	ML		0.002	07/27/2005	99/99/9999					
00409-1534-05		J7799		2/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE AND SODIUM CHLORIDE (6X1000ML) 10%-0.9%	1000	ML	GC	IV	ML	1	EA		1	02/24/2006	99/99/9999					
00409-1535-03		J7799		9/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML) 20%	500	ML	GC	IV	ML	1	EA		1	09/08/2005	99/99/9999					
00409-1539-31		J2060		12/23/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1	ML	CR	IJ	ML	2	MG		2	12/23/2005	99/99/9999					
00409-1559-10		J3490		8/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	IJ	ML	1	EA		1	08/22/2005	99/99/9999					
00409-1559-30		J3490		9/7/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	1	EA		1	09/07/2005	99/99/9999					
00409-1560-10		J3490		8/31/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	IJ	ML	1	EA		1	08/31/2005	99/99/9999					
00409-1560-29		J3490		8/5/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA		1	08/05/2005	99/99/9999					
00409-1582-10		J3490		7/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10	ML	VL	IJ	ML	1	EA		1	07/22/2005	99/99/9999					
00409-1582-29		J3490		8/4/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	1	EA		1	08/04/2005	99/99/9999					
00409-1583-01		J7050		7/20/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X150ML,PF) 0.9%	150	ML	FC	IV	ML	250	ML		0.004	07/20/2005	99/99/9999					
00409-1583-02		J7050		9/14/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X250ML,PF) 0.9%	250	ML	GC	IV	ML	250	ML		0.004	09/14/2005	99/99/9999					
00409-1584-11		J7050		9/16/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X100ML,150ML VIAL,PF) 0.9%	100	ML	GC	IV	ML	250	ML		0.004	09/16/2005	99/99/9999					
00409-1586-03		J7799		3/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X500ML) 5%	500	ML	GC	IV	ML	1	EA		1	03/24/2006	99/99/9999					
00409-1587-50		J3490		1/10/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA		1	01/10/2006	99/99/9999					
00409-1590-02		A4217		8/5/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250	ML	GC	IV	ML	500	ML		0.002	08/05/2005	99/99/9999					
00409-1590-05		A4217		6/28/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (USP)	1000	ML	GC	IJ	ML	500	ML		0.002	06/28/2005	99/99/9999					
00409-1610-50		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	IJ	ML	1	EA		1	11/22/2005	99/99/9999					
00409-1623-01		J0595		9/20/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG		1	09/20/2005	99/99/9999					
00409-1623-49		J0595		10/19/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG		1	10/19/2005	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1626-01	J0595			3/21/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1 ML	VL	U	ML		1 MG		2	03/21/2006	99/99/9999						
00409-1626-02	J0595			12/21/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	12/21/2005	99/99/9999						
00409-1626-49	J0595			5/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1 ML	VL	U	ML		1 MG		2	05/24/2006	99/99/9999						
00409-1626-51	J0595			12/8/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	12/08/2005	99/99/9999						
00409-1630-10	J0460			1/11/2006	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR,10X10ML) 0.1 MG/ML	10 ML	SR	U	ML		0.3 MG		0.33333	01/11/2006	12/31/2009						
00409-1639-10	J1940			1/23/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML, ANSYR) 10 MG/ML	10 ML	SR	U	ML		20 MG		0.5	01/23/2006	99/99/9999						
00409-1754-10	J3475			11/27/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X10ML SINGLE-DOSE,USP) 500 MG/ML	10 ML	SR	U	ML		500 MG		1	11/27/2006	99/99/9999						
00409-1761-02	J3490			6/6/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP,W/DEXTROSE,PF) 0.75% MORPHINE SULFATE (LLK,SLIM PK,CARPUJECT) 2 MG/ML	2 ML	AM	U	ML		1 EA		1	06/06/2005	99/99/9999						
00409-1762-30	J2270			5/27/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE (2.5GM INFANT ANSYR SYR) 25%	1 ML	CR	U	ML		10 MG		0.2	05/27/2005	99/99/9999						
00409-1775-10	J7799			2/20/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	10 ML	SR	IV	ML		1 EA		1	02/20/2006	99/99/9999						
00409-1782-69	J2310			9/29/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NEO-SYNEPHRINE HCL (AMP,25X1ML) 10 MG/ML	1 ML	SR	U	ML		1 MG		0.4	09/29/2005	99/99/9999						
00409-1800-01	J2370			4/14/2005	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYTOIN SODIUM (CARPUJECT) 50 MG/ML	1 ML	AM	U	ML		1 ML		1	04/14/2005	99/99/9999						
00409-1844-32	J1165			10/5/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	2 ML	SR	IV	ML		50 MG		1	10/05/2004	99/99/9999						
00409-1902-01	J2690			3/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL 500 MG/ML	10 ML	VL	U	ML		1 GM		0.1	03/10/2006	99/99/9999						
00409-1903-01	J2690			8/24/2005	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2 ML	VL	IV	ML		1 GM		0.5	08/24/2005	99/99/9999						
00409-1918-32	J2912			11/23/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2 ML	CR	IV	ML		0.9 %		0.5	11/23/2005	12/31/2006						
00409-1918-32	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2 ML	CR	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
00409-1918-33	J2912			2/17/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		0.9 %		0.5	02/17/2005	12/31/2006						
00409-1918-33	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
00409-1918-35	J2912			4/8/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		0.9 %		0.5	04/08/2005	12/31/2006						
00409-1918-35	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5 ML	CR	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
00409-1920-10	J3070			9/29/2005	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL,LATEX-FREE) 30 MG/ML	10 ML	VL	U	ML		30 MG		1	09/29/2005	99/99/9999						
00409-1941-01	J3070			11/18/2005	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1 ML	AM	U	ML		30 MG		1	11/18/2005	99/99/9999						
00409-1952-32	J3250			1/9/2006	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (LUER LOCK,CARPUJECT) 100 MG/ML	2 ML	SR	IM	ML		200 MG		0.5	01/09/2006	99/99/9999						
00409-1955-01	J3490			3/11/2005	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL,FLIPTOP LATEX-FREE) 50 MG/ML	2 ML	VL	U	ML		1 EA		1	03/11/2005	12/31/2005						
00409-1955-01	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL,FLIPTOP LATEX-FREE) 50 MG/ML	2 ML	VL	U	ML		100 MG		0.5	01/01/2006	99/99/9999						
00409-1956-01	J3490			9/6/2005	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2 ML	VL	U	ML		1 EA		1	09/06/2005	12/31/2005						
00409-1956-01	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2 ML	VL	U	ML		100 MG		2.5	01/01/2006	99/99/9999						
00409-1957-01	J3490			9/26/2005	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (10X4ML) 250 MG/ML	4 ML	VL	U	ML		1 EA		1	09/26/2005	12/31/2005						
00409-1957-01	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X4ML) 250 MG/ML	4 ML	VL	U	ML		100 MG		2.5	01/01/2006	99/99/9999						
00409-1966-04	A4216			8/30/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LATEX-FREE) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	08/30/2005	99/99/9999						
00409-1966-05	A4216			5/2/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X20ML,LATEX-FREE) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	05/02/2005	99/99/9999						
00409-1966-07	A4216			4/5/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLIPTOP PLASTIC) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	04/05/2005	99/99/9999						
00409-1966-12	A4216			10/6/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LS-PLASTIC) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	10/06/2005	99/99/9999						
00409-1966-14	A4216			6/1/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	06/01/2005	99/99/9999						
00409-1985-01	J2060			4/25/2005	6/12/2009	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL) 2 MG/ML	1 ML	U	U	ML		2 MG		1	04/25/2005	6/12/2009						
00409-1985-05	J2060			2/8/2008	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1 ML	SR	U	ML		2 MG		1	02/08/2008	99/99/9999						
00409-1985-10	J2060			11/16/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10 ML	VL	U	ML		2 MG		1	11/16/2005	99/99/9999						
00409-1985-30	J2060			6/1/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1 ML	CR	U	ML		2 MG		1	06/01/2005	99/99/9999						
00409-2012-32	J0592			6/17/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (10X1ML,CARPUJECT) 0.3 MG/ML	1 ML	SR	U	ML		0.1 MG		3.24	06/17/2005	99/99/9999						
00409-2025-20	J1250			2/20/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	02/20/2006	99/99/9999						
00409-2025-54	J1250			11/10/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40 ML	VL	IV	ML		250 MG		0.05	11/10/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2043-02	J1245			3/31/2005	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2 ML	AM	IV	ML	10 MG	0.5	03/31/2005	99/99/9999								
00409-2047-50	J0670			9/22/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (M.D.V.,USP) 2%	50 ML	VL	UJ	ML	10 ML	0.1	09/22/2006	99/99/9999								
00409-2066-05	J2001			9/6/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5 ML	VL	UJ	ML	10 MG	2	09/06/2005	99/99/9999								
00409-2102-02	J2912			8/16/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (25X2ML,PF) 0.9%	2 ML	VL	IV	ML	0.9 %	0.5	08/16/2005	12/31/2006								
00409-2102-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X2ML,PF) 0.9%	2 ML	VL	IV	ML	10 ML	0.1	01/01/2007	99/99/9999								
00409-2102-05	J2912			4/3/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5 ML	VL	IV	ML	0.9 %	0.5	04/03/2006	12/31/2006								
00409-2102-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5 ML	VL	IV	ML	10 ML	0.1	01/01/2007	99/99/9999								
00409-2168-02	J3475			1/31/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	500 MG/ML	20 ML	VL	UJ	ML	500 MG	1	01/31/2005	99/99/9999								
00409-2168-03	J3475			10/22/2004	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	50 ML	VL	UJ	ML	500 MG	1	10/22/2004	99/99/9999								
00409-2169-31	J1160			6/16/2005	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (10X1ML,LUER LOCK) 0.25 MG/ML	1 ML	CR	IV	ML	0.5 MG	0.5	06/16/2005	99/99/9999								
00409-2172-01	J1170			4/19/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (HIGH POTENCY) 10 MG/ML	1 ML	AM	UJ	ML	4 MG	2.5	04/19/2005	99/99/9999								
00409-2172-05	J1170			4/19/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (HIGH POTENCY) 10 MG/ML	5 ML	AM	UJ	ML	4 MG	2.5	04/19/2005	99/99/9999								
00409-2173-32	J2765			11/28/2005	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (LEUR LOCK,CARPUJECT) 5 MG/ML	2 ML	SR	IV	ML	10 MG	0.5	11/28/2005	99/99/9999								
00409-2265-01	J2597			2/4/2005	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1 ML	AM	UJ	ML	1 MCG	4	02/04/2005	99/99/9999								
00409-2287-21	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML, USP) 30 MG/ML	1 ML	CT	UJ	ML	15 MG	2	06/22/2007	99/99/9999								
00409-2287-22	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X2ML) 30 MG/ML	2 ML	CT	UJ	ML	15 MG	2	06/22/2007	99/99/9999								
00409-2287-31	J1885			4/25/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1 ML	CR	UJ	ML	15 MG	2	04/25/2005	99/99/9999								
00409-2287-61	J1885			6/20/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE ((LUER LOCK),10X2ML) 30 MG/ML	2 ML	SR	IM	ML	15 MG	2	06/20/2005	99/99/9999								
00409-2288-21	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML) 15 MG/ML	1 ML	CT	UJ	ML	15 MG	1	06/22/2007	99/99/9999								
00409-2288-31	J1885			8/29/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 15 MG/ML	1 ML	SR	UJ	ML	15 MG	1	08/29/2005	99/99/9999								
00409-2290-11	J1200			7/31/2008	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (W/LUER LOCK,10X1ML,USP) 50 MG/ML	1 ML	CR	UJ	ML	50 MG	1	07/31/2008	99/99/9999								
00409-2290-31	J1200			4/25/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1 ML	CR	UJ	ML	50 MG	1	04/25/2005	99/99/9999								
00409-2305-02	J2250			8/15/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP,PF) 1 MG/ML	2 ML	VL	UJ	ML	1 MG	1	08/15/2005	99/99/9999								
00409-2305-05	J2250			12/21/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF) 1 MG/ML	5 ML	VL	UJ	ML	1 MG	1	12/21/2005	99/99/9999								
00409-2305-49	J2250			8/2/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (10X2ML,PF) 1 MG/ML	2 ML	VL	UJ	ML	1 MG	1	08/02/2005	99/99/9999								
00409-2305-50	J2250			9/13/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X5ML,PF) 1 MG/ML	5 ML	VL	UJ	ML	1 MG	1	09/13/2005	99/99/9999								
00409-2305-61	J2250			10/3/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	2 ML	VL	UJ	ML	1 MG	1	10/03/2005	99/99/9999								
00409-2305-62	J2250			10/3/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	5 ML	VL	UJ	ML	1 MG	1	10/03/2005	99/99/9999								
00409-2306-22	J2250			7/20/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X2ML,PF) 1 MG/ML	2 ML	SR	UJ	ML	1 MG	1	07/20/2007	99/99/9999								
00409-2306-62	J2250			3/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2 ML	SR	UJ	ML	1 MG	1	03/10/2005	99/99/9999								
00409-2307-21	J2250			7/20/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X1ML,PF) 5 MG/ML	1 ML	SR	UJ	ML	1 MG	5	07/20/2007	99/99/9999								
00409-2307-60	J2250			4/25/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF,CARPUJECT) 5 MG/ML	1 ML	CR	UJ	ML	1 MG	5	04/25/2005	99/99/9999								
00409-2308-01	J2250			6/7/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1 ML	VL	UJ	ML	1 MG	5	06/07/2005	99/99/9999								
00409-2308-02	J2250			10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 5 MG/ML	2 ML	VL	UJ	ML	1 MG	5	10/10/2005	99/99/9999								
00409-2308-49	J2250			12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1 ML	VL	UJ	ML	1 MG	5	12/29/2005	99/99/9999								
00409-2308-50	J2250			11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 5 MG/ML	2 ML	VL	UJ	ML	1 MG	5	11/18/2005	99/99/9999								
00409-2312-02	J2550			8/29/2008	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE(10X1ML,USP) (25MG/ML)	1 ML	SR	UJ	ML	50 MG	1	08/29/2008	99/99/9999								
00409-2312-31	J2550			4/5/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 25 MG/ML	1 ML	SR	UJ	ML	50 MG	0.5	04/05/2005	99/99/9999								
00409-2336-10	J0895			4/25/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1 EA	VL	UJ	EA	500 MG	1	04/25/2005	99/99/9999								
00409-2337-25	J0895			3/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1 EA	VL	UJ	EA	500 MG	4	03/21/2005	99/99/9999								
00409-2343-31	J2560			9/19/2005	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,10X1ML) 60 MG/ML	1 ML	SR	UJ	ML	120 MG	0.5	09/19/2005	99/99/9999								
00409-2344-01	J1250			7/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL,FLIPTOP) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG	0.05	07/27/2005	99/99/9999								
00409-2344-02	J1250			6/29/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML,FTV) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG	0.05	06/29/2005	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2344-88	J1250			3/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE NOVAPLUS (S.D.V., U.S.P.) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG		0.05	03/21/2005	99/99/9999							
00409-2346-32	J1250			8/11/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X250ML,LATEX-FREE) 5%-100 MG/100 ML	250 ML	FC	IV	ML	250 MG		0.004	08/11/2005	99/99/9999							
00409-2346-34	J1250			2/7/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X500ML,LIFECARE) 5%-100 MG/100 ML	500 ML	FC	IV	ML	250 MG		0.004	02/07/2006	99/99/9999							
00409-2347-32	J1250			1/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250 ML	FC	IV	ML	250 MG		0.008	01/11/2006	99/99/9999							
00409-2347-33	J1250			3/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE NOVAPLUS (U.S.P.) 5%-200 MG/100 ML	250 ML	FC	IV	ML	250 MG		0.008	03/21/2005	99/99/9999							
00409-2349-31	J2560			9/7/2005	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,CARPUJECT) 130 MG/ML	1 ML	SR	IJ	ML	120 MG		1.08333	09/07/2005	99/99/9999							
00409-2540-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1 ML	AM	IJ	ML	4 MG		1	09/21/2005	99/99/9999							
00409-2552-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 1 MG/ML	1 ML	AM	IJ	ML	4 MG		0.25	09/21/2005	99/99/9999							
00409-2581-02	J1644			3/24/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (ADD-VANTAGE VIAL) 2000 U/ML	5 ML	VL	IV	ML	1000 U		2	03/24/2006	99/99/9999							
00409-2584-02	J1644			7/1/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X10ML,PF,LATEX-FREE) 2500 U/ML	10 ML	VL	IJ	ML	1000 U		2.5	07/01/2005	99/99/9999							
00409-2585-01	J0690			6/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (SDV,ADD-VANTAGE) 1 GM	25 EA	VL	IV	EA	500 MG		2	06/27/2007	99/99/9999							
00409-2587-05	J2250			1/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML,FLIPTOP,VIAL) 1 MG/ML	10 ML	VL	IJ	ML	1 MG		1	01/27/2006	99/99/9999							
00409-2587-53	J2250			3/7/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HCL (10X10ML,FTV) 1 MG/ML	10 ML	VL	IJ	ML	1 MG		1	03/07/2006	99/99/9999							
00409-2596-03	J2250			10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5 ML	VL	IJ	ML	1 MG		5	10/28/2005	99/99/9999							
00409-2596-05	J2250			1/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML	1 MG		5	01/11/2006	99/99/9999							
00409-2596-52	J2250			1/23/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10XSML) 5 MG/ML	5 ML	VL	IJ	ML	1 MG		5	01/23/2006	99/99/9999							
00409-2596-53	J2250			9/27/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10 ML	VL	IJ	ML	1 MG		5	09/27/2005	99/99/9999							
00409-2687-15	J0295			6/22/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM 10 GM-5 GM	1 EA	VL	IV	EA	1.5 GM		10	06/22/2007	99/99/9999							
00409-2689-01	J0295			10/9/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA	1.5 GM		1	10/09/2006	99/99/9999							
00409-2689-11	J0295			7/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA	1.5 GM		1	07/01/2007	99/99/9999							
00409-2775-02	J2260			12/31/2004	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (VIAL,FLIPTOP,PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG		0.2	12/31/2004	99/99/9999							
00409-2776-02	J2260			3/8/2006	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (IN 5% DEXTROSE,10X200ML) 5%-20 MG/100 ML	200 ML	FC	IV	ML	5 MG		0.04	03/08/2006	99/99/9999							
00409-2776-23	J2260			6/15/2005	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100 ML	FC	IV	ML	5 MG		0.04	06/15/2005	99/99/9999							
00409-2987-03	J0295			10/9/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA	1.5 GM		2	10/09/2006	99/99/9999							
00409-2987-13	J0295			7/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA	1.5 GM		2	07/01/2007	99/99/9999							
00409-2988-01	J0295			7/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	10 EA	VL	IJ	EA	1.5 GM		1	07/20/2007	99/99/9999							
00409-2998-03	J0295			7/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	10 EA	VL	IJ	EA	1.5 GM		2	07/20/2007	99/99/9999							
00409-3213-02	J3360			5/9/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (MDV,FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML	5 MG		1	05/09/2005	99/99/9999							
00409-3213-12	J3360			10/1/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML	5 MG		1	10/01/2007	99/99/9999							
00409-3217-05	J2920			10/2/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	A-METHAPRED (SDV) 40 MG	1 EA	VL	IJ	EA	40 MG		1	10/02/2006	99/99/9999							
00409-3218-05	J2930			10/2/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (SDV) 125 MG	1 EA	VL	IJ	EA	125 MG		1	10/02/2006	99/99/9999							
00409-3255-03	J3260			3/31/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,ADD-VANTAGE) 10 MG/ML	8 ML	VL	IJ	ML	80 MG		0.125	03/31/2005	99/99/9999							
00409-3307-03	J7608			4/11/2005	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE 10%	30 ML	VL	IH	ML	1 GM		0.1	04/11/2005	99/99/9999							
00409-3307-03	KO J7608	KO		4/11/2005	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE 10%	30 ML	VL	IH	ML	1 GM		0.1	04/11/2005	99/99/9999							
00409-3308-03	J7608			5/25/2005	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (3X30ML) 20%	30 ML	VL	IH	ML	1 GM		0.2	05/25/2005	99/99/9999							
00409-3308-03	KO J7608	KO		5/25/2005	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (3X30ML) 20%	30 ML	VL	IH	ML	1 GM		0.2	05/25/2005	99/99/9999							
00409-3356-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,USP) 2 MG/ML	1 ML	AM	IJ	ML	4 MG		0.5	09/21/2005	99/99/9999							
00409-3365-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1 ML	VL	IJ	ML	4 MG		0.5	09/21/2005	99/99/9999							
00409-3380-31	J3490			9/1/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (LATEX-FREE) 50 MCG/ML	1 ML	AM	IJ	ML	1 EA		1	09/01/2005	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-3380-32		J3490		11/3/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	AM	U	ML	1	EA		1	11/03/2005	99/99/9999					
00409-3380-35		J3490		12/28/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5	ML	AM	U	ML	1	EA		1	12/28/2005	99/99/9999					
00409-3380-49		J3490		11/29/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1	ML	AM	U	ML	1	EA		1	11/29/2005	99/99/9999					
00409-3380-50		J3490		11/7/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (10X2ML,PF,LATEX-FREE) 50 MCG/ML	2	ML	AM	U	ML	1	EA		1	11/07/2005	99/99/9999					
00409-3380-51		J3490		10/12/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,10X5ML,PF) 50 MCG/ML	5	ML	AM	U	ML	1	EA		1	10/12/2005	99/99/9999					
00409-3382-21		J3490		7/15/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1	ML	VL	U	ML	1	EA		1	07/15/2005	99/99/9999					
00409-3382-22		J3490		7/18/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	VL	U	ML	1	EA		1	07/18/2005	99/99/9999					
00409-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	U	ML	1	EA		1	10/19/2005	99/99/9999					
00409-3400-01		J1580		3/24/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (25X6ML,ADD-VANTAGE) 10 MG/ML	6	ML	VL	IV	ML	80	MG	0.125	03/24/2006	99/99/9999						
00409-3401-01		J1580		1/9/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL-ADD-VANTAGE) 10 MG/ML	8	ML	VL	U	ML	80	MG	0.125	01/09/2006	99/99/9999						
00409-3402-01		J1580		6/5/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (SD ADD-VANTAGE,USP) 10 MG/ML	10	ML	VL	IV	ML	80	MG	0.125	06/05/2006	99/99/9999						
00409-3413-01		J2765		4/21/2005	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (AMP,25X2ML) 5 MG/ML	2	ML	AM	IV	ML	10	MG	0.5	04/21/2005	99/99/9999						
00409-3469-13		J3260		5/30/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,LATEX-FREE) 0.9%-80 MG/50 ML	50	ML	FC	IV	ML	80	MG	0.02	05/30/2005	99/99/9999						
00409-3470-23		J3260		9/26/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,24X100ML) 0.9%-80 MG/100 ML	100	ML	FC	IV	ML	80	MG	0.01	09/26/2005	99/99/9999						
00409-3577-01		J3260		3/31/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 10 MG/ML	2	ML	VL	U	ML	80	MG	0.125	03/31/2005	99/99/9999						
00409-3578-01		J3260		11/2/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	U	ML	80	MG	0.5	11/02/2004	99/99/9999						
00409-3590-02		J3260		2/15/2006	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK PACKAGE) 40 MG/ML	50	ML	VL	U	ML	80	MG	0.5	02/15/2006	99/99/9999						
00409-3613-01		J3490		1/7/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2	ML	AM	U	ML	1	EA		1	01/07/2005	99/99/9999					
00409-3724-32		J1250		10/7/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	10/07/2005	99/99/9999						
00409-3793-01		J1885		5/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,FLIPTOP,VIAL) 15 MG/ML	1	ML	VL	U	ML	15	MG		1	05/31/2005	99/99/9999					
00409-3793-49		J1885		4/19/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVAPLUS (U.S.P.,25X1ML) 15 MG/ML	1	ML	VL	U	ML	15	MG		1	04/19/2005	99/99/9999					
00409-3795-01		J1885		1/6/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1	ML	VL	U	ML	15	MG		2	01/06/2006	99/99/9999					
00409-3795-49		J1885		9/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X1ML,2ML VIAL) 30 MG/ML	1	ML	VL	U	ML	15	MG		2	09/21/2005	99/99/9999					
00409-3795-61		J1885		10/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	1	ML	VL	U	ML	15	MG		2	10/31/2005	99/99/9999					
00409-3796-01		J1885		12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL,FLIPTOP) 30 MG/ML	2	ML	VL	IM	ML	15	MG		2	12/21/2005	99/99/9999					
00409-3796-49		J1885		11/7/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X2ML,LATEX-FREE) 30 MG/ML	2	ML	VL	IM	ML	15	MG		2	11/07/2005	99/99/9999					
00409-3796-61		J1885		8/5/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (FTV,AMERINET,LATEX-FREE) 30 MG/ML	2	ML	VL	IM	ML	15	MG		2	08/05/2005	99/99/9999					
00409-3814-12		J2275		7/19/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	U	ML	10	MG	0.05	07/19/2005	99/99/9999						
00409-3815-12		J2270		6/28/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X10ML,LATEX-FREE) 1 MG/ML	10	ML	VL	U	ML	10	MG	0.1	06/28/2005	99/99/9999						
00409-3863-02		J1455		2/1/2006	99/99/9999	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCARNET SODIUM (12X250ML,PF) 24 MG/ML	250	ML	GC	IV	ML	1000	MG	0.024	02/01/2006	99/99/9999						
00409-3863-05		J1455		2/1/2006	99/99/9999	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCARNET SODIUM (12X500ML,PF) 24 MG/ML	500	ML	GC	IV	ML	1000	MG	0.024	02/01/2006	99/99/9999						
00409-3907-03		J3480		11/24/2004	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP,LATEX-FREE) 2 MEQ/ML	10	ML	AM	IV	ML	2	MEQ		1	11/24/2004	99/99/9999					
00409-3977-03		A4216		4/7/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30	ML	VL	IV	ML	10	ML	0.1	04/07/2005	99/99/9999						
00409-4027-02		A4217		5/26/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	STERILE WATER (5MLX25,USP)	5	ML	AM	U	ML	500	ML	0.002	05/26/2006	99/99/9999						
00409-4029-03		A4216		3/1/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20	ML	AM	IV	ML	10	ML	0.1	03/01/2005	99/99/9999						
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	99/99/9999						
00409-4044-02		A4216		2/9/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X10ML,PF,LATEX-FREE)	10	ML	AM	IV	ML	10	ML	0.1	02/09/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4050-01		J3490		5/13/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	2	ML	VL	U	ML	1	EA		1	05/13/2005	99/99/9999					
00409-4051-01		J3490		5/31/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	4	ML	VL	U	ML	1	EA		1	05/31/2005	99/99/9999					
00409-4052-01		J3490		7/5/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (25X6ML,LATEX-FREE) 150 MG/ML	6	ML	VL	U	ML	1	EA		1	07/05/2005	99/99/9999					
00409-4053-03		J3490		5/11/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (ADD-VANTAGE,25X2ML) 150 MG/ML	2	ML	VL	U	ML	1	EA		1	05/11/2005	99/99/9999					
00409-4054-04		J3490		2/18/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	4	ML	VL	U	ML	1	EA		1	02/18/2005	99/99/9999					
00409-4055-03		J3490		2/24/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	6	ML	VL	U	ML	1	EA		1	02/24/2005	99/99/9999					
00409-4056-01		J2001		10/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,PF) 1.5%	20	ML	AM	U	ML	10	MG		1.5	10/31/2005	99/99/9999					
00409-4057-12		J2275		12/13/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	5	ML	AM	U	ML	10	MG		0.05	12/13/2005	99/99/9999					
00409-4058-12		J2270		10/7/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP,LATEX-FREE) 1 MG/ML	10	ML	AM	U	ML	10	MG		0.1	10/07/2005	99/99/9999					
00409-4089-02		J7799		5/18/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (AMP,LATEX-FREE) 10%	5	ML	AM	U	ML	1	EA		1	05/18/2005	99/99/9999					
00409-4142-02		Q4076		2/1/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-160 MG/100 ML	250	ML	GC	U	ML	40	MG		0.04	02/01/2005	12/31/2005					
00409-4142-02		J1265		1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTRROSE/DOPAMINE HCL 5%-160 MG/100 ML	250	ML	GC	U	ML	40	MG		0.04	01/01/2006	99/99/9999					
00409-4169-01		J2400		6/20/2005	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (25X30ML) 2%	30	ML	VL	U	ML	30	ML		0.03333	06/20/2005	99/99/9999					
00409-4170-01		J2400		4/20/2005	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (VIAL,25X30ML) 3%	30	ML	VL	U	ML	30	ML		0.03333	04/20/2005	99/99/9999					
00409-4197-01		J3490		3/31/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,BULK,LATEX-FREE) 150 MG/ML	60	ML	VL	U	ML	1	EA		1	03/31/2005	99/99/9999					
00409-4219-02		J7799		3/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 2.5%	250	ML	GC	U	ML	1	EA		1	03/30/2005	99/99/9999					
00409-4265-01		Q4076		7/11/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 80 MG/ML	10	ML	VL	U	ML	40	MG		2	07/11/2005	12/31/2005					
00409-4265-01		J1265		1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 80 MG/ML	10	ML	VL	U	ML	40	MG		2	01/01/2006	99/99/9999					
00409-4270-01		J2001		2/27/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (STERILE PACK,SDV) 1%	30	ML	VL	EP	ML	10	MG		1	02/27/2006	99/99/9999					
00409-4272-01		J3490		4/6/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.25%	20	ML	AM	U	ML	1	EA		1	04/06/2006	99/99/9999					
00409-4273-01		J3490		6/28/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HYDROCHLORIDE (SINGLE-DOSE,5X20ML,PF) 0.5%	20	ML	AM	U	ML	1	EA		1	06/28/2006	99/99/9999					
00409-4274-01		J3490		3/31/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.75%	20	ML	AM	U	ML	1	EA		1	03/31/2006	99/99/9999					
00409-4275-01		J2001		12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50	ML	VL	U	ML	10	MG		0.5	12/30/2005	99/99/9999					
00409-4276-01		J2001		8/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV,25X20ML) 1%	20	ML	VL	EP	ML	10	MG		1	08/12/2005	99/99/9999					
00409-4276-02		J2001		7/7/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 1%	50	ML	VL	EP	ML	10	MG		1	07/07/2005	99/99/9999					
00409-4277-01		J2001		6/13/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X20ML,LATEX-FREE) 2%	20	ML	VL	U	ML	10	MG		2	06/13/2005	99/99/9999					
00409-4277-02		J2001		8/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV,25X50ML,LATEX-FREE) 2%	50	ML	VL	U	ML	10	MG		2	08/12/2005	99/99/9999					
00409-4278-01		J2001		6/29/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X50ML) 0.5%	50	ML	VL	U	ML	10	MG		0.5	06/29/2005	99/99/9999					
00409-4279-02		J2001		8/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30	ML	VL	EP	ML	10	MG		1	08/31/2005	99/99/9999					
00409-4282-01		J2001		9/9/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,25X2ML,LATEX-FREE) 2%	2	ML	AM	U	ML	10	MG		2	09/09/2005	99/99/9999					
00409-4282-02		J2001		2/8/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (USP,25X10ML,SDA,PF) 2%	10	ML	AM	U	ML	10	MG		2	02/08/2006	99/99/9999					
00409-4283-01		J2001		5/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5	ML	AM	U	ML	10	MG		4	05/16/2005	99/99/9999					
00409-4332-01		J3370		4/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1	EA	VL	U	EA	500	MG		1	04/25/2005	99/99/9999					
00409-4332-49		J3370		8/4/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (FTV,LATEX-FREE) 500 MG	1	EA	VL	U	EA	500	MG		1	08/04/2005	99/99/9999					
00409-4346-73		J3490		4/13/2005	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL,FLIPTOP) 250 MG/ML	20	ML	VL	U	ML	1	EA		1	04/13/2005	99/99/9999					
00409-4348-35		J0282		9/27/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (3MLX10,SINGLE-DOSE) 50 MG/ML	3	ML	AM	U	ML	30	MG		1.66666	09/27/2006	99/99/9999					
00409-4684-02		J1450		3/6/2007	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML,LATEX-FREE) 400 MG/200 ML	200	ML	FC	U	ML	200	MG		0.01	03/06/2007	99/99/9999					
00409-4684-23		J1450		4/14/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML) 200 MG/100 ML	100	ML	FC	U	ML	200	MG		0.01	04/14/2006	99/99/9999					
00409-4688-02		J1450		7/27/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200	ML	FC	U	ML	200	MG		0.01	07/27/2006	99/99/9999					
00409-4688-23		J1450		6/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML,LATEX FREE) 200 MG/100 ML	100	ML	FC	U	ML	200	MG		0.01	06/16/2006	99/99/9999					
00409-4688-27		J1450		5/27/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (100MLX6,LATEX-FREE) 200 MG/100 ML	100	ML	FC	U	ML	200	MG		0.01	05/27/2006	99/99/9999					
00409-4688-28		J1450		6/1/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X100ML,LATEX-FREE) 200 MG/100 ML	100	ML	PC	U	ML	200	MG		0.01	06/01/2005	99/99/9999					
00409-4688-33		J1450		10/25/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200	ML	FC	U	ML	200	MG		0.01	10/25/2006	99/99/9999					
00409-4688-34		J1450		3/2/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200	ML	FC	U	ML	200	MG		0.01	03/02/2006	99/99/9999					
00409-4699-24		J3490		3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100	ML	VL	U	ML	1	EA		1	03/22/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4699-30	J3490			3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	03/22/2006	99/99/9999								
00409-4699-33	J3490			3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50 ML	VL	IV	ML	1 EA	1	03/22/2006	99/99/9999								
00409-4699-40	J3490			1/31/2008	2/1/2008	UNCLASSIFIED DRUGS	PROPOFOL (5X20ML,SDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/31/2008	02/01/2008								
00409-4699-61	J3490			12/1/2007	99/99/9999	UNCLASSIFIED DRUGS	AMERINET CHOICE PROPOFOL (5X20ML,SDV,PF) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	12/01/2007	99/99/9999								
00409-4713-02	J2001			11/21/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,LATEX-FREE) 1%	5 ML	AM	EP	ML	10 MG	1	11/21/2005	99/99/9999								
00409-4713-32	J2001			9/6/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LATEX-FREE) 1%	2 ML	AM	EP	ML	10 MG	1	09/06/2005	99/99/9999								
00409-4755-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	12/26/2006	99/99/9999								
00409-4755-02	J2405			8/24/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLEDOSE,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	08/24/2007	99/99/9999								
00409-4755-61	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	12/26/2006	99/99/9999								
00409-4755-62	J2405			10/1/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (10X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	10/01/2007	99/99/9999								
00409-4759-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML	1 MG	2	12/26/2006	99/99/9999								
00409-4760-13	J2405			2/1/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (PF,LATEX-FREE) 32 MG/50 ML	50 ML	FC	IV	ML	1 MG	0.64	02/01/2007	99/99/9999								
00409-4765-86	J0744			8/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	20 ML	VL	IV	ML	200 MG	0.05	08/29/2006	99/99/9999								
00409-4776-01	J2001			2/6/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (25X20ML,PF) 1.5%	20 ML	AM	IJ	ML	10 MG	1.5	02/06/2006	99/99/9999								
00409-4777-02	J0744			3/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,SINGLEDOSE,USP) 400 MG/200 ML	200 ML	FC	IV	ML	200 MG	0.01	03/19/2008	99/99/9999								
00409-4777-23	J0744			3/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100 ML	FC	IV	ML	200 MG	0.01	03/19/2008	99/99/9999								
00409-4777-61	J0744			5/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100 ML	FC	IV	ML	200 MG	0.01	05/19/2008	99/99/9999								
00409-4777-62	J0744			5/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X200ML,SINGLEDOSE,USP) 400 MG/200 ML	200 ML	FC	IV	ML	200 MG	0.01	05/19/2008	99/99/9999								
00409-4778-86	J0744			8/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	40 ML	VL	IV	ML	200 MG	0.05	08/29/2006	99/99/9999								
00409-4856-05	J1720			6/27/2006	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (SINGLE-DOSE) 100 MG	10 EA	VL	IJ	EA	100 MG	1	06/27/2006	99/99/9999								
00409-4857-02	Q2009			8/5/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP2MLX25) 75 MG/ML	2 ML	VL	IJ	ML	50 MG	1.5	08/05/2007	99/99/9999								
00409-4857-10	Q2009			8/5/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,10MLX10) 75 MG/ML	10 ML	VL	IJ	ML	50 MG	1.5	08/05/2007	99/99/9999								
00409-4862-02	J7799			3/9/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	250 ML	GC	IV	ML	1 EA	1	03/09/2005	99/99/9999								
00409-4862-03	J7799			4/4/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	500 ML	GC	IV	ML	1 EA	1	04/04/2005	99/99/9999								
00409-4887-10	A4216			8/18/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X10ML,PF)	10 ML	VL	IV	ML	10 ML	0.1	08/18/2005	99/99/9999								
00409-4887-20	A4216			6/16/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X20ML,STERILE,PF)	20 ML	VL	IV	ML	10 ML	0.1	06/16/2005	99/99/9999								
00409-4887-50	A4216			8/5/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X50ML,PF)	50 ML	VL	IV	ML	10 ML	0.1	08/05/2005	99/99/9999								
00409-4887-99	A4216			8/3/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X100ML,PF)	100 ML	VL	IV	ML	10 ML	0.1	08/03/2005	99/99/9999								
00409-4888-10	A4216			4/22/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	10 ML	VL	IV	ML	10 ML	0.1	04/22/2005	99/99/9999								
00409-4888-12	A4216			7/15/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X10ML,PF,LATEX-FREE) 0.9%	10 ML	VL	IV	ML	10 ML	0.1	07/15/2005	99/99/9999								
00409-4888-20	A4216			2/23/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20 ML	VL	IV	ML	10 ML	0.1	02/23/2005	99/99/9999								
00409-4888-50	A4216			2/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	50 ML	VL	IV	ML	10 ML	0.1	02/14/2005	99/99/9999								
00409-4901-18	J0170			9/23/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (18GX3-1/2,10X10ML) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML	1	09/23/2005	12/31/2010								
00409-4902-34	J7799			12/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESIELD, 18G1-1/2) 50%	1 ML	SR	IV	ML	1 EA	1	12/08/2005	99/99/9999								
00409-4903-34	J2001			12/1/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5 ML	SR	IJ	ML	10 MG	2	12/01/2005	99/99/9999								
00409-4904-34	J2001			8/23/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML,LATEX-FREE) 1%	5 ML	SR	EP	ML	10 MG	1	08/23/2005	99/99/9999								
00409-4910-34	J0460			8/18/2005	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESIELD,LATEX-FREE) 0.1 MG/ML	5 ML	SR	IJ	ML	0.3 MG	0.3333	08/18/2005	12/31/2009								
00409-4911-34	J0460			11/14/2005	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESIELD,21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML	0.3 MG	0.3333	11/14/2005	12/31/2009								
00409-4921-34	J0170			12/23/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (LIFE,21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML	1	12/23/2005	12/31/2010								
00409-5082-16	J0713			10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (LATEX-FREE) 1 GM	1 EA	VL	IJ	EA	500 MG	2	10/24/2005	99/99/9999								
00409-5082-52	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1 EA	VL	IJ	EA	500 MG	2	10/04/2005	99/99/9999								
00409-5084-11	J0713			12/5/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF 2 GM	1 EA	VL	IJ	EA	500 MG	4	12/05/2005	99/99/9999								
00409-5084-51	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 2 GM	1 EA	VL	IJ	EA	500 MG	4	10/04/2005	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-5086-11	J0713			4/19/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (BULK PHARMACY) 6 GM	1 EA	VL	IV	EA	500 MG			12	04/19/2006	99/99/9999						
00409-5086-51	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (BULK PACKAGE) 6 GM	1 EA	VL	IJ	EA	500 MG			12	10/04/2005	99/99/9999						
00409-5092-16	J0713			5/2/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	05/02/2006	99/99/9999						
00409-5092-52	J0713			6/27/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1 EA	VL	IJ	EA	500 MG			2	06/27/2006	99/99/9999						
00409-5093-11	J0713			4/3/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	04/03/2006	99/99/9999						
00409-5093-51	J0713			10/1/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	500 MG			4	10/01/2006	99/99/9999						
00409-5684-01	J2920			11/1/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 40 MG	1 EA	VL	IJ	EA	40 MG			1	11/01/2005	99/99/9999						
00409-5685-02	J2930			11/1/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 125 MG	1 EA	VL	IJ	EA	125 MG			1	11/01/2005	99/99/9999						
00409-5820-01	Q4076			8/23/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML	40 MG			1	08/23/2005	12/31/2005						
00409-5820-01	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	5 ML	VL	IV	ML	40 MG			1	01/01/2006	99/99/9999						
00409-5921-01	J0280			4/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL,FLIPTOP,25X10ML) 25 MG/ML	10 ML	VL	IV	ML	250 MG			0.1	04/25/2005	99/99/9999						
00409-5922-01	J0280			12/24/2004	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL,FLIPTOP,ABBOJECT) 25 MG/ML	20 ML	VL	IV	ML	250 MG			0.1	12/24/2004	99/99/9999						
00409-6028-04	J2271			3/23/2007	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (SDV,30MLX10) 5 MG/ML	30 ML	VL	IV	ML	100 MG			0.05	03/23/2007	99/99/9999						
00409-6030-04	J2175			1/2/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (SDV,USP,10X30ML) 10 MG/ML	30 ML	VL	IV	ML	100 MG			0.1	01/02/2007	99/99/9999						
00409-6062-02	J2270			1/10/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE IN 5% DEXTROSE (PREMIX) 5%-100 MG/100 ML	250 ML	GC	IV	ML	10 MG			0.1	01/10/2006	99/99/9999						
00409-6062-11	J2270			7/22/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSEMORPHINE SULFATE (PREMIX) 5%-100 MG/100 ML	100 ML	GC	IV	ML	10 MG			0.1	07/22/2005	99/99/9999						
00409-6102-02	J1940			2/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2 ML	VL	IJ	ML	20 MG			0.5	02/18/2005	99/99/9999						
00409-6102-04	J1940			2/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	4 ML	VL	IJ	ML	20 MG			0.5	02/21/2005	99/99/9999						
00409-6102-10	J1940			3/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	10 ML	VL	IJ	ML	20 MG			0.5	03/24/2005	99/99/9999						
00409-6138-03	A4217			6/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500 ML	PC	IR	ML	500 ML			0.002	06/01/2005	99/99/9999						
00409-6138-22	A4217			9/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250 ML	PC	IR	ML	500 ML			0.002	09/01/2005	99/99/9999						
00409-6139-03	A4217			5/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500 ML	PC	IR	ML	500 ML			0.002	05/09/2005	99/99/9999						
00409-6139-22	A4217			5/4/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	250 ML	PC	IR	ML	500 ML			0.002	05/04/2005	99/99/9999						
00409-6177-14	J2270			7/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE, 10X4ML) 25 MG/ML	4 ML	VL	IJ	ML	10 MG			2.5	07/14/2005	99/99/9999						
00409-6179-14	J2270			9/1/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	10 ML	VL	IJ	ML	10 MG			2.5	09/01/2005	99/99/9999						
00409-6476-44	J1364			3/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1 EA	VL	IV	EA	500 MG			1	03/10/2006	99/99/9999						
00409-6478-44	J1364			1/10/2007	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA	500 MG			2	01/10/2007	99/99/9999						
00409-6482-01	J1364			5/23/2005	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG			1	05/23/2005	99/99/9999						
00409-6509-01	J3370			6/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK,LATEX-FREE) 5 GM	1 EA	VL	IV	GM	500 MG			2	06/06/2005	99/99/9999						
00409-6509-49	J3370			6/3/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (BULK) 5 GM	1 EA	VL	IV	GM	500 MG			2	06/03/2005	99/99/9999						
00409-6533-01	J3370			3/15/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	03/15/2005	99/99/9999						
00409-6533-49	J3370			4/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	04/06/2005	99/99/9999						
00409-6533-61	J3370			10/1/2007	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	AMERINET CHOICE VANCOMYCIN HYDROCHLORIDE (SDV,FLIPTOP,USP) 1 GM	1 EA	VL	IV	EA	500 MG			2	10/01/2007	99/99/9999						
00409-6534-01	J3370			6/8/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG			1	06/08/2005	99/99/9999						
00409-6534-49	J3370			6/10/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (ADD-VANTAGE,10X10) 500 MG	1 EA	VL	IV	EA	500 MG			1	06/10/2005	99/99/9999						
00409-6535-01	J3370			3/29/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	03/29/2005	99/99/9999						
00409-6535-49	J3370			4/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE NOVATION (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA	500 MG			2	04/06/2005	99/99/9999						
00409-6629-02	J0330			4/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL,FLIPTOP) 20 MG/ML	10 ML	VL	IV	ML	20 MG			1	04/25/2005	99/99/9999						
00409-6629-61	J0330			4/20/2006	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	AMERINET CHOICE SUCCINYLCHOLINE CHLORIDE (USP,25X10ML,MD FLIPTOP) 20 MG/ML	10 ML	VL	IJ	ML	20 MG			1	04/20/2006	99/99/9999						
00409-6635-01	J3480			9/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/ML	5 ML	VL	IV	ML	2 MEQ			1	09/21/2005	99/99/9999						
00409-6636-01	J3480			8/9/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	15 ML	VL	IV	ML	2 MEQ			1	08/09/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-6648-02	J7799			3/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL,FLIPTOP,ADDITIVE)	50 ML	VL	IV	ML		1 EA		1	03/29/2005	99/99/9999						
00409-6651-06	J3480			11/10/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL,FLIPTOP,20ML) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ		1	11/10/2005	99/99/9999						
00409-6653-05	J3480			8/9/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	20 ML	VL	IV	ML		2 MEQ		1	08/09/2005	99/99/9999						
00409-6657-73	J7799			10/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FTV,50MEQ,25X20ML) 14.6%	20 ML	VL	IV	ML		1 EA		1	10/14/2005	99/99/9999						
00409-6660-75	J7799			7/26/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (25X40ML,LATEX-FREE) 14.6%	40 ML	VL	IV	ML		1 EA		1	07/26/2005	99/99/9999						
00409-6727-23	J3475			9/20/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100 ML	FC	IV	ML		500 MG		0.02	09/20/2005	99/99/9999						
00409-6728-03	J3475			12/1/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE IN DEXTROSE (SINGLE DOSE,LATEX-FREE) 5%-2 GM/100 ML	500 ML	FC	IV	ML		500 MG		0.04	12/01/2006	99/99/9999						
00409-6729-03	J3475			8/16/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X500ML,LATEX-FREE) 40 MG/ML	500 ML	PC	IV	ML		500 MG		0.08	08/16/2005	99/99/9999						
00409-6729-09	J3475			9/22/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000 ML	PC	IV	ML		500 MG		0.08	09/22/2005	99/99/9999						
00409-6729-23	J3475			10/6/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML,LATEX-FREE) 40 MG/ML	100 ML	PC	IV	ML		500 MG		0.08	10/06/2005	99/99/9999						
00409-6729-24	J3475			12/1/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE,LATEX-FREE) 40 MG/ML	50 ML	FC	IV	ML		500 MG		0.08	12/01/2006	99/99/9999						
00409-6730-13	J3475			4/3/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 80 MG/ML	50 ML	FC	IV	ML		500 MG		0.16	04/03/2006	99/99/9999						
00409-6778-02	J2060			1/27/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1 ML	VL	U	ML		2 MG		1	01/27/2006	99/99/9999						
00409-6778-62	J2060			6/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1 ML	VL	U	ML		2 MG		1	06/28/2005	99/99/9999						
00409-6779-02	J2060			1/5/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10 ML	VL	U	ML		2 MG		2	01/05/2006	99/99/9999						
00409-6780-02	J2060			12/29/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10 ML	VL	U	ML		2 MG		1	12/29/2005	99/99/9999						
00409-6781-02	J2060			1/23/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P., 10X10ML) 4 MG/ML	10 ML	VL	U	ML		2 MG		2	01/23/2006	99/99/9999						
00409-6940-03	J3520			10/17/2007	99/99/9999	EDETATE DISODIUM, PER 150 MG	ENDRATE (25X20ML) 150 MG/ML	20 ML	AM	IV	ML		150 MG		1	10/17/2007	99/99/9999						
00409-6970-10	J0330			9/30/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (FTV,25X10ML,20ML VIAL) 100 MG/ML	10 ML	VL	IV	ML		20 MG		5	09/30/2005	99/99/9999						
00409-7074-26	J3480			4/25/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100 ML	PC	IV	ML		2 MEQ		0.05	04/25/2005	99/99/9999						
00409-7075-14	J3480			6/8/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 10 MEQ/50 ML	50 ML	PC	IV	ML		2 MEQ		0.1	06/08/2005	99/99/9999						
00409-7075-26	J3480			4/11/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ		0.1	04/11/2005	99/99/9999						
00409-7076-26	J3480			2/8/2006	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP,100MLX24) 30 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ		0.15	02/08/2006	99/99/9999						
00409-7077-14	J3480			6/28/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 20 MEQ/50 ML	50 ML	FC	IV	ML		2 MEQ		0.2	06/28/2005	99/99/9999						
00409-7077-26	J3480			5/4/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (HIGHLY CONC.,24X100ML) 40 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ		0.2	05/04/2005	99/99/9999						
00409-7100-02	J7060			7/22/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250 ML	FC	IV	ML		500 ML		0.002	07/22/2005	99/99/9999						
00409-7100-66	J7060			8/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50 ML	FC	IV	ML		500 ML		0.002	08/17/2005	99/99/9999						
00409-7100-67	J7060			9/14/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,50X100ML) 5%	100 ML	FC	IV	ML		500 ML		0.002	09/14/2005	99/99/9999						
00409-7101-02	J7050			7/8/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (ADD-VANTAGE,24X250ML,PF) 0.9%	250 ML	FC	IV	ML		250 ML		0.004	07/08/2005	99/99/9999						
00409-7101-66	A4216			7/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANT.LIFECARE) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	07/28/2005	99/99/9999						
00409-7101-67	J7050			8/24/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (50X100ML, ADD-VANTAGE) 0.9%	100 ML	PC	IV	ML		250 ML		0.004	08/24/2005	99/99/9999						
00409-7111-09	J7120			8/5/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML		0.0005	08/05/2005	99/99/9999						
00409-7113-09	J7120			2/21/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE/LACTATED RINGERS/POTASSIUM CHLORIDE (5% DEXTROSE,LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML		0.0005	02/21/2005	99/99/9999						
00409-7115-09	J3480			4/6/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 2 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ		0.01	04/06/2005	99/99/9999						
00409-7116-09	J3480			6/22/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ		0.02	06/22/2005	99/99/9999						
00409-7118-07	A4217			8/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000 ML	FC	IR	ML		500 ML		0.002	08/16/2005	99/99/9999						
00409-7119-07	J7799			5/27/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000MLX6) 50%	2000 ML	FC	IV	ML		1 EA		1	05/27/2006	99/99/9999						
00409-7120-07	J7799			7/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X2000ML,LATEX-FREE) 70%	2000 ML	FC	IV	ML		1 EA		1	07/06/2005	99/99/9999						
00409-7132-02	J7799			5/26/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (USP,ADD-VANTAGE) 0.45%	250 ML	FC	IV	ML		1 EA		1	05/26/2006	99/99/9999						
00409-7132-66	J7799			9/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50 ML	FC	IV	ML		1 EA		1	09/12/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7132-67	J7799			11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100 ML	PC	IV	ML		1 EA		1	11/14/2005	99/99/9999						
00409-7138-09	A4217			5/11/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000 ML	FC	IR	ML		500 ML		0.002	05/11/2005	99/99/9999						
00409-7138-36	A4217			6/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500 ML	PC	IR	ML		500 ML		0.002	06/09/2005	99/99/9999						
00409-7139-09	A4217			3/2/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000 ML	PC	IR	ML		500 ML		0.002	03/02/2005	99/99/9999						
00409-7139-36	A4217			5/4/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE)	1500 ML	PC	IR	ML		500 ML		0.002	05/04/2005	99/99/9999						
00409-7241-01	J0170			9/13/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	09/13/2005	12/31/2010						
00409-7332-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/20/2005	99/99/9999						
00409-7333-04	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/20/2005	99/99/9999						
00409-7333-49	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/20/2005	99/99/9999						
00409-7334-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,BULK PACK) 10 GM	1 EA	VL	IJ	EA		250 MG		40	07/20/2005	99/99/9999						
00409-7335-03	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG		8	07/20/2005	99/99/9999						
00409-7336-04	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG		8	07/20/2005	99/99/9999						
00409-7336-49	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG		8	07/20/2005	99/99/9999						
00409-7337-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/20/2005	99/99/9999						
00409-7338-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	07/20/2005	99/99/9999						
00409-7385-01	J0280			12/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	10 ML	AM	IV	ML		250 MG		0.1	12/29/2005	99/99/9999						
00409-7386-01	J0280			11/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	20 ML	AM	IV	ML		250 MG		0.1	11/29/2005	99/99/9999						
00409-7418-03	J7100			2/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD IN DEXTROSE (12X500ML,LATEX-FREE) 10%-5%	500 ML	FC	IV	ML		500 ML		0.002	02/14/2006	99/99/9999						
00409-7419-03	J7100			8/9/2005	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	08/09/2005	99/99/9999						
00409-7444-01	J3490			4/3/2006	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL (LATEX-FREE) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	04/03/2006	99/99/9999						
00409-7445-01	J3490			11/10/2005	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	8 ML	VL	IJ	ML		1 EA		1	11/10/2005	99/99/9999						
00409-7447-16	J3490			1/9/2006	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL 300 MG/50 ML	50 ML	FC	IV	ML		1 EA		1	01/09/2006	99/99/9999						
00409-7517-16	J7799			12/7/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR II,LATEX-FREE) 50%	50 ML	SR	IV	ML		1 EA		1	12/07/2005	99/99/9999						
00409-7551-01	J0670			5/5/2008	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	MEPIVACAINE HYDROCHLORIDE (50X1.8ML DENTALCARPULE) 3%	1.8 ML	CT	IJ	ML		10 ML		0.1	05/05/2008	99/99/9999						
00409-7620-03	J1644			4/5/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (18X500ML,LATEX-FREE) 200 U/100 ML-0.9%	500 ML	FC	IV	ML		1000 U		0.002	04/05/2005	99/99/9999						
00409-7620-59	J1644			4/13/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	1000 ML	FC	IV	ML		1000 U		0.002	04/13/2005	99/99/9999						
00409-7650-62	J1644			7/6/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 10000 U/100 ML-0.45%	250 ML	FC	IV	ML		1000 U		0.1	07/06/2005	99/99/9999						
00409-7651-03	J1644			6/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5000 U/100 ML-0.45%	500 ML	FC	IV	ML		1000 U		0.05	06/28/2005	99/99/9999						
00409-7651-62	J1644			7/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5000 U/100 ML-0.45%	250 ML	FC	IV	ML		1000 U		0.05	07/28/2005	99/99/9999						
00409-7665-03	J2810			12/29/2005	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.02	12/29/2005	99/99/9999						
00409-7665-09	J2810			4/25/2005	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	1000 ML	PC	IV	ML		40 MG		0.02	04/25/2005	99/99/9999						
00409-7666-03	J2810			5/27/2006	6/12/2009	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (SINGLE DOSE,USP) 5%-160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	05/27/2006	6/12/2009						
00409-7666-62	J2810			1/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X250ML,LATEX-FREE) 5%-160 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	01/27/2006	99/99/9999						
00409-7668-23	J2810			2/6/2007	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X100ML,SINGLE-DOSE) 5%-200 MG/100 ML	100 ML	FC	IV	ML		40 MG		0.05	02/06/2007	99/99/9999						
00409-7677-13	J2810			8/10/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (50MLX24,DEHP,LATEX-FREE) 5%-200 MG/50 ML	50 ML	FC	IV	ML		40 MG		0.1	08/10/2006	99/99/9999						
00409-7705-62	J2810			5/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (USP,250MLX24) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	05/27/2006	99/99/9999						
00409-7712-09	J7799			8/19/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 5%	1000 ML	FC	IV	ML		1 EA		1	08/19/2005	99/99/9999						
00409-7713-09	J7799			4/7/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (USP,LATEX-FREE) 10%	1000 ML	FC	IV	ML		1 EA		1	04/07/2006	99/99/9999						
00409-7714-03	J7799			8/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 15%	500 ML	FC	IV	ML		1 EA		1	08/30/2005	99/99/9999						
00409-7715-02	J7799			11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,24X250ML) 20%	250 ML	FC	IV	ML		1 EA		1	11/14/2005	99/99/9999						
00409-7715-03	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,12X500ML) 20%	500 ML	FC	IV	ML		1 EA		1	09/16/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7730-20	J7799			7/27/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	25 ML	FC	IV	ML		1 EA		1	07/27/2005	99/99/9999						
00409-7730-36	J7799			7/11/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50 ML	FC	IV	ML		1 EA		1	07/11/2005	99/99/9999						
00409-7730-37	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100 ML	FC	IV	ML		1 EA		1	09/16/2005	99/99/9999						
00409-7760-03	J1644			8/30/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-4000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.04	08/30/2005	99/99/9999						
00409-7761-03	J1644			7/22/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X500ML,LATEX-FREE) 5%-5000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.05	07/22/2005	99/99/9999						
00409-7793-23	J1644			1/25/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (USP SINGLE DOSE) 5%-10000 U/100 ML	100 ML	FC	IV	ML		1000 U		0.1	01/25/2006	99/99/9999						
00409-7793-62	J1644			10/14/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X250ML,LATEX-FREE) 5%-10000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.1	10/14/2005	99/99/9999						
00409-7794-62	J1644			6/12/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (24X250ML,USP,LATEX-FREE) 5%-5000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.05	06/12/2006	99/99/9999						
00409-7808-22	Q4076			6/17/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-80 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.02	06/17/2005	12/31/2005						
00409-7808-22	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-80 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.02	01/01/2006	99/99/9999						
00409-7808-24	Q4076			8/30/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	08/30/2005	12/31/2005						
00409-7808-24	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	01/01/2006	99/99/9999						
00409-7809-22	Q4076			4/25/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250 ML	PC	IV	ML		40 MG		0.04	04/25/2005	12/31/2005						
00409-7809-22	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250 ML	PC	IV	ML		40 MG		0.04	01/01/2006	99/99/9999						
00409-7809-24	Q4076			10/10/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.025	10/10/2005	12/31/2005						
00409-7809-24	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.025	01/01/2006	99/99/9999						
00409-7810-22	Q4076			8/4/2005	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	08/04/2005	12/31/2005						
00409-7810-22	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	01/01/2006	99/99/9999						
00409-7811-24	J3490			8/31/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA		1	08/31/2005	99/99/9999						
00409-7811-37	J3490			9/22/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA		1	09/22/2005	99/99/9999						
00409-7879-13	J1580			3/31/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LATEX-FREE) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.015	03/31/2006	99/99/9999						
00409-7881-13	J1580			1/23/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.0175	01/23/2006	99/99/9999						
00409-7883-13	J1580			1/9/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.6 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.02	01/09/2006	99/99/9999						
00409-7884-23	J1580			7/6/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 80 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01	07/06/2005	99/99/9999						
00409-7886-23	J1580			1/27/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LIFECARE,24X100ML) 90 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01125	01/27/2006	99/99/9999						
00409-7889-23	J1580			9/20/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0125	09/20/2005	99/99/9999						
00409-7918-19	J7799			7/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 70%	500 ML	PC	IV	ML		1 EA		1	07/08/2005	99/99/9999						
00409-7922-02	J7060			4/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250 ML	FC	IV	ML		500 ML		0.002	04/05/2005	99/99/9999						
00409-7922-03	J7060			2/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500 ML	FC	IV	ML		500 ML		0.002	02/25/2005	99/99/9999						
00409-7922-09	J7060			2/21/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000 ML	FC	IV	ML		500 ML		0.002	02/21/2005	99/99/9999						
00409-7922-30	J7060			4/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	500 ML	FC	IV	ML		500 ML		0.002	04/14/2006	99/99/9999						
00409-7922-48	J7060			4/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	1000 ML	FC	IV	ML		500 ML		0.002	04/14/2006	99/99/9999						
00409-7922-53	J7060			9/1/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250 ML	FC	IV	ML		500 ML		0.002	09/01/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7922-55	J7060			10/31/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (18X500ML LATEX-FREE) 5%	500 ML	FC	IV	ML		500 ML			0.002	10/31/2006	99/99/9999					
00409-7922-61	J7060			8/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE, 32X150ML) 5%	150 ML	FC	IV	ML		500 ML			0.002	08/05/2005	99/99/9999					
00409-7923-13	J7060			6/9/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X50ML LATEX-FREE) 5%	50 ML	FC	IV	ML		500 ML			0.002	06/09/2005	99/99/9999					
00409-7923-20	J7060			6/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE, 48X25ML) 5%	25 ML	FC	IV	ML		500 ML			0.002	06/17/2005	99/99/9999					
00409-7923-23	J7060			7/15/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML LATEX-FREE) 5%	100 ML	FC	IV	ML		500 ML			0.002	07/15/2005	99/99/9999					
00409-7923-36	J7060			4/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE, QUAD PACK) 5%	50 ML	FC	IV	ML		500 ML			0.002	04/05/2005	99/99/9999					
00409-7923-37	J7060			3/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE, 80X100ML) 5%	100 ML	FC	IV	ML		500 ML			0.002	03/16/2005	99/99/9999					
00409-7924-02	J7799			7/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X250ML LATEX-FREE) 5%-0.225%	250 ML	FC	IV	ML		1 EA			1	07/28/2005	99/99/9999					
00409-7924-03	J7799			7/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500 ML	FC	IV	ML		1 EA			1	07/28/2005	99/99/9999					
00409-7924-09	J7799			12/21/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000 ML	FC	IV	ML		1 EA			1	12/21/2005	99/99/9999					
00409-7925-02	J7799			6/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, 24X250ML) 5%-0.3%	250 ML	FC	IV	ML		1 EA			1	06/29/2005	99/99/9999					
00409-7925-03	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.3%	500 ML	FC	IV	ML		1 EA			1	09/16/2005	99/99/9999					
00409-7925-09	J7799			3/17/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML) 5%-0.3%	1000 ML	FC	IV	ML		1 EA			1	03/17/2006	99/99/9999					
00409-7926-02	J7799			8/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250 ML	FC	IV	ML		1 EA			1	08/30/2005	99/99/9999					
00409-7926-03	J7799			6/7/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X500ML LATEX-FREE) 5%-0.45%	500 ML	FC	IV	ML		1 EA			1	06/07/2005	99/99/9999					
00409-7926-09	J7799			8/25/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML LIFECARE) 5%-0.45%	1000 ML	FC	IV	ML		1 EA			1	08/25/2005	99/99/9999					
00409-7926-30	J7799			4/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	500 ML	FC	IV	ML		1 EA			1	04/14/2006	99/99/9999					
00409-7926-48	J7799			4/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	1000 ML	FC	IV	ML		1 EA			1	04/14/2006	99/99/9999					
00409-7929-03	J7120			6/9/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500 ML	FC	IV	ML		1000 ML			0.0005	06/09/2005	99/99/9999					
00409-7929-09	J7120			2/7/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML			0.0005	02/07/2005	99/99/9999					
00409-7930-02	J7799			7/5/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (24X250ML LIFECARE) 10%	250 ML	FC	IV	ML		1 EA			1	07/05/2005	99/99/9999					
00409-7930-03	J7799			1/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE, LATEX-FREE) 10%	500 ML	FC	IV	ML		1 EA			1	01/12/2005	99/99/9999					
00409-7930-09	J7799			3/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE, LATEX-FREE) 10%	1000 ML	FC	IV	ML		1 EA			1	03/16/2005	99/99/9999					
00409-7931-24	J2001			5/18/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE, 24X500ML) 5%-0.4%	500 ML	PC	IV	ML		10 MG			0.4	05/18/2005	99/99/9999					
00409-7931-32	J2001			9/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE, 12X250ML) 5%-0.4%	250 ML	FC	IV	ML		10 MG			0.4	09/16/2005	99/99/9999					
00409-7935-19	J7799			9/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 20%	500 ML	FC	IV	ML		1 EA			1	09/12/2005	99/99/9999					
00409-7936-19	J7799			6/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML LATEX-FREE) 50%	500 ML	PC	IV	ML		1 EA			1	06/24/2005	99/99/9999					
00409-7936-29	J7799			10/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000ML BAG, 6X1000ML) 50%	1000 ML	FC	IV	ML		1 EA			1	10/28/2005	99/99/9999					
00409-7937-19	J7799			8/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML LATEX-FREE) 40%	500 ML	FC	IV	ML		1 EA			1	08/24/2005	99/99/9999					
00409-7938-19	J7799			9/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 10%	500 ML	PC	IV	ML		1 EA			1	09/29/2005	99/99/9999					
00409-7939-32	J2001			1/11/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE, LATEX-FREE) 5%-0.8%	250 ML	FC	IV	ML		10 MG			0.8	01/11/2006	99/99/9999					
00409-7941-02	J7042			5/27/2006	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE AND SODIUM CHLORIDE (250MLX24 USP LATEX-FREE) 5%-0.9%	250 ML	FC	IV	ML		5 %			0.002	05/27/2006	99/99/9999					
00409-7941-03	J7042			9/20/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (24X500ML LATEX-FREE) 5%-0.9%	500 ML	FC	IV	ML		5 %			0.002	09/20/2005	99/99/9999					
00409-7941-09	J7042			8/8/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE, 12X1000ML) 5%-0.9%	1000 ML	FC	IV	ML		5 %			0.002	08/08/2005	99/99/9999					
00409-7953-02	J7120			3/9/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE, LATEX-FREE)	250 ML	FC	IV	ML		1000 ML			0.001	03/09/2005	99/99/9999					
00409-7953-03	J7120			5/20/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE, 24X500ML)	500 ML	PC	IV	ML		1000 ML			0.001	05/20/2005	99/99/9999					
00409-7953-09	J7120			5/18/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE, LATEX-FREE)	1000 ML	PC	IV	ML		1000 ML			0.001	05/18/2005	99/99/9999					
00409-7953-30	J7120			4/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	500 ML	FC	IV	ML		1000 ML			0.001	04/14/2006	99/99/9999					
00409-7953-48	J7120			4/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	1000 ML	FC	IV	ML		1000 ML			0.001	04/14/2006	99/99/9999					
00409-7972-05	A4217			9/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER, PF) 0.9%	1000 ML	FC	IR	ML		500 ML			0.002	09/01/2005	99/99/9999					
00409-7972-07	A4217			4/5/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER, 6X2000ML) 0.9%	2000 ML	FC	IR	ML		500 ML			0.002	04/05/2005	99/99/9999					
00409-7972-08	A4217			5/18/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER, 4X3000ML) 0.9%	3000 ML	PC	IR	ML		500 ML			0.002	05/18/2005	99/99/9999					
00409-7973-05	A4217			3/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER, PF)	1000 ML	FC	IR	ML		500 ML			0.002	03/16/2005	99/99/9999					
00409-7973-07	A4217			8/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE, CONTAINER, PF)	2000 ML	FC	IR	ML		500 ML			0.002	08/09/2005	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7973-08	A4217			7/14/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000 ML	FC	IR	ML	500 ML		0.002	07/14/2005	99/99/9999							
00409-7975-07	A4217			4/26/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,6X2000ML) 0.45%	2000 ML	FC	IR	ML	500 ML		0.002	04/26/2006	99/99/9999							
00409-7983-02	J7050			7/1/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,24X250ML,PF) 0.9%	250 ML	FC	IV	ML	250 ML		0.004	07/01/2005	99/99/9999							
00409-7983-03	J7040			1/5/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	500 ML	FC	IV	ML	500 ML		0.002	01/05/2005	99/99/9999							
00409-7983-09	J7030			2/7/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	1000 ML	FC	IV	ML	1000 ML		0.001	02/07/2005	99/99/9999							
00409-7983-30	J7040			4/14/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	500 ML	FC	IV	ML	500 ML		0.002	04/14/2006	99/99/9999							
00409-7983-48	J7030			4/14/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	1000 ML	FC	IV	ML	1000 ML		0.001	04/14/2006	99/99/9999							
00409-7983-53	J7050			9/30/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250 ML	FC	IV	ML	250 ML		0.004	09/30/2005	99/99/9999							
00409-7983-55	J7040			4/11/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500 ML	FC	IV	ML	500 ML		0.002	04/11/2005	99/99/9999							
00409-7983-61	J7050			6/17/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150 ML	FC	IV	ML	250 ML		0.004	06/17/2005	99/99/9999							
00409-7984-13	A4216			6/20/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50 ML	FC	IV	ML	10 ML		0.1	06/20/2005	99/99/9999							
00409-7984-20	A4216			6/17/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25 ML	FC	IV	ML	10 ML		0.1	06/17/2005	99/99/9999							
00409-7984-23	J7050			5/18/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	100 ML	PC	IV	ML	250 ML		0.004	05/18/2005	99/99/9999							
00409-7984-36	A4216			7/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X50ML) 0.9%	50 ML	FC	IV	ML	10 ML		0.1	07/14/2005	99/99/9999							
00409-7984-37	J7050			7/15/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X100ML) 0.9%	100 ML	FC	IV	ML	250 ML		0.004	07/15/2005	99/99/9999							
00409-7985-02	J7799			4/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (24X250ML,LATEX-FREE) 0.45%	250 ML	FC	IV	ML	1 EA		1	04/06/2005	99/99/9999							
00409-7985-03	J7799			4/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,24X500ML) 0.45%	500 ML	FC	IV	ML	1 EA		1	04/06/2005	99/99/9999							
00409-7985-09	J7799			11/24/2004	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,12X1000ML) 0.45%	1000 ML	FC	IV	ML	1 EA		1	11/24/2004	99/99/9999							
00409-7990-09	A4217			9/2/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000 ML	FC	IV	ML	500 ML		0.002	09/02/2005	99/99/9999							
00409-8004-15	J7799			8/1/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 30%	500 ML	FC	IV	ML	1 EA		1	08/01/2005	99/99/9999							
00409-9093-32	J3010			11/14/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X2ML,LATEX-FREE) 0.05 MG/ML	2 ML	AM	IJ	ML	0.1 MG		0.5	11/14/2005	99/99/9999							
00409-9093-35	J3010			12/13/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5 ML	AM	IJ	ML	0.1 MG		0.5	12/13/2005	99/99/9999							
00409-9093-36	J3010			7/12/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE-DOSE,5X10ML) 0.05 MG/ML	10 ML	AM	IJ	ML	0.1 MG		0.5	07/12/2006	99/99/9999							
00409-9093-38	J3010			3/3/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (5X20ML) 0.05 MG/ML	20 ML	AM	IJ	ML	0.1 MG		0.5	03/03/2006	99/99/9999							
00409-9094-22	J3010			10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	2 ML	VL	IJ	ML	0.1 MG		0.5	10/12/2005	99/99/9999							
00409-9094-25	J3010			11/7/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5 ML	VL	IJ	ML	0.1 MG		0.5	11/07/2005	99/99/9999							
00409-9094-28	J3010			2/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10 ML	VL	IJ	ML	0.1 MG		0.5	02/14/2006	99/99/9999							
00409-9094-31	J3010			9/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20 ML	VL	IJ	ML	0.1 MG		0.5	09/23/2005	99/99/9999							
00409-9094-61	J3010			12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL, FLIPTOP) 0.05 MG/ML	50 ML	VL	IJ	ML	0.1 MG		0.5	12/30/2005	99/99/9999							
00409-9104-20	Q4076			7/1/2005	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 40 MG/ML	10 ML	VL	IV	ML	40 MG		1	07/01/2005	99/99/9999							
00409-9104-20	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 40 MG/ML	10 ML	VL	IV	ML	40 MG		1	01/01/2006	99/99/9999							
00409-9137-05	J2001			6/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5 ML	SR	EP	ML	10 MG		1	06/30/2005	99/99/9999							
00409-9629-05	J0460			4/26/2006	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (10X5ML) 0.1 MG/ML	5 ML	SR	IJ	ML	0.3 MG		0.33333	04/26/2006	12/31/2009							
00409-9630-05	J0460			10/19/2004	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR PLASTIC SYRINGE) 0.05 MG/ML	5 ML	SR	IJ	ML	0.3 MG		0.16666	10/19/2004	12/31/2009							
00409-9631-04	J1940			4/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (PF) 10 MG/ML	4 ML	SR	IJ	ML	20 MG		0.5	04/21/2005	99/99/9999							
00433-0433-05	J1212			1/1/2002	6/21/2007	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RIMSQ-50 50%	50 ML	BO	IL	ML	50 %		0.02	01/01/2002	06/21/2007							
00436-0280-70	J2550			1/1/2002	10/1/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PENTAZINE (VIAL) 50 MG/ML	10 ML	VL	IJ	ML	50 MG		1	01/01/2002	10/01/2003							
00436-0525-04	Q0163			1/1/2002	10/1/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TUSSTAT 12.5 MG/5 ML	120 ML	EA	PO	ML	50 MG		0.05	01/01/2002	10/01/2003							
00436-0525-16	Q0163			1/1/2002	10/1/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TUSSTAT 12.5 MG/5 ML	480 ML	EA	PO	ML	50 MG		0.05	01/01/2002	10/01/2003							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00436-0525-28		Q0163		1/1/2002	10/1/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TUSSTAT 12.5 MG/5 ML	3840 ML	EA	EA	PO	ML	50 MG		0.05	01/01/2002	10/01/2003						
00436-0580-04		Q0170		1/1/2002	10/1/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PENTAZINE 6.25 MG/5 ML	120 ML	NA	PO	ML	25 MG			0.05	01/01/2002	10/01/2003						
00436-0580-16		Q0170		1/1/2002	10/1/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PENTAZINE 6.25 MG/5 ML	480 ML	NA	PO	ML	25 MG			0.05	01/01/2002	10/01/2003						
00436-0580-28		Q0170		1/1/2002	10/1/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PENTAZINE 6.25 MG/5 ML	3840 ML	NA	PO	ML	25 MG			0.05	01/01/2002	10/01/2003						
00436-0702-10		J3480		1/1/2002	12/10/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 200 MEQ	1 EA	NA	EA	EA	2 MEQ			100	01/01/2002	12/10/2003						
00451-1500-08		J7510		1/1/2002	9/17/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML	5 MG			0.6	01/01/2002	09/17/2003						
00451-1500-16		J7510		1/1/2002	9/17/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML	5 MG			0.6	01/01/2002	09/17/2003						
00451-2201-04		J7510		1/1/2002	9/17/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (SF,DYE-FREE,CHERRY) 5 MG/5 ML	120 ML	BO	PO	ML	5 MG			0.2	01/01/2002	09/17/2003						
00456-0521-01		G9036		12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00456-0527-08		G9036		12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 50 MG/5 ML	240 ML	BO	PO	ML	100 MG			0.1	12/01/2004	05/31/2005						
00463-1015-30		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	01/01/2002	99/99/9999						
00463-1019-30		J2650		1/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 25 MG/ML	30 ML	VL	IM	ML	1 ML			1	01/01/2002	99/99/9999						
00463-1020-10		J2650		1/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 50 MG/ML	10 ML	VL	IM	ML	1 ML			1	01/01/2002	99/99/9999						
00463-1021-30		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 100 MCG/ML	30 ML	VL	IM	ML	1000 MCG			0.1	01/01/2002	99/99/9999						
00463-1029-30		J1435		1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (VIAL, AQUEOUS) 5 MG/ML	30 ML	EA	IM	ML	1 MG			5	01/01/2002	99/99/9999						
00463-1036-10		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (VIAL) 25 MG/ML	10 ML	VL	IM	ML	25 MG			1	01/01/2002	99/99/9999						
00463-1069-10		J3140		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTRO AQ (VIAL) 100 MG/ML	10 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
00463-1073-10		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (VIAL) 100 MG/ML	10 ML	VL	IM	ML	100 MG			1	01/01/2002	99/99/9999						
00463-1074-30		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	THIAMINE HCL (VIAL) 100 MG/ML	30 ML	VL	IM	ML	1 EA			1	01/01/2002	12/31/2003						
00463-1074-30		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VIAL) 100 MG/ML	30 ML	VL	IM	ML	100 MG			1	01/01/2004	99/99/9999						
00463-1080-30		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 10 MG/ML	30 ML	VL	IM	ML	50 MG			0.2	01/01/2002	99/99/9999						
00463-1086-10		J1240		1/1/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	10 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
00463-1089-10		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 50 MG/ML	10 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
00463-1091-05		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCOT (VIAL) 40 MG/ML	5 ML	VL	IM	ML	5 MG			8	01/01/2002	99/99/9999						
00463-1092-10		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORFRO (VIAL) 30 MG/ML	10 ML	VL	IM	ML	60 MG			0.5	01/01/2002	99/99/9999						
00463-1094-30		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	HYDROXOCOBALAMIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	01/01/2002	99/99/9999						
00463-1101-10		J3410		1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	VISTACOT (VIAL) 50 MG/ML	10 ML	VL	IM	ML	25 MG			2	01/01/2002	99/99/9999						
00463-1104-10		J0500		1/1/2002	99/99/9999	INJECTION, DICLOFENAC HCL, UP TO 20 MG	DICYCLOCOT (VIAL) 10 MG/ML	10 ML	VL	IM	ML	20 MG			0.5	01/01/2002	99/99/9999						
00463-1108-20		J3250		1/1/2002	99/99/9999	INJECTION, TRIMETHOZEMIDE HCL, UP TO 200 MG	BENZACOT (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG			0.5	01/01/2002	99/99/9999						
00463-6071-10		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	COTOLONE 5 MG	1000 EA	NA	PO	EA	5 MG			1	01/01/2002	99/99/9999						
00463-6140-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 10 MG	1000 EA	NA	PO	EA	5 MG			2	01/01/2002	99/99/9999						
00463-6141-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 10 MG	1000 EA	NA	PO	EA	5 MG			4	01/01/2002	99/99/9999						
00463-6155-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 5 MG	1000 EA	NA	PO	EA	5 MG			1	01/01/2002	99/99/9999						
00463-6156-10		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMACOT 25 MG	1000 EA	NA	PO	EA	25 MG			1	01/01/2002	99/99/9999						
00469-0021-03		J0215		2/28/2008	99/99/9999	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (W/DILUENT PACK,PF) 15 MG	1 EA	VL	IM	EA	0.5 MG			30	02/28/2008	99/99/9999						
00469-0021-04		J0215		12/31/2007	99/99/9999	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (W/DILUENT PACK,PF) 15 MG	1 EA	VL	IM	EA	0.5 MG			30	12/31/2007	99/99/9999						
00469-0607-73		J7507		1/1/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 0.5 MG	100 EA	BO	PO	EA	1 MG			0.5	01/01/2002	99/99/9999						
00469-0617-11		J7507		1/1/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF (10X10,BLISTER PACK) 1 MG	100 EA	BO	PO	EA	1 MG			1	01/01/2002	99/99/9999						
00469-0617-73		J7507		2/13/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100 EA	BO	PO	EA	1 MG			1	02/13/2002	99/99/9999						
00469-0657-11		J7508		1/1/2002	12/31/2003	TACROLIMUS, ORAL, PER 5 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100 EA	BO	PO	EA	5 MG			1	01/01/2002	12/31/2003						
00469-0657-11		J7507		1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100 EA	BO	PO	EA	5 MG			5	01/01/2004	99/99/9999						
00469-0657-73		J7508		1/1/2002	12/31/2003	TACROLIMUS, ORAL, PER 5 MG	PROGRAF 5 MG	100 EA	BO	PO	EA	5 MG			1	01/01/2002	12/31/2003						
00469-0657-73		J7507		1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 5 MG	100 EA	BO	PO	EA	1 MG			5	01/01/2004	99/99/9999						
00469-0871-20		J0151		1/1/2002	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSCAN (S.D.V.,PF) 3 MG/ML	20 ML	VL	IV	ML	90 MG			0.03333	01/01/2002	12/31/2003						
00469-0871-20		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSCAN (S.D.V.,PF) 3 MG/ML	20 ML	VL	IV	ML	30 MG			0.1	01/01/2004	99/99/9999						
00469-0871-30		J0151		1/1/2002	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSCAN (S.D.V.,PF) 3 MG/ML	30 ML	VL	IV	ML	90 MG			0.03333	01/01/2002	12/31/2003						
00469-0871-30		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSCAN (S.D.V.,PF) 3 MG/ML	30 ML	VL	IV	ML	30 MG			0.1	01/01/2004	99/99/9999						
00469-0872-02		J0150		1/1/2002	10/1/2003	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (S.D.V.,PF) 3 MG/ML	2 ML	VL	IV	ML	6 MG			0.5	01/01/2002	10/01/2003						
00469-3016-01		J7525		1/1/2002	99/99/9999	TACROLIMUS, PARENTERAL 5 MG	PROGRAF (AMP,PF) 5 MG/ML	1 ML	AM	IV	ML	5 MG			1	01/01/2002	99/99/9999						
00469-3051-30		J0286		1/1/2002	12/31/2002	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	AMBISOME 50 MG	1 EA	VL	IV	EA	50 MG			1	01/01/2002	12/31/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00469-3051-30	J0289			1/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMBISOME 50 MG	1	EA	VL	IV	EA	10 MG			5	01/01/2003	99/99/9999					
00469-3211-10	J2248			1/1/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (W/RED FLIP-OFF CAP) 100 MG	1	EA	VL	IV	EA	1 MG			100	01/01/2007	99/99/9999					
00469-3250-10	J7799			5/3/2005	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MYCAMINE (PF) 50 MG	1	EA	VL	IV	EA	1 EA			1	05/03/2005	12/31/2006					
00469-3250-10	J2248			1/1/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG	MYCAMINE (PF) 50 MG	1	EA	VL	IV	EA	1 MG			50	01/01/2007	99/99/9999					
00469-5117-05	J3302			1/1/2002	3/9/2004	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	ARISTOCORT (VIAL) 25 MG/ML	5	ML	VL	IJ	ML	5 MG			5	01/01/2002	03/09/2004					
00469-5118-05	J3303			1/1/2002	12/18/2003	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 5 MG/ML	5	ML	VL	IJ	ML	5 MG			1	01/01/2002	12/18/2003					
00469-5119-01	J3303			1/1/2002	12/18/2003	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 20 MG/ML	1	ML	VL	IJ	ML	5 MG			4	01/01/2002	12/18/2003					
00469-5119-05	J3303			1/1/2002	12/18/2003	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 20 MG/ML	5	ML	VL	IJ	ML	5 MG			4	01/01/2002	12/18/2003					
00469-7220-01	J0715			1/1/2002	3/1/2007	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D. GALAXY P.C., PF) 1 GM/50 ML	50	ML	FC	IV	ML	500 MG			0.04	01/01/2002	03/01/2007					
00469-7221-02	J0715			1/1/2002	3/1/2007	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D. GALAXY P.C., PF) 2 GM/50 ML	50	ML	FC	IV	ML	500 MG			0.08	01/01/2002	03/01/2007					
00469-7234-12	J0150			1/1/2002	10/1/2003	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (SRN,LUER-TIP,PF) 3 MG/ML	2	ML	SR	IV	ML	6 MG			0.5	01/01/2002	10/01/2003					
00469-7234-14	J0150			1/1/2002	10/1/2003	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	MG/ML	4	ML	SR	IV	ML	6 MG			0.5	01/01/2002	10/01/2003					
00469-7251-01	J0715			1/1/2002	8/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D.V.) 1 GM	1	EA	VL	IJ	EA	500 MG			2	01/01/2002	08/01/2006					
00469-7252-01	J0715			1/1/2002	10/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D.V.P.B.) 1 GM	1	EA	VL	IJ	EA	500 MG			2	01/01/2002	10/01/2006					
00469-7253-02	J0715			1/1/2002	10/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D.V.,PF) 2 GM	1	EA	VL	IJ	EA	500 MG			4	01/01/2002	10/01/2006					
00469-7254-02	J0715			1/1/2002	10/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D.V.,P.B.,PF) 2 GM	1	EA	VL	IJ	EA	500 MG			4	01/01/2002	10/01/2006					
00469-7255-10	J0715			1/1/2002	10/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (BULK PACKAGE,PF) 10 GM	1	EA	VL	IJ	EA	500 MG			20	01/01/2002	10/01/2006					
00469-7271-01	J0715			1/1/2002	10/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (ADD-VANTAGE,PF) 1 GM	1	EA	VL	IJ	EA	500 MG			2	01/01/2002	10/01/2006					
00469-7272-02	J0715			1/1/2002	8/1/2006	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (ADD-VANTAGE,PF) 2 GM	1	EA	VL	IJ	EA	500 MG			4	01/01/2002	08/01/2006					
00469-8234-12	J0150			6/14/2002	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2	ML	SR	IV	ML	6 MG			0.5	06/14/2002	99/99/9999					
00469-8234-14	J0150			6/14/2002	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	4	ML	SR	IV	ML	6 MG			0.5	06/14/2002	99/99/9999					
00472-0082-16	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	480	ML	BO	PO	ML	1 EA			1	01/01/2002	99/99/9999					
00472-0096-12	K0416			12/18/2002	7/22/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 MG			25	12/18/2002	07/22/2004					
00472-0212-08	J7510			1/1/2002	6/4/2003	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG			0.6	01/01/2002	06/04/2003					
00472-0212-16	J7510			1/1/2002	6/4/2003	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG			0.6	01/01/2002	06/04/2003					
00472-0250-08	J7510			6/5/2003	3/27/2006	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG			0.6	06/05/2003	03/27/2006					
00472-0250-16	J7510			6/5/2003	3/27/2006	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG			0.6	06/05/2003	03/27/2006					
00472-0742-98	Q0172			1/1/2002	4/5/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 100 MG/ML	240	ML	BO	PO	ML	25 MG			4	01/01/2002	04/05/2005					
00472-0750-21	J7631			1/1/2002	10/21/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG			1	01/01/2002	10/21/2003					
00472-0750-21	KO J7631	KO		1/1/2002	10/21/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG			1	01/01/2002	10/21/2003					
00472-0750-60	J7631			1/1/2002	7/23/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG			1	01/01/2002	07/23/2003					
00472-0750-60	KO J7631	KO		1/1/2002	7/23/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG			1	01/01/2002	07/23/2003					
00472-0751-23	J7644			1/1/2002	1/22/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	01/22/2004					
00472-0751-23	KO J7644	KO		1/1/2002	1/22/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	01/22/2004					
00472-0751-30	J7644			1/1/2002	9/10/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	09/10/2003					
00472-0751-30	KO J7644	KO		1/1/2002	9/10/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	09/10/2003					
00472-0751-60	J7644			1/1/2002	9/8/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	09/08/2003					
00472-0751-60	KO J7644	KO		1/1/2002	9/8/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/01/2002	09/08/2003					
00472-0752-21	J7631			10/22/2003	4/5/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG			1	10/22/2003	4/5/2005					
00472-0752-21	KO J7631	KO		10/22/2003	4/5/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG			1	10/22/2003	4/5/2005					
00472-0752-60	J7631			7/24/2003	4/5/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG			1	07/24/2003	4/5/2005					
00472-0752-60	KO J7631	KO		7/24/2003	4/5/2005	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG			1	07/24/2003	4/5/2005					
00472-0753-23	J7644			1/23/2004	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/23/2004	6/30/2007					
00472-0753-23	KO J7644	KO		1/23/2004	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG			0.2	01/23/2004	6/30/2007					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00472-0753-30		J7644		9/11/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	09/11/2003	6/30/2007					
00472-0753-30	KO	J7644	KO	9/11/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	09/11/2003	6/30/2007					
00472-0753-60		J7644		9/9/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	09/09/2003	6/30/2007					
00472-0753-60	KO	J7644	KO	9/9/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	09/09/2003	6/30/2007					
00472-0831-23		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-23	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-23		J7613		4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0831-23	KO	J7613	KO	4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0831-30		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-30	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-30		J7613		4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0831-30	KO	J7613	KO	4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0831-60		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-60	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	01/01/2008	03/31/2008					
00472-0831-60		J7613		4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0831-60	KO	J7613	KO	4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG		0.83	04/01/2008	2/28/2009					
00472-0832-20		J7618		1/1/2002	10/7/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG		5	01/01/2002	10/07/2003					
00472-0972-08		Q0181		1/1/2002	9/18/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG/5 ML	240	ML	BO	PO	ML	1	EA		1	01/01/2002	09/18/2003					
00472-0972-33		Q0181		1/1/2002	2/24/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG/5 ML	100	ML	BO	PO	ML	1	EA		1	01/01/2002	02/24/2003					
00472-1504-04		Q0170		1/1/2002	4/2/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG		0.05	01/01/2002	04/02/2003					
00472-1504-08		Q0170		1/1/2002	4/2/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE (CHERRY) 6.25 MG/5 ML	240	ML	BO	PO	ML	25	MG		0.05	01/01/2002	04/02/2003					
00472-1504-16		Q0170		1/1/2002	4/2/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 6.25 MG/5 ML	480	ML	BO	PO	ML	25	MG		0.05	01/01/2002	04/02/2003					
00487-0201-01		J7620		1/1/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	2.5	MG		0.33333	01/01/2008	99/99/9999					
00487-0201-02		J7620		1/1/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML, ROBOT READY) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	2.5	MG		0.33333	01/01/2008	99/99/9999					
00487-0201-06		J7620		1/1/2008	10/24/2008	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	NA	IH	ML	2.5	MG		0.33333	01/01/2008	10/24/2008					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-0201-60		J7620		1/1/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	01/01/2008	99/99/9999						
00487-0301-01		J7613		7/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1 MG		0.21	07/19/2010	99/99/9999						
00487-0301-01	KO	J7613	KO	7/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1 MG		0.21	07/19/2010	99/99/9999						
00487-9301-02		J7051		7/20/2005	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (ROBOT READY,30X3ML) 0.9%	3	ML	PC	IH	ML	5 ML		0.2	07/20/2005	12/31/2005						
00487-9301-02		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ROBOT READY,30X3ML) 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
00487-9301-03		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (VIAL) 0.9%	3	ML	PC	IH	ML	5 ML		0.2	01/01/2002	12/31/2005						
00487-9301-03		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
00487-9301-33		J7051		3/1/2004	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	5 ML		0.2	03/01/2004	12/31/2005						
00487-9301-33		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	99/99/9999						
00487-9501-01		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-01		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-01	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-01		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-01	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-02		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-02		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-02		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-02	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-03	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-03		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-03	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-25	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-25	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-60		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-60		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
00487-9501-60	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9501-60	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
00487-9801-01		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						
00487-9801-01	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9801-02		J7644		7/20/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	07/20/2005	99/99/9999						
00487-9801-02	KO	J7644	KO	7/20/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	07/20/2005	99/99/9999						
00487-9801-25		J7644		10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	10/11/2002	99/99/9999						
00487-9801-25	KO	J7644	KO	10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	10/11/2002	99/99/9999						
00487-9801-30		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						
00487-9801-30	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						
00487-9801-60		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						
00487-9801-60	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/03/2003	99/99/9999						
00487-9901-02		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5	ML	PC	IH	ML	1 MG		5	01/01/2008	03/31/2008						
00487-9901-02		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5	ML	PC	IH	ML	1 MG		5	04/01/2008	99/99/9999						
00487-9901-30		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5	ML	PC	IH	ML	1 MG		5	01/01/2008	03/31/2008						
00487-9901-30		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5	ML	PC	IH	ML	1 MG		5	04/01/2008	99/99/9999						
00487-9904-01		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-01	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-01		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00487-9904-01	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00487-9904-02		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-02	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-02		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00487-9904-02	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00487-9904-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00487-9904-25		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00487-9904-25	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00490-0075-00		Q0179		1/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 4 MG	100	EA	BX	PO	EA	8 MG		0.5	01/01/2007	99/99/9999						
00490-0075-30		Q0179		1/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 4 MG	30	EA	BX	PO	EA	8 MG		0.5	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00490-0075-60		Q0179		1/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 4 MG	60 EA	BX	PO	EA		8 MG		0.5	01/01/2007	99/99/9999						
00490-0075-90		Q0179		1/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 4 MG	90 EA	BX	PO	EA		8 MG		0.5	01/01/2007	99/99/9999						
00490-0091-00		Q0175		1/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2007	99/99/9999						
00490-0091-30		Q0175		1/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA		4 MG		1	01/01/2007	99/99/9999						
00490-0091-60		Q0175		1/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA		4 MG		1	01/01/2007	99/99/9999						
00490-0091-90		Q0175		1/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	90 EA	BO	PO	EA		4 MG		1	01/01/2007	99/99/9999						
00501-2050-04		Q0163		11/1/2002	11/16/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	11/01/2002	11/16/2003						
00501-2053-04		Q0163		11/1/2002	11/16/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (CHILDREN,S,AF,SF) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	11/01/2002	11/16/2003						
00501-2431-04		Q0163		8/2/2006	10/29/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHILDREN'S PEDIA CARE (NIGHTTIME COUGH,AF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	08/02/2006	10/29/2009						
00516-0060-60		J0620		1/1/2002	12/16/2008	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	CALPHOSAN (M.D.V.) 50 MG/10 ML-50 MG/10 ML	60 ML	VL	UJ	ML		10 ML		0.1	02/11/2004	12/16/2008						
00517-0020-10		J0706		9/10/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,10X3ML SINGLE-DOSE) 20 MG/ML	3 ML	VL	IV	ML		5 MG		4	09/10/2007	99/99/9999	1/1/2002	2/10/2004	0.1			
00517-0031-25		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
00517-0032-25		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
00517-0033-10		J2710		1/1/2002	1/14/2003	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10 ML	VL	UJ	ML		0.5 MG		2	01/01/2002	01/14/2003						
00517-0033-25		J2710		1/15/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10 ML	VL	UJ	ML		0.5 MG		2	01/15/2003	99/99/9999						
00517-0034-10		J2710		1/1/2002	1/14/2003	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10 ML	VL	UJ	ML		0.5 MG		1	01/01/2002	01/14/2003						
00517-0034-25		J2710		1/15/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10 ML	VL	UJ	ML		0.5 MG		1	01/15/2003	99/99/9999						
00517-0101-25		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (AMP,PF) 1 MG/ML	1 ML	AM	UJ	ML		0.3 MG		3.33333	01/01/2002	12/31/2009						
00517-0130-01		J3420		1/1/2002	8/1/2003	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	08/01/2003						
00517-0130-05		J3420		5/29/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	05/29/2003	99/99/9999						
00517-0132-25		J0636		3/14/2005	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	AM	IV	ML		0.1 MCG		10	03/14/2005	99/99/9999						
00517-0299-25		J2370		1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1 ML	VL	UJ	ML		1 ML		1	01/01/2002	99/99/9999						
00517-0401-25		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.,PF) 0.4 MG/ML	1 ML	VL	UJ	ML		0.3 MG		1.33333	01/01/2002	12/31/2009						
00517-0405-25		J2370		1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (VIAL) 10 MG/ML	5 ML	VL	UJ	ML		1 ML		1	01/01/2002	99/99/9999						
00517-0601-25		J1885		4/1/2008	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X1ML,SDV) 15 MG/ML	1 ML	VL	UJ	ML		15 MG		1	04/01/2008	99/99/9999						
00517-0625-25		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00517-0625-25		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG		1	01/01/2004	99/99/9999						
00517-0626-25		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	UJ	ML		50 ML		0.02	01/01/2002	12/31/2003						
00517-0626-25		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	UJ	ML		10 MG		2	01/01/2004	99/99/9999						
00517-0648-25		J2912		1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
00517-0648-25		A4216		1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00517-0662-25		A4712		1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
00517-0662-25		A4216		1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
00517-0801-25		J1885		4/1/2008	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/ML	2 ML	VL	UJ	ML		15 MG		2	04/01/2008	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-4905-25	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML		1 MG		4	01/01/2002	99/99/9999						
00517-4930-25	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG		4	01/01/2002	99/99/9999						
00517-5601-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	1 ML	VL	IM	ML		25 MG		2	01/01/2002	99/99/9999						
00517-5602-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	2 ML	VL	IM	ML		25 MG		2	01/01/2002	99/99/9999						
00517-5610-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML		25 MG		2	01/01/2002	99/99/9999						
00517-5702-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	01/01/2002	99/99/9999						
00517-5704-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	01/01/2002	99/99/9999						
00517-5710-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	01/01/2002	99/99/9999						
00517-7504-12	J7608			1/1/2002	1/24/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM		0.1	01/01/2002	01/24/2003						
00517-7504-12	KO J7608	KO		1/1/2002	1/24/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM		0.1	01/01/2002	01/24/2003						
00517-7504-25	J7608			1/24/2003	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM		0.1	01/24/2003	99/99/9999						
00517-7504-25	KO J7608	KO		1/24/2003	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM		0.1	01/24/2003	99/99/9999						
00517-7510-03	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	10 ML	VL	IH	ML		1 GM		0.1	01/01/2002	99/99/9999						
00517-7510-03	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	10 ML	VL	IH	ML		1 GM		0.1	01/01/2002	99/99/9999						
00517-7530-03	J7608			1/1/2002	7/2/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	07/02/2003						
00517-7530-03	KO J7608	KO		1/1/2002	7/2/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 10%	30 ML	VL	IH	ML		1 GM		0.1	01/01/2002	07/02/2003						
00517-7604-12	J7608			1/1/2002	1/29/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM		0.2	01/01/2002	01/29/2003						
00517-7604-12	KO J7608	KO		1/1/2002	1/29/2003	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM		0.2	01/01/2002	01/29/2003						
00517-7604-25	J7608			1/29/2003	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM		0.2	01/29/2003	99/99/9999						
00517-7604-25	KO J7608	KO		1/29/2003	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM		0.2	01/29/2003	99/99/9999						
00517-7610-03	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	10 ML	VL	IH	ML		1 GM		0.2	01/01/2002	99/99/9999						
00517-7610-03	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	10 ML	VL	IH	ML		1 GM		0.2	01/01/2002	99/99/9999						
00517-7630-03	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	99/99/9999						
00517-7630-03	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYL CYSTEINE (PF) 20%	30 ML	VL	IH	ML		1 GM		0.2	01/01/2002	99/99/9999						
00517-8711-10	J0696			5/6/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	05/06/2008	99/99/9999						
00517-8722-10	J0696			5/6/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	05/06/2008	99/99/9999						
00517-8725-10	J0696			5/6/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	05/06/2008	99/99/9999						
00517-8750-10	J0696			5/6/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	05/06/2008	99/99/9999						
00517-8810-01	J3490			1/1/2002	1/1/2004	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML		1 EA		1	01/01/2002	01/01/2004						
00517-8905-01	J0210			1/1/2002	2/26/2003	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	METHYLDOPATE HCL (S.D.V.) 50 MG/ML	5 ML	VL	IV	ML		250 MG		0.2	01/01/2002	02/26/2003						
00517-8905-10	J0210			2/26/2003	99/99/9999	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	METHYLDOPATE HCL (S.D.V.) 50 MG/ML	5 ML	VL	IV	ML		250 MG		0.2	02/26/2003	99/99/9999						
00517-9120-05	J3490			1/1/2002	3/12/2003	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	03/12/2003						
00517-9120-25	J3490			3/12/2003	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20 ML	VL	IV	ML		1 EA		1	03/12/2003	99/99/9999						
00517-9702-25	J1790			1/1/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (S.D.V.) 2.5 MG/ML	2 ML	VL	IJ	ML		5 MG		0.5	01/01/2002	99/99/9999						
00527-1201-01	J7510			1/1/2002	10/1/2003	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	10/01/2003						
00527-1201-10	J7510			1/1/2002	10/30/2004	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	01/01/2002	10/30/2004						
00527-1296-07	J7509			1/1/2002	10/1/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	10/01/2003						
00536-0770-85	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHIST 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00536-0770-97	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHIST 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00536-3594-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHIST 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
00536-3594-10	Q0163			9/29/2003	2/7/2005	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHIST 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	09/29/2003	02/07/2005						
00536-3597-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHIST (CAPTAB) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
00536-3772-06		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	50 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00548-1001-00		J7799		1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (MIN-I-JET,18GX1 1/2") 50%	50 ML	SR	IV	ML		1 EA		1	01/01/2002	12/31/2009						
00548-1014-00		J0170		1/1/2002	7/1/2007	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (MIN-I-JET,18GX3 1/2") 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	01/01/2002	7/1/2007						
00548-1015-00		J7799		1/1/2002	10/1/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (MIN-I-JET,21GX1 1/2") 25%	10 ML	SR	IV	ML		1 EA		1	01/01/2002	10/01/2007						
00548-1016-00		J0170		1/1/2002	12/31/2009	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (MIN-I-JET,21GX1 1/2") 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	01/01/2002	12/31/2009						
00548-1034-00		J3475		1/1/2002	7/1/2007	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (MIN-I-JET,19GX2 1/2") 500 MG/ML	10 ML	SR	IJ	ML		500 MG		1	01/01/2002	07/01/2007						
00548-1039-00		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (MIN-I-JET,21GX1 1/2") 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	01/01/2002	12/31/2009						
00548-1078-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	20 ML	SR	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1078-00		J2001		1/1/2004	7/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	20 ML	SR	EP	ML		10 MG		1	01/01/2004	07/01/2008						
00548-1079-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	30 ML	SR	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1079-00		J2001		1/1/2004	9/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	30 ML	SR	EP	ML		10 MG		1	01/01/2004	9/1/2008						
00548-1080-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET OB KIT) 1%	20 ML	SR	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1080-00		J2001		1/1/2004	9/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET OB KIT) 1%	20 ML	SR	EP	ML		10 MG		1	01/01/2004	9/1/2008						
00548-1081-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET OB KIT) 1%	30 ML	SR	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1081-00		J2001		1/1/2004	11/30/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET OB KIT) 1%	30 ML	SR	EP	ML		10 MG		1	01/01/2004	11/30/2008						
00548-1190-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET,21GX1 1/2") 2%	5 ML	SR	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1190-00		J2001		1/1/2004	12/31/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET,21GX1 1/2") 2%	5 ML	SR	IV	ML		10 MG		2	01/01/2004	12/31/2009						
00548-1192-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (MINIJET,21GX1 1/2") 1%	5 ML	SR	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-1192-00		J2001		1/1/2004	10/1/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET,21GX1 1/2") 1%	5 ML	SR	IV	ML		10 MG		1	01/01/2004	10/01/2007						
00548-1390-00		J1200		1/1/2002	4/1/2008	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (MINIJET,21GX1 1/2") 50 MG/ML	1 ML	SR	IJ	ML		50 MG		1	01/01/2002	04/01/2008						
00548-1431-00		J1940		1/1/2002	7/1/2007	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (MIN-I-JET,21GX1 1/2) 10 MG/ML	10 ML	SR	IJ	ML		20 MG		0.5	01/01/2002	07/01/2007						
00548-1466-00		J2310		1/1/2002	7/1/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (21GX1 1/2",MINIJET,PF) 0.4 MG/ML	1 ML	SR	IJ	ML		1 MG		0.4	01/01/2002	07/01/2007						
00548-1469-00		J2310		1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (21GX1 1/2",MINIJET,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG		1	01/01/2002	99/99/9999						
00548-1911-25		J2270		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,PUMP-JET) 1 MG/ML	30 ML	SR	IJ	ML		10 MG		0.1	01/01/2002	99/99/9999						
00548-1931-10		J2270		1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILL,PCA INJECT) 1 MG/ML	30 ML	SR	IJ	ML		10 MG		0.1	01/01/2002	12/31/2009						
00548-1933-10		J2270		1/1/2002	7/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,PCA) 1 MG/ML	30 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	07/01/2007						
00548-1937-00		J2270		1/23/2002	7/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (DELTEC PCA VIAL) 1 MG/ML	30 ML	VL	IV	ML		10 MG		0.1	01/23/2002	07/01/2007						
00548-2001-00		J7799		1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,STICKGARD) 50%	50 ML	SR	IV	ML		1 EA		1	01/01/2002	12/31/2009						
00548-2016-00		J0170		1/1/2002	12/31/2009	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SRN,PREFILLED,STICKGARD) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	01/01/2002	12/31/2009						
00548-2039-00		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,STICKGARD) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	01/01/2002	12/31/2009						
00548-2190-00		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (SRN,PREFILLED,STICKGARD) 2%	5 ML	SR	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
00548-2190-00		J2001		1/1/2004	12/31/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SRN,PREFILLED,STICKGARD) 2%	5 ML	SR	IV	ML		10 MG		2	01/01/2004	12/31/2009						
00548-2901-25		J2270		1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,STICKGARD) 1 MG/ML	10 ML	SR	IJ	ML		10 MG		0.1	01/01/2002	12/31/2009						
00548-3301-00		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,LUER-JET) 50%	50 ML	SR	IV	ML		1 EA		1	01/01/2002	99/99/9999						
00548-3315-00		J7799		1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,LUER-JET) 25%	10 ML	SR	IV	ML		1 EA		1	01/01/2002	12/31/2009						
00548-3316-00		J0170		1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	01/01/2002	12/31/2010						
00548-3338-00		J0460		1/1/2002	7/1/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.33333	01/01/2002	07/01/2007						
00548-3339-00		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	01/01/2002	12/31/2009						
00548-3366-00		J2310		1/15/2002	7/1/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFILL,LUERJET,PF) 0.4 MG/ML	1 ML	SR	IJ	ML		1 MG		0.4	01/15/2002	07/01/2007						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00548-3369-00	J2310			1/15/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFIL,LUERJET,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG		1	01/15/2002	99/99/9999						
00548-3380-00	J0282			2/1/2004	4/1/2008	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	SR	IV	ML		30 MG		1.66666	02/01/2004	04/01/2008						
00548-3390-00	J2000			1/23/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (SRN,PREFILLED,LUER-JET) 2%	5 ML	SR	IV	ML		50 ML		0.02	01/23/2002	12/31/2003						
00548-3390-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SRN,PREFILLED,LUER-JET) 2%	5 ML	SR	IV	ML		10 MG		2	01/01/2004	99/99/9999						
00548-3391-10	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,LUER-JET) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	01/01/2002	10/01/2007						
00548-3391-10	J2270			8/10/2010	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,LUER-JET) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	08/10/2010	99/99/9999						
00548-5900-00	J0835			6/26/2003	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	CORTOSYN (S.D.V.) 0.25 MG	1 EA	VL	IJ	EA		0.25 MG		1	06/26/2003	12/31/2009						
00548-6040-25	J2271			1/1/2002	4/1/2004	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 50 MG/ML	20 ML	SR	IJ	ML		100 MG		0.5	01/01/2002	04/01/2004						
00548-6042-25	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	10 ML	SR	IJ	ML		10 MG		2.5	01/01/2002	10/01/2007						
00548-6043-25	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	20 ML	SR	IJ	ML		10 MG		2.5	01/01/2002	10/01/2007						
00548-6045-25	J2270			1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	4 ML	SR	IJ	ML		10 MG		2.5	01/01/2002	12/31/2009						
00548-8450-00	J2270			1/23/2002	6/1/2003	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.,FLIPTOP) 1 MG/ML	50 ML	VL	IV	ML		10 MG		0.1	01/23/2002	06/01/2003						
00548-9061-00	J0170			1/1/2002	7/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	01/01/2002	7/31/2010						
00548-9090-00	J3470			11/1/2004	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/ML	1 ML	VL	SC	ML		150 U		1	11/01/2004	99/99/9999						
00548-9090-10	J3470			4/25/2005	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/ML	1 ML	VL	SC	ML		150 U		1	04/25/2005	99/99/9999						
00555-0059-02	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00555-0059-05	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00555-0301-02	J7509			2/5/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	02/05/2002	99/99/9999						
00555-0301-38	J7509			4/10/2002	12/7/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	04/10/2002	12/7/2010						
00555-0302-02	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00555-0302-04	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00555-0323-02	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
00555-0323-04	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
00555-0324-02	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 100 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	100 EA	BO	PO	EA		50 MG		2	01/01/2002	99/99/9999						
00555-0446-05	J8999			2/20/2003	10/11/2005	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	1000 EA	BO	PO	EA		1 EA		1	02/20/2003	10/11/2005						
00555-0446-09	J8999			1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA		1	02/20/2003	12/22/2008						
00555-0446-63	J8999			1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA		1 EA		1	02/20/2003	12/22/2008	1/1/2002	8/20/2002	1			
00555-0521-02	Q0164			4/29/2004	5/28/2009	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	04/29/2004	5/28/2009	1/1/2002	8/20/2002	1			
00555-0522-02	Q0165			1/7/2002	5/28/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	01/07/2002	5/28/2009						
00555-0522-04	Q0165			7/11/2002	6/28/2007	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	500 EA	BO	PO	EA		10 MG		1	07/11/2002	06/28/2007						
00555-0572-02	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	01/01/1994	99/99/9999						
00555-0572-35	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA		2.5 MG		1	01/01/1994	99/99/9999						
00555-0572-47	None			10/4/1994	1/17/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	16 EA	DP	PO	EA		2.5 MG		1	10/04/1994	01/17/2003						
00555-0576-51	Q0166			3/17/2008	6/18/2009	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2X10.FILM COATED) 1 MG	20 EA	BX	PO	EA		1 MG		1	03/17/2008	6/18/2009						
00555-0576-93	Q0166			3/17/2008	5/28/2009	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	2 EA	BX	PO	EA		1 MG		1	03/17/2008	5/28/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00555-0606-02	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
00555-0607-02	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
00555-0607-03	J8999			1/1/2002	11/13/2002	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	250 EA	BO	PO	EA	1 EA		01/01/2002	11/13/2002								
00555-0607-04	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500 EA	BO	PO	EA	1 EA		01/01/2002	99/99/9999								
00555-0870-04	J8999			1/1/2002	5/7/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA	1 EA		01/01/2002	05/07/2007								
00555-0870-63	J8999			1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA	1 EA		01/01/2002	12/22/2008								
00555-0882-02	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA	1 EA		01/01/2002	99/99/9999								
00555-0904-01	J8999			1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA	1 EA		01/01/2002	12/22/2008								
00555-0904-05	J8999			2/20/2003	10/11/2005	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	1000 EA	BO	PO	EA	1 EA		02/20/2003	10/11/2005								
00555-0904-14	J8999			1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA	1 EA		02/20/2003	12/22/2008								
00555-0927-01	None			5/1/2001	3/9/2006	METHOTREXATE, 5 MG	TREXALL 5 MG	30 EA	BO	PO	EA	5 MG		05/01/2001	3/9/2006			1/1/2002	8/20/2002	1			
00555-0928-01	None			5/1/2001	3/9/2006	METHOTREXATE, 7.5 MG	TREXALL 7.5 MG	30 EA	BO	PO	EA	7.5 MG		05/01/2001	3/9/2006								
00555-0929-01	None			5/1/2001	12/2/2005	METHOTREXATE, 10 MG	TREXALL 10 MG	30 EA	BO	PO	EA	10 MG		05/01/2001	12/2/2005								
00555-0945-01	None			5/1/2001	12/2/2005	METHOTREXATE, 15 MG	TREXALL 15 MG	30 EA	BO	PO	EA	15 MG		05/01/2001	12/2/2005								
00555-1117-05	J1170			5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X1ML PF) 10 MG/ML	1 ML	VL	IJ	ML	4 MG		2.5	05/08/2007	1/5/2011							
00555-1117-06	J1170			5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X5ML PF) 10 MG/ML	5 ML	VL	IJ	ML	4 MG		2.5	05/08/2007	1/5/2011							
00555-1117-07	J1170			5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (SDV,PF) 10 MG/ML	50 ML	VL	IJ	ML	4 MG		2.5	05/08/2007	1/5/2011							
00555-1119-09	J2300			5/25/2007	07/28/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (25X10ML) 10 MG/ML	10 ML	VL	IJ	ML	10 MG		1	05/25/2007	07/28/2010							
00555-1120-09	J2300			5/25/2007	1/6/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (25X10ML) 20 MG/ML	10 ML	VL	IJ	ML	10 MG		2	05/25/2007	1/6/2010							
00555-1121-05	J2300			5/25/2007	7/28/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML	10 MG		1	05/25/2007	7/28/2010							
00555-1122-05	J2300			5/25/2007	5/13/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1 ML	AM	IJ	ML	10 MG		2	05/25/2007	5/13/2010							
00555-1127-10	J2275			7/10/2007	1/6/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 0.5 MG/ML	10 ML	AM	IJ	ML	10 MG		0.05	07/10/2007	1/6/2010							
00555-1128-10	J2275			7/10/2007	3/5/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 1 MG/ML	10 ML	AM	IJ	ML	10 MG		0.1	07/10/2007	3/5/2010							
00555-1129-10	J2275			7/10/2007	4/29/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 0.5 MG/ML	10 ML	VL	IJ	ML	10 MG		0.05	07/10/2007	4/29/2010							
00555-1130-10	J2275			7/10/2007	3/24/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 1 MG/ML	10 ML	VL	IJ	ML	10 MG		0.1	07/10/2007	3/24/2010							
00555-1131-11	J0895			9/5/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 2 GM	1 EA	VL	IJ	EA	500 MG		4	09/05/2007	99/99/9999							
00555-1132-12	J0895			9/5/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE 500 MG	1 EA	VL	IJ	EA	500 MG		1	09/05/2007	99/99/9999							
00555-1984-14	J9265			6/3/2008	6/30/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (1X16.7ML,USP,MDV) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG		0.2	06/03/2008	6/30/2009							
00555-1985-14	J9265			6/3/2008	6/30/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (1X50ML,USP,MDV) 6 MG/ML	50 ML	VL	IV	ML	30 MG		0.2	06/03/2008	6/30/2009							
00562-7805-01	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	1 EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999							
00562-7805-05	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	5 EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999							
00562-7805-25	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	25 EA	SR	IM	EA	300 MCG		1	09/01/2007	99/99/9999							
00562-7806-01	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1 EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999							
00562-7806-05	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5 EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999							
00562-7806-25	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	25 EA	SR	IM	EA	50 MCG		1	09/01/2007	99/99/9999							
00562-7807-01	J2790			8/8/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM (ULTRA-FILTERED,SF)	1 ML	SR	IM	ML	300 MCG			08/08/2006	99/99/9999							
00562-7807-06	J2790			1/1/2002	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM (SRN,SFTY-300 MCG ANTI-D)	1 ML	SR	IM	ML	300 MCG		1	01/01/2002	99/99/9999							
00562-7807-26	J2790			1/1/2002	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	RHO GAM (SRN,SFTY-300 MCG ANTI-D)	1 ML	SR	IM	ML	300 MCG		1	01/01/2002	99/99/9999							
00562-7808-01	J2788			8/8/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED (PF)	1 ML	SR	IM	ML	50 MCG			08/08/2006	99/99/9999							
00562-7808-06	J2790			2/12/2002	12/31/2002	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN,-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML	300 MCG		0.16667	02/12/2002	12/31/2002							
00562-7808-06	J2788			1/1/2003	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN,-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML	50 MCG			01/01/2003	99/99/9999							
00562-7808-26	J2790			2/12/2002	12/31/2002	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN,-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML	300 MCG		0.16667	02/12/2002	12/31/2002							
00562-7808-26	J2788			1/1/2003	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN,-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML	50 MCG		1	01/01/2003	99/99/9999							
00574-0148-04	J7510			8/4/2004	6/28/2006	PREDNISOLONE ORAL, PER 5 MG	BUBBLI-PRED (DYE-FREE, BUBBLE GUM) 5 MG/5 ML	120 ML	BO	PO	ML	5 MG		0.2	08/04/2004	06/28/2006							
00574-0200-01	J3490			1/1/2002	8/25/2003	UNCLASSIFIED DRUGS	BACITRACIN (VIAL) 50000 U	1 EA	BO	IM	EA	1 EA			01/01/2002	08/25/2003							
00574-0400-05	J3490			1/1/2002	11/12/2003	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,5 MU,MICRONIZED)	1 EA	BO	NA	EA	1 EA		1	01/01/2002	11/12/2003							
00574-0408-10	J7638			1/1/2002	12/16/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	CN	NA	GM	1 MG		1000	01/01/2002	12/16/2008							
00574-0408-10	KO J7638	KO		1/1/2002	12/16/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	CN	NA	GM	1 MG		1000	01/01/2002	12/16/2008							
00574-0421-01	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999							
00574-0421-25	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00574-0430-00	J2675			1/1/2002	11/21/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	11/21/2008						
00574-0430-01	J2675			1/1/2002	1/6/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	1/6/2009						
00574-0430-25	J2675			1/1/2002	1/26/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	1/26/2009						
00574-0431-00	J2675			1/1/2002	4/6/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., MICROCRYSTALLINE)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	4/6/2009						
00574-0431-01	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., MICROCRYSTALLINE)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
00574-0431-25	J2675			1/1/2002	10/27/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., MICROCRYSTALLINE)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	10/27/2008						
00574-0432-00	J2675			1/1/2002	5/23/2007	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MILLED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	05/23/2007						
00574-0450-05	J7684			1/1/2002	9/27/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	9/27/2007						
00574-0450-05	KO J7684	KO		1/1/2002	9/27/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	9/27/2007						
00574-0450-10	J7684			1/1/2002	1/6/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	01/06/2004						
00574-0450-10	KO J7684	KO		1/1/2002	1/6/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	01/06/2004						
00574-0460-05	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
00574-0460-25	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
00574-0461-05	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
00574-0461-25	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
00574-0820-01	J1080			12/21/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X1ML/USP) 200 MG/ML	1 ML	VL	IM	ML	200 MG			1	12/21/2007	99/99/9999						
00574-0820-10	J1080			12/21/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X10ML/USP) 200 MG/ML	10 ML	VL	IM	ML	200 MG			1	12/21/2007	99/99/9999						
00574-0821-05	J3130			8/1/2007	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (USP, MULTIPLE DOSE) 200 MG/ML	5 ML	VL	IM	ML	200 MG			1	08/01/2007	99/99/9999						
00574-0823-01	J0706			9/21/2006	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,PF) 20 MG/ML	3 ML	VL	IV	ML	5 MG			4	09/21/2006	99/99/9999						
00574-0823-81	J0706			9/28/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	NOVAPLUS CAFFEINE CITRATE (USP, 10X3ML/PP) 20 MG/ML	3 ML	VL	IV	ML	5 MG			4	09/28/2007	99/99/9999						
00574-0836-25	J2550			8/8/2003	4/20/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP) 25 MG/ML	1 ML	AM	IJ	ML	50 MG			0.5	08/08/2003	04/20/2006						
00574-0850-05	J1110			8/4/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 MG			1	08/04/2003	99/99/9999						
00574-0850-10	J1110			3/15/2004	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 MG			1	03/15/2004	99/99/9999						
00574-0858-01	J0770			3/11/2005	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL, STERILE) 150 MG	1 EA	VL	IJ	EA	150 MG			1	03/11/2005	99/99/9999						
00574-0866-10	J7516			11/19/2004	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE 50 MG/ML	5 ML	AM	IV	ML	250 MG			0.2	11/19/2004	99/99/9999						
00574-2006-25	J2271			8/18/2009	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE, 100MG	1 EA	JR	NA	GM	100 MG			10	01/01/2002	8/18/2009							
00574-2017-01	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL	1 EA	BO	NA	GM	4 MG			250	01/01/2002	99/99/9999						
00574-7226-12	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPRO 25 MG	12 EA	BX	RC	EA	1 MG			25	01/01/2002	12/31/2005						
00574-7226-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPRO 25 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
00574-7234-12	K0416			6/26/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12 EA	BX	RC	EA	1 MG			25	06/26/2003	12/31/2005						
00574-7234-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
00574-7236-12	K0416			7/29/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENADOZ 12.5 MG	12 EA	BX	RC	EA	1 MG			12.5	07/29/2003	12/31/2005						
00574-7236-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 12.5 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
00585-0673-02	J7631			1/1/2002	12/14/2005	DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	01/01/2003	12/14/2005						
00585-0673-02	KO J7631	KO		1/1/2002	12/14/2005	DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	01/01/2003	12/14/2005	1/1/2002	12/31/2002		1		
00585-0673-03	J7631			1/1/2002	12/14/2005	DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	01/01/2003	12/14/2005	1/1/2002	12/31/2002		1		
00585-0673-03	KO J7631	KO		1/1/2002	12/14/2005	DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	01/01/2003	12/14/2005	1/1/2002	12/31/2002		1		
00591-0217-02	J7510			1/1/2002	8/15/2006	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	1000 EA	NA	PO	EA	5 MG			1	01/01/2002	8/15/2006	1/1/2002	12/31/2002		1		
00591-0335-01	J8499			10/22/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA			1	10/22/2003	12/8/2009						
00591-0335-05	J8499			11/18/2003	10/31/2005	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA	1 EA			1	11/18/2003	10/31/2005						
00591-0336-01	J8499			7/2/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA	1 EA			1	07/02/2003	12/8/2009						
00591-0336-05	J8499			11/18/2003	12/6/2005	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA	1 EA			1	11/18/2003	12/06/2005						
00591-0520-38	J7510			5/15/2003	8/2/2004	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	236 ML	BO	PO	ML	5 MG			0.6	05/15/2003	08/02/2004						
00591-0790-01	J7509			1/1/2002	4/9/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	4 MG			1	01/01/2002	04/09/2007						
00591-0790-21	J7509			7/22/2002	4/7/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA	4 MG			1	07/22/2002	04/07/2006						
00591-0800-01	Q0177			9/18/2006	99/99/9999	HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	100 EA	BO	PO	EA	25 MG			1	09/18/2006	99/99/9999						
00591-0800-05	Q0177			9/18/2006	99/99/9999	HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (USP) 25 MG	500 EA	BO	PO	EA	25 MG			1	09/18/2006	99/99/9999						
00591-0801-01	Q0178			1/1/2002	99/99/9999	HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA	50 MG			1	09/18/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-0801-05				1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50 MG		1	09/18/2006	99/99/9999	1/1/2002	8/17/2005	1			
00591-2186-53		J2322		7/9/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE (S.D.V.) 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	07/09/2003	03/20/2007	1/1/2002	8/9/2005	1			
00591-2186-54		J2322		7/9/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE (S.D.V.) 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	07/09/2003	3/20/2007						
00591-2224-55		J7502		12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (1X50ML,MODIFIED)	50	ML	VL	PO	ML	100 MG		1	12/23/2008	99/99/9999						
00591-2365-69		J0690		1/22/2003	1/2/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	U	EA	500 MG		2	03/07/2005	01/02/2007						
00591-2366-68		J0690		4/29/2003	8/24/2006	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 10 GM	1	EA	VL	U	EA	500 MG		20	03/07/2005	08/24/2006	1/22/2003	11/18/2004	2			
00591-2692-01		J8499		1/1/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	4/3/2009	12/8/2009	4/29/2003	10/14/2004	20			
00591-2692-05		J8499		11/18/2003	12/6/2005	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1 EA		1	11/18/2003	12/06/2005	01/01/2003	2/13/2009	1			
00591-3128-79		J2675		12/17/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10	ML	VL	IM	ML	50 MG		1	12/17/2002	99/99/9999						
00591-3157-54		J2550		1/20/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	01/20/2003	10/5/2006						
00591-3157-83		J2550		1/23/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMPULES) 25 MG/ML	1	ML	AM	U	ML	50 MG		0.5	01/23/2003	10/05/2006						
00591-3158-54		J2550		1/20/2003	2/28/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML	AM	U	ML	50 MG		1	01/20/2003	2/28/2006						
00591-3158-83		J2550		1/23/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMPULE) 50 MG/ML	1	ML	AM	U	ML	50 MG		1	01/23/2003	10/05/2006						
00591-3189-02		J9206		3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE-USE) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	03/04/2008	5/1/2008						
00591-3189-02	QR	J9206	QR	3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE-USE) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	03/04/2008	5/1/2008						
00591-3189-26		J9206		3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE-USE) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	03/04/2008	5/1/2008						
00591-3189-26	QR	J9206	QR	3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE-USE) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	03/04/2008	5/1/2008						
00591-3221-26		J3130		3/9/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	200 MG		1	03/09/2004	99/99/9999						
00591-3222-47		J2360		9/7/2004	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/ML	2	ML	AM	U	ML	60 MG		0.5	09/07/2004	99/99/9999						
00591-3223-79		J1080		3/29/2004	99/99/9999	INJECTION, TESTOSTERONE CYPONATE, 1 CC, 200 MG	TESTOSTERONE CYPONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	03/29/2004	99/99/9999						
00591-3336-26		J9045		1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	5	ML	VL	IV	ML	50 MG		0.2	01/19/2007	10/17/2007						
00591-3337-12		J9045		1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	15	ML	VL	IV	ML	50 MG		0.2	01/19/2007	10/17/2007						
00591-3338-89		J9045		1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	45	ML	VL	IV	ML	50 MG		0.2	01/19/2007	10/17/2007						
00591-3365-45		J2060		2/22/2005	9/12/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (SDV) 2 MG/ML	1	ML	VL	U	ML	2 MG		1	08/16/2006	09/12/2007						
00591-3365-70		J2060		2/22/2005	7/17/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (MDV) 2 MG/ML	10	ML	VL	U	ML	2 MG		1	02/22/2005	7/17/2007	2/22/2005	2/27/2006	1			
00591-3433-30		J7620		1/2/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	01/02/2008	99/99/9999						
00591-3433-60		J7620		1/2/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5 MG		0.33333	01/02/2008	99/99/9999						
00591-3454-60		J9045		1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,600MG/60ML,PF) 10 MG/ML	60	ML	VL	IV	ML	50 MG		0.2	01/19/2007	10/17/2007						
00591-3467-53		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	01/01/2008	03/31/2008						
00591-3467-53	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	01/01/2008	03/31/2008						
00591-3467-53		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	04/01/2008	99/99/9999						
00591-3467-53	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	04/01/2008	99/99/9999						
00591-3468-53		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00591-3468-53	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
00591-3468-53		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00591-3468-53	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	04/01/2008	99/99/9999						
00591-3469-83		J9178		10/23/2007	10/26/2007	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	10/23/2007	10/26/2007						
00591-3470-57		J9178		10/23/2007	10/26/2007	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	10/23/2007	10/26/2007						
00591-3549-69		J0690		1/3/2007	11/2/2009	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFALUN (USP) 1 GM	1	EA	VL	U	EA	500 MG		2	01/03/2007	1/12/2009						
00591-3550-68		J0690		8/25/2006	11/7/2008	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFALUN (USP) 10 GM	1	EA	VL	U	EA	500 MG		20	08/25/2006	11/7/2008						
00591-3553-69		J2590		12/6/2006	11/19/2007	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (USP,SYNTHETIC,1MLX25) 10 U/ML	1	ML	VL	U	ML	10 U		1	12/06/2006	11/19/2007						
00591-3559-11		J0770		1/30/2007	5/22/2008	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP) 150 MG	1	EA	VL	U	EA	150 MG		1	01/30/2007	5/22/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-3797-83		J7613		11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25 EA	SOL	IH	ML		1 MG		0.83	11/04/2010	99/99/9999						
00591-3797-83	KO	J7613	KO	11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25 EA	SOL	IH	ML		1 MG		0.83	11/04/2010	99/99/9999						
00591-3797-60		J7613		11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60 EA	SOL	IH	ML		1 MG		0.83	11/04/2010	99/99/9999						
00591-3797-60	KO	J7613	KO	11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60 EA	SOL	IH	ML		1 MG		0.83	11/04/2010	99/99/9999						
00591-5052-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
00591-5052-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
00591-5059-01		J7510		1/1/2002	8/15/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	8/15/2008						
00591-5307-01		Q0170		4/15/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG		1	04/15/2002	99/99/9999						
00591-5307-10		Q0170		4/15/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	1000 EA	BO	PO	EA		25 MG		1	04/15/2002	99/99/9999						
00591-5319-01		Q0170		4/15/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 50 MG	100 EA	BO	PO	EA		25 MG		2	04/15/2002	99/99/9999						
00591-5442-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
00591-5442-05		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
00591-5442-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
00591-5443-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00591-5443-05		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00591-5443-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
00591-5726-01		Q0177		2/13/2002	8/1/2005	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG		1	02/13/2002	08/01/2005						
00591-5726-05		Q0177		1/1/2002	9/27/2005	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA		25 MG		1	01/01/2002	09/27/2005						
00591-6717-02		J2321		4/29/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (M.D.V.) 100 MG/ML	2 ML	VL	IM	ML		100 MG		1	04/29/2003	3/20/2007						
00591-6717-47		J2321		4/29/2003	1/5/2007	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (M.D.V.) 100 MG/ML	2 ML	VL	IM	ML		100 MG		1	04/29/2003	01/05/2007						
00597-0060-11		J0706		1/1/2002	12/31/2003	INJECTION, CAFFEINE CITRATE, 5MG	CAF CIT (S.D.V.) 20 MG/ML	3 ML	VL	IJ	ML		5 MG		4	01/01/2002	12/31/2003						
00597-0080-62		J7644		1/1/2002	7/6/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROVENT (VIAL) 0.02%	2.5 ML	VL	IH	ML		1 MG		0.2	01/01/2002	07/06/2004						
00597-0080-62	KO	J7644	KO	1/1/2002	7/6/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROVENT (VIAL) 0.02%	2.5 ML	VL	IH	ML		1 MG		0.2	01/01/2002	07/06/2004						
00603-0239-18		Q0163		1/1/2002	10/14/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL (CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	10/14/2004						
00603-0240-18		Q0163		1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	06/04/2007						
00603-0241-18		Q0163		6/5/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	06/05/2007	99/99/9999						
00603-0823-54		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL (AF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00603-0823-58		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00603-0823-81		Q0163		7/25/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	07/25/2002	99/99/9999						
00603-0823-94		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Q-DRYL (UNBOXED,AF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00603-0860-54		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUENALIN 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-1005-40		J7619		1/1/2002	10/14/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2002	10/14/2004						
00603-1005-40	KO	J7619	KO	1/1/2002	10/14/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2002	10/14/2004						
00603-1006-43		J7618		1/1/2002	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	01/01/2002	12/31/2004						
00603-1006-43		J7611		1/1/2005	1/25/2005	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	01/01/2005	01/25/2005						
00603-1010-58		G9017		12/1/2004	5/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	AMANTADINE HCL 50 MG/5 ML	480	ML	BO	PO	ML	100	MG	0.1	12/01/2004	05/31/2005						
00603-1145-56		Q0181		1/1/2002	1/10/2003	PREDNISOLONE ORAL, PER 5 MG	DEXAMETHASONE 0.5 MG/5 ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	01/10/2003						
00603-1567-56		J7510		11/5/2007	8/7/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	11/05/2007	8/7/2009						
00603-1567-58		J7510		11/5/2007	8/7/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	11/05/2007	8/7/2009						
00603-1584-54		Q0170		5/12/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	118	ML	BO	PO	ML	25	MG	0.05	05/12/2006	99/99/9999						
00603-1584-58		Q0170		5/12/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	25	MG	0.05	05/12/2006	99/99/9999						
00603-3337-21		Q0163		12/16/2002	5/23/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	12/16/2002	05/23/2007						
00603-3337-32		Q0163		1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	06/04/2007						
00603-3338-21		Q0163		12/16/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	12/16/2002	04/02/2007						
00603-3338-32		Q0163		1/1/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	04/02/2007						
00603-3339-21		Q0163		5/24/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	05/24/2007	99/99/9999						
00603-3339-32		Q0163		6/5/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	06/05/2007	99/99/9999						
00603-3340-21		Q0163		4/3/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/03/2007	99/99/9999						
00603-3340-32		Q0163		4/3/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	1000	EA	BO	PO	EA	50	MG	1	04/03/2007	99/99/9999						
00603-3946-21		J8999		1/1/2002	1/30/2002	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG METHYLPREDNISOLONE (DOSE PACK) 4 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	01/30/2002						
00603-4593-15		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-4593-21		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999						
00603-5090-21		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4	MG	0.5	7/2/2009	99/99/9999						
00603-5090-28		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	500	EA	BO	PO	EA	4	MG	0.5	7/2/2009	99/99/9999	01/01/2002	9/19/2008	0.5			
00603-5091-21		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4	MG	1	7/2/2009	99/99/9999	01/01/2002	9/19/2008	0.5			
00603-5091-28		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	500	EA	BO	PO	EA	4	MG	1	7/2/2009	99/99/9999	01/01/2002	9/19/2008	1			

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-5092-21		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8 MG		1	7/2/2009	99/99/9999	01/01/2002	9/19/2008				1
00603-5092-28		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	500	EA	BO	PO	EA	8 MG		1	7/2/2009	99/99/9999	01/01/2002	9/19/2008				1
00603-5093-21		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 16 MG	100	EA	BO	PO	EA	8 MG		2	7/2/2009	99/99/9999	01/01/2002	9/19/2008				1
00603-5332-15	J7506			1/1/2002	8/19/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	01/01/2002	08/19/2003	01/01/2002	9/19/2008				2
00603-5332-21	J7506			1/1/2002	1/15/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	01/15/2003						
00603-5332-31	J7506			1/1/2002	8/19/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5 MG		1	01/01/2002	08/19/2003						
00603-5332-32	J7506			1/1/2002	1/15/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG		1	01/01/2002	01/15/2003						
00603-5333-15	J7506			1/1/2002	3/5/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	01/01/2002	03/05/2003						
00603-5333-21	J7506			1/1/2002	1/29/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2002	01/29/2003						
00603-5333-31	J7506			1/1/2002	4/1/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5 MG		2	01/01/2002	04/01/2003						
00603-5333-32	J7506			1/1/2002	1/29/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	01/01/2002	01/29/2003						
00603-5334-21	J7506			1/1/2002	9/9/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	01/01/2002	09/09/2003						
00603-5334-32	J7506			1/1/2002	9/9/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	01/01/2002	09/09/2003						
00603-5335-21	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	01/03/2005	99/99/9999						
00603-5335-32	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	01/03/2005	99/99/9999						
00603-5336-21	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5 MG		0.5	01/03/2005	99/99/9999						
00603-5337-15	J7506			8/20/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	08/20/2003	99/99/9999						
00603-5337-21	J7506			1/16/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/16/2003	99/99/9999						
00603-5337-31	J7506			8/20/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5 MG		1	08/20/2003	99/99/9999						
00603-5337-32	J7506			1/16/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG		1	01/16/2003	99/99/9999						
00603-5338-15	J7506			3/6/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	03/06/2003	99/99/9999						
00603-5338-21	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/30/2003	99/99/9999						
00603-5338-28	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5 MG		2	01/30/2003	99/99/9999						
00603-5338-31	J7506			4/2/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5 MG		2	04/02/2003	99/99/9999						
00603-5338-32	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	01/30/2003	99/99/9999						
00603-5339-21	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	09/10/2003	99/99/9999						
00603-5339-28	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5 MG		4	09/10/2003	99/99/9999						
00603-5339-32	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	09/10/2003	99/99/9999						
00603-5437-21	Q0169			8/25/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	08/25/2006	99/99/9999						
00603-5438-21	Q0170			8/25/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25 MG		1	08/25/2006	99/99/9999						
00603-5438-32	Q0170			8/25/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25 MG		1	08/25/2006	99/99/9999						
00603-5439-21	Q0170			8/25/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25 MG		2	08/25/2006	99/99/9999						
00615-0331-53	Q0177			1/1/2002	10/31/2003	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (31X10,CARDED) 25 MG	31	EA	BX	PO	EA	25 MG		1	01/01/2002	10/31/2003						
00615-0331-63	Q0177			1/1/2002	10/31/2003	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (31X10) 25 MG	31	EA	BX	PO	EA	25 MG		1	01/01/2002	10/31/2003						
00615-0332-53	Q0178			1/1/2002	10/31/2003	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (31X10,CARDED) 50 MG	31	EA	BX	PO	EA	50 MG		1	01/01/2002	10/31/2003						
00615-0332-63	Q0178			1/1/2002	10/31/2003	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (31X10) 50 MG	31	EA	BX	PO	EA	50 MG		1	01/01/2002	10/31/2003						
00615-0368-53	Q0163			4/1/2003	10/31/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (31X10,CARDED) 25 MG	31	EA	BX	PO	EA	50 MG		0.5	04/01/2003	10/31/2003						
00615-0368-63	Q0163			4/1/2003	10/31/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (31X10) 25 MG	31	EA	BX	PO	EA	50 MG		0.5	04/01/2003	10/31/2003						
00615-0369-53	Q0163			1/1/2002	10/30/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (31X10,CARDED) 50 MG	31	EA	BX	PO	EA	50 MG		1	01/01/2002	10/30/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
00615-0369-63		Q0163		1/1/2002	10/31/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (31X10) 50 MG	31 EA	BX	PO	EA		50 MG		1	01/01/2002	10/31/2003						
00615-0536-53		J7506		1/1/2002	10/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (31X10,CARDED) 5 MG	31 EA	BX	PO	EA		5 MG		1	01/01/2002	10/31/2003						
00615-0536-63		J7506		1/1/2002	10/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (31X10) 5 MG	31 EA	BX	PO	EA		5 MG		1	01/01/2002	10/31/2003						
00615-3570-53		J8999		1/1/2002	10/31/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (31X10,CARDED) 40 MG	31 EA	BX	PO	EA		1 EA		1	01/01/2002	10/31/2003						
00615-3570-63		J8999		1/1/2002	10/31/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (31X10) 40 MG	31 EA	BX	PO	EA		1 EA		1	01/01/2002	10/31/2003						
00615-3593-53		J7506		1/1/2002	10/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (31X10,CARDED) 10 MG	31 EA	BX	PO	EA		5 MG		2	01/01/2002	10/31/2003						
00615-3593-63		J7506		1/1/2002	10/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (31X10,CARDED) 10 MG	31 EA	BX	PO	EA		5 MG		2	01/01/2002	10/31/2003						
00641-0121-21		J1170		12/8/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1 ML	VL	U	ML		4 MG		0.5	12/08/2004	99/99/9999						
00641-0121-25		J1170		1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1 ML	VL	U	ML		4 MG		0.5	01/01/2002	99/99/9999						
00641-0130-25		J2175		1/1/2002	4/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, DOSETTE) 25 MG/ML	1 ML	VL	U	ML		100 MG		0.25	01/01/2002	04/24/2003						
00641-0140-25		J2175		1/1/2002	4/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, DOSETTE) 50 MG/ML	1 ML	VL	U	ML		100 MG		0.5	01/01/2002	04/24/2003						
00641-0150-25		J2175		1/1/2002	4/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, DOSETTE) 75 MG/ML	1 ML	VL	U	ML		100 MG		0.75	01/01/2002	04/24/2003						
00641-0160-25		J2175		1/1/2002	4/24/2003	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, DOSETTE) 100 MG/ML	1 ML	VL	U	ML		100 MG		1	01/01/2002	04/24/2003						
00641-0168-25		J2270		1/1/2002	4/29/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 5 MG/ML	1 ML	VL	U	ML		10 MG		0.5	01/01/2002	04/29/2004						
00641-0170-21		J2270		12/8/2004	12/14/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 8 MG/ML	1 ML	VL	U	ML		10 MG		0.8	12/08/2004	12/14/2006						
00641-0170-25		J2270		1/1/2002	12/14/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 8 MG/ML	1 ML	VL	U	ML		10 MG		0.8	01/01/2002	12/14/2006						
00641-0180-25		J2270		1/1/2002	5/18/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 10 MG/ML	1 ML	VL	U	ML		10 MG		1	01/01/2002	05/18/2004						
00641-0190-21		J2271		12/8/2004	12/14/2006	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (DOSETTE, VIAL) 15 MG/ML	1 ML	VL	U	ML		100 MG		0.15	12/08/2004	12/14/2006						
00641-0190-25		J2271		1/1/2002	12/14/2006	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (DOSETTE, VIAL) 15 MG/ML	1 ML	VL	U	ML		100 MG		0.15	01/01/2002	12/14/2006						
00641-0272-21		J1642		5/5/2007	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (PF) 10 U/ML	1 ML	VL	IV	ML		10 U		1	05/05/2007	12/28/2009						
00641-0272-25		J1642		10/17/2005	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (PF) 10 U/ML	1 ML	VL	IV	ML		10 U		1	10/17/2005	12/28/2009						
00641-0273-21		J1642		5/5/2007	11/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK 100 U/ML	1 ML	VL	IV	ML		10 U		10	05/05/2007	11/28/2009						
00641-0273-25		J1642		10/17/2005	11/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK 100 U/ML	1 ML	VL	IV	ML		10 U		10	10/17/2005	11/28/2009						
00641-0367-21		J1100		12/8/2004	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/ML	1 ML	VL	U	ML		1 MG		10	12/08/2004	99/99/9999						
00641-0367-25		J1100		1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/ML	1 ML	VL	U	ML		1 MG		10	01/01/2002	99/99/9999						
00641-0374-01		J2730		12/8/2004	11/30/2008	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1 EA	VL	U	EA		1 GM		1	12/08/2004	11/30/2008						
00641-0374-06		J2730		3/14/2003	12/19/2004	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1 EA	VL	U	EA		1 GM		1	03/14/2003	12/19/2004						
00641-0376-21		J1200		12/8/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1 ML	VL	U	ML		50 MG		1	12/08/2004	99/99/9999						
00641-0376-25		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1 ML	VL	U	ML		50 MG		1	01/01/2002	99/99/9999						
00641-0387-21		J1642		12/8/2004	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	2 ML	VL	IV	ML		10 U		10	12/08/2004	7/28/2009						
00641-0387-25		J1642		1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	2 ML	VL	IV	ML		10 U		10	01/01/2002	7/28/2009						
00641-0389-21		J1642		12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	1 ML	VL	IV	ML		10 U		10	12/08/2004	12/28/2009						
00641-0389-25		J1642		1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	1 ML	VL	IV	ML		10 U		10	01/01/2002	12/28/2009						
00641-0391-02		J1644		10/1/2007	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 1000 U/ML	1 ML	VL	U	ML		1000 U		1	10/01/2007	12/28/2009						
00641-0391-21		J1644		12/8/2004	8/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 1000 U/ML	1 ML	VL	U	ML		1000 U		1	12/08/2004	8/28/2009						
00641-0391-25		J1644		1/1/2002	4/1/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 1000 U/ML	1 ML	VL	U	ML		1000 U		1	01/01/2002	4/1/2008						
00641-0391-64		J1644		10/1/2007	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 1000 U/ML	1 ML	VL	U	ML		1000 U		1	10/01/2007	12/28/2009						
00641-0392-21		J1642		12/8/2004	9/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	1 ML	VL	IV	ML		10 U		1	12/08/2004	9/28/2009						
00641-0392-25		J1642		1/1/2002	9/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	1 ML	VL	IV	ML		10 U		1	01/01/2002	9/28/2009						
00641-0393-21		J1642		12/8/2004	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	2 ML	VL	IV	ML		10 U		1	12/08/2004	7/28/2009						
00641-0393-25		J1642		1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	2 ML	VL	IV	ML		10 U		1	01/01/2002	7/28/2009						
00641-0394-25		J1580		1/1/2002	5/21/2003	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, DOSETTE) 10 MG/ML	2 ML	VL	U	ML		80 MG		0.125	01/01/2002	05/21/2003						
00641-0395-25		J1580		1/1/2002	5/21/2003	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, DOSETTE) 40 MG/ML	2 ML	VL	U	ML		80 MG		0.5	01/01/2002	05/21/2003						
00641-0400-02		J1644		10/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 5000 U/ML	1 ML	VL	U	ML		1000 U		5	10/01/2007	99/99/9999						
00641-0400-21		J1644		12/8/2004	9/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 5000 U/ML	1 ML	VL	U	ML		1000 U		5	12/08/2004	9/28/2009						
00641-0400-25		J1644		1/1/2002	4/1/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 5000 U/ML	1 ML	VL	U	ML		1000 U		5	01/01/2002	4/1/2008						
00641-0400-64		J1644		10/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 5000 U/ML	1 ML	VL	U	ML		1000 U		5	10/01/2007	99/99/9999						
00641-0410-02		J1644		10/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	1 ML	VL	U	ML		1000 U		10	10/01/2007	99/99/9999						
00641-0410-21		J1644		12/8/2004	8/29/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 10000 U/ML	1 ML	VL	U	ML		1000 U		10	12/08/2004	8/29/2008						
00641-0410-25		J1644		1/1/2002	8/29/2008																		

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-0411-21	J1642			12/8/2004	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 100 U/ML	1	ML	VL	IV	ML	10	U		10	12/08/2004	12/14/2006					
00641-0411-25	J1642			1/1/2002	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 100 U/ML	1	ML	VL	IV	ML	10	U		10	01/01/2002	12/14/2006					
00641-0414-21	J1642			12/8/2004	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 10 U/ML	1	ML	VL	IV	ML	10	U		1	12/08/2004	12/14/2006					
00641-0414-25	J1642			1/1/2002	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 10 U/ML	1	ML	VL	IV	ML	10	U		1	01/01/2002	12/14/2006					
00641-0476-21	J2560			12/8/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	U	ML	120	MG		0.54166	12/08/2004	99/99/9999					
00641-0476-25	J2560			1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	U	ML	120	MG		0.54166	01/01/2002	99/99/9999					
00641-0477-21	J2560			12/8/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	U	ML	120	MG		1.08333	12/08/2004	99/99/9999					
00641-0477-25	J2560			1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	U	ML	120	MG		1.08333	01/01/2002	99/99/9999					
00641-0491-21	J0780			12/8/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (VIAL, DOSETTE) 5 MG/ML	2	ML	VL	U	ML	10	MG		0.5	12/08/2004	99/99/9999					
00641-0491-25	J0780			1/1/2002	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (VIAL, DOSETTE) 5 MG/ML	2	ML	VL	U	ML	10	MG		0.5	01/01/2002	99/99/9999					
00641-0493-21	J1165			12/8/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2	ML	VL	IV	ML	50	MG		1	12/08/2004	99/99/9999					
00641-0493-25	J1165			1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2	ML	VL	IV	ML	50	MG		1	01/01/2002	99/99/9999					
00641-0495-17	J2912			12/8/2004	12/14/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, DOSETTE) 0.9%	2	ML	VL	IV	ML	0.9	%		0.5	12/08/2004	12/14/2006					
00641-0610-25	J3490			1/1/2002	5/12/2003	UNCLASSIFIED DRUGS	THIAMINE HCL (VIAL, DOSETTE) 100 MG/ML	1	ML	VL	U	ML	1	EA		1	01/01/2002	05/12/2003					
00641-0928-21	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1	ML	VL	U	ML	50	MG		0.5	12/08/2004	99/99/9999					
00641-0928-25	J2550			12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1	ML	VL	U	ML	50	MG		0.5	12/27/2002	99/99/9999					
00641-0929-21	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	12/08/2004	99/99/9999					
00641-0929-25	J2550			12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	12/27/2002	99/99/9999					
00641-0948-31	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	12/08/2004	99/99/9999					
00641-0948-35	J2550			1/6/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	01/06/2003	99/99/9999					
00641-0949-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50	MG		1	05/05/2007	99/99/9999					
00641-0949-35	J2550			1/6/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50	MG		1	01/06/2003	99/99/9999					
00641-0955-21	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 25 MG/ML	1	ML	VL	U	ML	50	MG		0.5	05/05/2007	99/99/9999					
00641-0955-25	J2550			12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (VIAL,DOSETTE) 25 MG/ML	1	ML	VL	U	ML	50	MG		0.5	12/27/2002	99/99/9999					
00641-0956-21	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	05/05/2007	99/99/9999					
00641-0956-25	J2550			12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (VIAL,DOSETTE) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	12/27/2002	99/99/9999					
00641-1112-33	J2275			1/1/2002	5/18/2004	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	DURAMORPH (AMP,DOSETTE,PF) 0.5 MG/ML	10	ML	AM	U	ML	10	MG		0.05	01/01/2002	05/18/2004					
00641-1114-33	J2275			1/1/2002	4/29/2004	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	DURAMORPH (AMP,DOSETTE,PF) 1 MG/ML	10	ML	AM	U	ML	10	MG		0.1	01/01/2002	04/29/2004					
00641-1117-33	J3010			1/1/2002	6/10/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,DOSETTE,PF) 0.05 MG/ML	5	ML	AM	U	ML	0.1	MG		0.5	01/01/2002	06/10/2004					
00641-1118-34	J3010			1/1/2002	5/2/2006	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,DOSETTE,PF) 0.05 MG/ML	10	ML	AM	U	ML	0.1	MG		0.5	01/01/2002	5/2/2006					
00641-1119-34	J3010			1/1/2002	10/25/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,DOSETTE,PF) 0.05 MG/ML	20	ML	AM	U	ML	0.1	MG		0.5	01/01/2002	10/25/2004					
00641-1120-35	J2175			2/28/2002	1/18/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 25 MG/ML	1	ML	AM	U	ML	100	MG		0.25	02/28/2002	01/18/2004					
00641-1130-35	J2175			2/28/2002	7/6/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 50 MG/ML	1	ML	AM	U	ML	100	MG		0.5	02/28/2002	07/06/2004					
00641-1131-31	J2275			1/1/2002	3/31/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	INFUMORPH (AMP, DOSETTE,PF) 10 MG/ML	20	ML	AM	U	ML	10	MG		1	01/19/2004	03/31/2005					
00641-1132-31	J2275			1/1/2002	4/19/2004	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	INFUMORPH (AMP, DOSETTE,PF) 25 MG/ML	20	ML	AM	U	ML	10	MG		2.5	01/19/2004	04/19/2004	1/1/2002	6/1/2002	1		
00641-1138-34	J1245			1/1/2002	11/11/2004	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (DOSETTE AMP) 5 MG/ML	2	ML	AM	IV	ML	10	MG		0.5	01/01/2002	11/11/2004	1/1/2002	6/1/2002	2.5		
00641-1139-31	J1245			1/1/2002	8/29/2005	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (DOSETTE AMP) 5 MG/ML	10	ML	AM	IV	ML	10	MG		0.5	01/01/2002	08/29/2005					
00641-1140-35	J2175			1/19/2004	2/6/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 75 MG/ML	1	ML	AM	U	ML	100	MG		0.75	01/19/2004	02/06/2004					
00641-1141-33	J3490			1/1/2002	8/25/2004	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (DOSETTE AMP) 50 MCG/ML	1	ML	AM	U	ML	1	EA		1	01/01/2002	08/25/2004					
00641-1142-33	J3490			1/1/2002	4/29/2004	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (DOSETTE AMP) 50 MCG/ML	2	ML	AM	U	ML	1	EA		1	01/01/2002	04/29/2004					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
00641-1143-33	J3490			1/1/2002	6/1/2004	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (DOSETTE AMP) 50 MCG/ML	5	ML	AM	U	ML	1	EA		1	01/01/2002	06/01/2004						
00641-1150-35	J2175			1/19/2004	2/6/2004	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 100 MG/ML	1	ML	AM	U	ML	100	MG		1	01/19/2004	02/06/2004						
00641-1170-35	J2270			1/1/2002	6/10/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP, DOSETTE) 8 MG/ML	1	ML	AM	U	ML	10	MG		0.8	01/01/2002	06/10/2004						
00641-1180-35	J2270			1/1/2002	10/8/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP, DOSETTE) 10 MG/ML	1	ML	AM	U	ML	10	MG		1	01/01/2002	10/08/2004						
00641-1190-35	J2271			1/1/2002	9/6/2005	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (AMP, DOSETTE) 15 MG/ML	1	ML	AM	U	ML	100	MG		0.15	01/01/2002	09/06/2005						
00641-1397-31	J3230			5/5/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	05/05/2007	99/99/9999						
00641-1397-35	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	01/01/2002	99/99/9999						
00641-1398-31	J3230			5/5/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (USP) 25 MG/ML	2	ML	AM	U	ML	50	MG		0.5	05/05/2007	99/99/9999						
00641-1398-35	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2	ML	AM	U	ML	50	MG		0.5	01/01/2002	99/99/9999						
00641-1408-33	J3360			1/1/2002	5/14/2007	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP, DOSETTE) 5 MG/ML	2	ML	AM	U	ML	5	MG		1	12/08/2004	05/14/2007						
00641-1410-31	J1160			5/5/2007	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP) 0.25 MG/ML	2	ML	AM	U	ML	0.5	MG		0.5	05/05/2007	99/99/9999	1/1/2002	12/20/2002		1		
00641-1410-35	J1160			1/1/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (AMP, DOSETTE) 0.25 MG/ML	2	ML	AM	U	ML	0.5	MG		0.5	01/01/2002	99/99/9999						
00641-1495-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	05/05/2007	99/99/9999						
00641-1495-35	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP, DOSETTE) 25 MG/ML	1	ML	AM	U	ML	50	MG		0.5	01/01/2002	99/99/9999						
00641-1496-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP, DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50	MG		1	05/05/2007	99/99/9999						
00641-1496-35	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP, DOSETTE) 50 MG/ML	1	ML	AM	U	ML	50	MG		1	01/01/2002	99/99/9999						
00641-2289-41	J3360			1/1/2002	7/28/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML	10	ML	VL	U	ML	5	MG		1	12/08/2004	7/28/2008						
00641-2289-43	J3360			8/5/2004	7/28/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (USP,MDV, 10X10ML) 5 MG/ML	10	ML	VL	U	ML	5	MG		1	08/05/2004	7/28/2008	1/1/2002	1/10/2002		1		
00641-2341-39	J1170			5/5/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP) 2 MG/ML	1	ML	NA	U	ML	4	MG		0.5	05/05/2007	99/99/9999						
00641-2341-41	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (M.D.V.) 2 MG/ML	20	ML	VL	U	ML	4	MG		0.5	01/01/2002	99/99/9999						
00641-2343-41	J2270			1/1/2002	7/8/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10 MG/ML	10	ML	VL	U	ML	10	MG		1	01/01/2002	07/08/2004						
00641-2345-41	J2271			1/1/2002	3/23/2004	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (M.D.V.) 15 MG/ML	20	ML	VL	U	ML	100	MG		0.15	01/01/2002	03/23/2004						
00641-2402-41	J3010			1/1/2002	5/1/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	30	ML	VL	U	ML	0.1	MG		0.5	01/01/2002	05/01/2004						
00641-2403-41	J3010			1/1/2002	4/29/2004	INJECTION, FENTANYL CITRATE, 0.1 MG	MG/ML	50	ML	VL	U	ML	0.1	MG		0.5	01/01/2002	04/29/2004						
00641-2436-41	J1642			5/5/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 100 U/ML	10	ML	VL	U	ML	10	U		10	05/05/2007	99/99/9999						
00641-2436-45	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 100 U/ML	10	ML	VL	U	ML	10	U		10	01/01/2002	99/99/9999						
00641-2438-41	J1642			5/5/2007	6/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 10 U/ML	10	ML	VL	U	ML	10	U		1	05/05/2007	6/28/2009						
00641-2438-45	J1642			1/1/2002	6/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 10 U/ML	10	ML	VL	U	ML	10	U		1	01/01/2002	6/28/2009						
00641-2440-41	J1644			12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	U	ML	1000	U		1	12/08/2004	12/28/2009						
00641-2440-45	J1644			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	U	ML	1000	U		1	01/01/2002	12/28/2009						
00641-2442-41	J1642			5/5/2007	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 10 U/ML	30	ML	VL	U	ML	10	U		1	05/05/2007	7/28/2009						
00641-2442-45	J1642			1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 10 U/ML	30	ML	VL	U	ML	10	U		1	01/01/2002	7/28/2009						
00641-2443-41	J1642			5/5/2007	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 100 U/ML	30	ML	VL	U	ML	10	U		10	05/05/2007	12/28/2009						
00641-2443-45	J1642			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 100 U/ML	30	ML	VL	U	ML	10	U		10	01/01/2002	12/28/2009						
00641-2450-41	J1644			12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30	ML	VL	U	ML	1000	U		1	12/08/2004	12/28/2009						
00641-2450-45	J1644			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30	ML	VL	U	ML	1000	U		1	01/01/2002	12/28/2009						
00641-2460-41	J1644			12/8/2004	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10	ML	VL	U	ML	1000	U		5	12/08/2004	99/99/9999						
00641-2460-45	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10	ML	VL	U	ML	1000	U		5	01/01/2002	99/99/9999						
00641-2470-41	J1644			12/8/2004	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	4	ML	VL	U	ML	1000	U		10	12/08/2004	99/99/9999						
00641-2470-45	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	4	ML	VL	U	ML	1000	U		10	01/01/2002	99/99/9999						
00641-2555-41	J1165			5/5/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP) 50 MG/ML	1	ML	VL	U	ML	50	MG		1	05/05/2007	99/99/9999						
00641-2555-45	J1165			1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	50 MG/ML	5	ML	VL	U	ML	50	MG		1	01/01/2002	99/99/9999						
00641-2569-41	J1245			5/5/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	U	ML	10	MG		0.5	05/05/2007	99/99/9999						
00641-2569-44	J1245			1/1/2002	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	10	ML	VL	U	ML	10	MG		0.5	01/01/2002	99/99/9999						
00677-0117-01	J7506			1/1/2002	10/29/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG		1	01/01/2002	10/29/2007						
00677-0117-10	J7506			1/1/2002	10/29/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG		1	01/01/2002	10/29/2007						
00677-0427-01	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG		4	01/01/2002	05/14/2007						
00677-0427-05	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG		4	01/01/2002	05/14/2007						
00677-0427-10	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG		4	01/01/2002	05/14/2007						
00677-0601-42	Q0181			1/1/2002	4/10/2003	REGIMEN	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE	DEXAMETHASONE 0.5 MG/5 ML	240	ML	BO	PO	ML	1	EA		1	01/01/2002	04/10/2003					
00677-0698-01	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG		2	01/01/2002	05/23/2007						
00677-0698-05	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG		2	01/01/2002	05/23/2007						
00677-0698-10	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG		2	01/01/2002	05/23/2007						
00677-1831-01	J7509			1/1/2002	3/16/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG		1	01/01/2002	03/16/2006						
00677-1831-13	J7509			3/1/2002	5/26/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG		1	03/01/2002	05/26/2006						
00677-1856-01	Q0163			1/29/2003	4/19/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50											

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00677-1856-10		Q0163		1/29/2003	7/19/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/29/2003	07/19/2007						
00677-1857-01		Q0163		2/14/2003	4/19/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	02/14/2003	04/19/2007						
00677-1857-10		Q0163		2/14/2003	4/19/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	02/14/2003	04/19/2007						
00677-1858-01		Q0163		1/28/2003	6/13/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPTAB) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/28/2003	06/13/2007						
00703-0031-01		J1030		3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	IJ	ML	40 MG		1	03/09/2005	99/99/9999						
00703-0031-04		J1030		3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	IJ	ML	40 MG		1	03/09/2005	99/99/9999						
00703-0043-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	5	ML	VL	IJ	ML	40 MG		1	10/31/2006	99/99/9999						
00703-0045-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	10	ML	VL	IJ	ML	40 MG		1	10/31/2006	99/99/9999						
00703-0051-01		J1040		3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	IJ	ML	80 MG		1	03/09/2005	99/99/9999						
00703-0051-04		J1040		3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	IJ	ML	80 MG		1	03/09/2005	99/99/9999						
00703-0063-01		J1040		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5	ML	VL	IJ	ML	80 MG		1	10/31/2006	99/99/9999						
00703-0315-03		J0696		12/21/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 250 MG	1	EA	VL	IJ	EA	250 MG		1	12/21/2007	99/99/9999						
00703-0325-03		J0696		12/21/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 500 MG	1	EA	VL	IJ	EA	250 MG		2	12/21/2007	99/99/9999						
00703-0335-04		J0696		12/21/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 1 GM	1	EA	VL	IJ	EA	250 MG		4	12/21/2007	99/99/9999						
00703-0346-03		J0696		12/21/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 2 GM	1	EA	VL	IJ	EA	250 MG		8	12/21/2007	99/99/9999						
00703-0359-01		J0696		12/21/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK PKGGE) 10 GM	1	EA	VL	IV	EA	250 MG		40	12/21/2007	99/99/9999						
00703-0404-02		J1955		1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VIAL) 200 MG/ML	5	ML	VL	IV	ML	1 GM		0.2	01/01/2002	99/99/9999						
00703-0405-02		J1955		1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (VIAL) 200 MG/ML	12.5	ML	VL	IV	ML	1 GM		0.2	01/01/2002	99/99/9999						
00703-0956-03		J0744		8/28/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SDV,10X200ML,200MG,1%) 10 MG/ML	20	ML	VL	IV	ML	200 MG		0.05	08/28/2006	99/99/9999						
00703-0958-03		J0744		8/28/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SDV,10X400ML,400MG,1%) 10 MG/ML	40	ML	VL	IV	ML	200 MG		0.05	08/28/2006	99/99/9999						
00703-0960-36		J0744		3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X200ML,USP LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200 MG		0.01	03/18/2008	99/99/9999						
00703-0969-36		J0744		3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X100ML,USP LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200 MG		0.01	03/18/2008	99/99/9999						
00703-1010-09		J1450		8/2/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV 400 MG/200 ML	200	ML	VL	IV	ML	200 MG		0.01	08/02/2004	99/99/9999						
00703-1019-09		J1450		8/2/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV 200 MG/100 ML	100	ML	VL	IV	ML	200 MG		0.01	08/02/2004	99/99/9999						
00703-1020-30		J1450		3/14/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200	ML	PC	IV	ML	200 MG		0.01	03/14/2005	99/99/9999						
00703-1029-30		J1450		3/16/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (6X100ML) 200 MG/100 ML	100	ML	PC	IV	ML	200 MG		0.01	03/16/2005	99/99/9999						
00703-1271-04		J3105		7/22/2004	11/16/2010	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	1	ML	VL	SC	ML	1 MG		1	07/22/2004	11/16/2010						
00703-1335-01		J0282		12/4/2003	11/9/2010	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	9	ML	VL	IV	ML	30 MG		1.66666	12/04/2003	11/9/2010						
00703-1501-02		J0270		1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (S.D.V.) 0.5 MG/ML	1	ML	VL	IV	ML	1.25 MCG		400	01/01/2002	99/99/9999						
00703-1631-04		J2370		1/1/2002	12/15/2010	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1	ML	VL	IJ	ML	1 ML		1	01/01/2002	12/15/2010						
00703-1652-02		J1245		1/1/2002	7/1/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10 MG		0.5	01/01/2002	7/1/2010						
00703-1654-02		J1245		1/1/2002	6/1/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	10	ML	VL	IV	ML	10 MG		0.5	01/01/2002	6/1/2010						
00703-1985-01		J1325		4/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1	EA	IV	EA	0.5 MG		1	04/23/2008	99/99/9999							
00703-1995-01		J1325		4/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 1.5 MG	1	EA	IV	EA	0.5 MG		3	04/23/2008	99/99/9999							
00703-2191-04		J2550		9/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1	ML	VL	IJ	ML	50 MG		0.5	09/30/2002	99/99/9999						
00703-2201-04		J2550		9/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50 MG		1	09/30/2002	99/99/9999						
00703-2704-03		J2710		1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	0.5 MG		2	01/01/2002	05/03/2007						
00703-2711-03		J2710		1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (S.D.V.) 0.5 MG/ML	1	ML	VL	IJ	ML	0.5 MG		1	01/01/2002	05/03/2007						
00703-2714-03		J2710		1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10	ML	VL	IJ	ML	0.5 MG		1	01/01/2002	05/03/2007						
00703-2856-04		J3490		6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,25X20ML) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	06/26/2007	5/27/2010						
00703-2858-09		J3490		6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1 EA		1	06/26/2007	5/27/2010						
00703-2859-03		J3490		6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1 EA		1	06/26/2007	5/27/2010						
00703-3015-13		J9190		9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500 MG		0.1	09/02/2003	99/99/9999						
00703-3015-13	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500 MG		0.1	01/28/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-3018-12	J9190			9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (PHARMACY BULK PACKAGE) 50 MG/ML	50 ML	VL	IV	ML	500 MG		0.1	09/02/2003	99/99/9999							
00703-3018-12	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (PHARMACY BULK PACKAGE) 50 MG/ML	50 ML	VL	IV	ML	500 MG		0.1	01/28/2005	99/99/9999							
00703-3019-12	J9190			9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (PHARMACY BULK PACKAGE) 50 MG/ML	100 ML	VL	IV	ML	500 MG		0.1	09/02/2003	99/99/9999							
00703-3019-12	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUICIL (PHARMACY BULK PACKAGE) 50 MG/ML	100 ML	VL	IV	ML	500 MG		0.1	01/28/2005	99/99/9999							
00703-3067-11	J9178			8/9/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG		1	08/09/2007	99/99/9999							
00703-3069-11	J9178			8/9/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG		1	08/09/2007	99/99/9999							
00703-3154-01	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1 EA	VL	IJ	EA	15 U		1	01/01/2002	99/99/9999							
00703-3154-91	J9040			2/20/2002	12/31/2008	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1 EA	VL	IJ	EA	15 U		1	02/20/2002	12/31/2008							
00703-3155-01	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 30 U	1 EA	VL	IJ	EA	15 U		2	01/01/2002	99/99/9999							
00703-3155-91	J9040			2/20/2002	12/31/2008	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 30 U	1 EA	VL	IJ	EA	15 U		2	02/20/2002	12/31/2008							
00703-3244-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	5 ML	VL	IV	ML	50 MG		0.2	06/24/2004	99/99/9999							
00703-3246-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML	50 MG		0.2	06/24/2004	99/99/9999							
00703-3248-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML	50 MG		0.2	06/24/2004	99/99/9999							
00703-3249-11	J9045			11/17/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (AQUEOUS SOLUTION) 10 MG/ML	60 ML	VL	IV	ML	50 MG		0.2	11/17/2005	99/99/9999							
00703-3264-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA	50 MG		1	06/24/2004	99/99/9999							
00703-3266-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (VIAL) 150 MG	1 EA	VL	IV	EA	50 MG		3	06/24/2004	99/99/9999							
00703-3268-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA	50 MG		9	06/24/2004	99/99/9999							
00703-3268-71	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA	50 MG		9	05/01/2006	99/99/9999							
00703-3274-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA	50 MG		1	05/01/2006	12/23/2008							
00703-3276-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA	50 MG		3	05/01/2006	12/23/2008							
00703-3278-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA	50 MG		9	05/01/2006	12/23/2008							
00703-3301-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 50 MCG/ML	1 ML	VL	IJ	ML	25 MCG		2	11/14/2005	99/99/9999							
00703-3311-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1 ML	VL	IJ	ML	25 MCG		4	11/14/2005	99/99/9999							
00703-3321-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	1 ML	VL	IJ	ML	25 MCG		20	11/14/2005	99/99/9999							
00703-3333-01	J2354			11/23/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 500 MCG/ML	5 ML	VL	IJ	ML	25 MCG		8	11/23/2005	99/99/9999							
00703-3343-01	J2354			11/23/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/ML	5 ML	VL	IJ	ML	25 MCG		40	11/23/2005	99/99/9999							
00703-3427-11	J9208			7/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 1 GM	1 EA	VL	IV	EA	1 GM		1	07/26/2007	99/99/9999							
00703-3429-11	J9208			7/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 3 GM	1 EA	VL	IV	EA	1 GM		3	07/26/2007	99/99/9999							
00703-3524-03	J1100			2/20/2002	6/1/2010	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML	1 MG		10	02/20/2002	6/1/2010							
00703-4014-18	J9218			1/1/2002	99/99/9999	INJECTION, LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA	1 MG		14	01/01/2002	99/99/9999							
00703-4014-19	J9218			1/1/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8 ML	VL	SC	ML	1 MG		5	01/01/2002	99/99/9999							
00703-4075-19	J2430			9/23/2002	4/24/2006	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 3 MG/ML	10 ML	VL	IV	ML	30 MG		0.1	09/23/2002	4/24/2006							
00703-4075-59	J2430			11/8/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10 ML	VL	IV	ML	30 MG		0.1	11/08/2005	99/99/9999							
00703-4085-11	J2430			9/23/2002	4/24/2006	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML	30 MG		0.3	09/23/2002	4/24/2006							
00703-4085-51	J2430			11/8/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML	30 MG		0.3	11/08/2005	99/99/9999							
00703-4085-91	J2430			7/1/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SINGLE-USE VIAL) 9 MG/ML	10 ML	VL	IV	ML	30 MG		0.3	07/01/2003	99/99/9999							
00703-4100-48	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 5 GM-3 GM	1 EA	BX	IV	EA	1 EA		1	04/08/2002	99/99/9999							
00703-4100-58	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 10 GM-10 GM	1 EA	BX	IV	EA	1 EA		1	04/08/2002	99/99/9999							
00703-4100-68	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 6 GM-6 GM	1 EA	BX	IV	EA	1 EA		1	04/08/2002	99/99/9999							
00703-4109-48	J9999			5/1/2006	8/19/2008	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA 5 GM-3 GM	1 EA	BX	IV	EA	1 EA		1	05/01/2006	8/19/2008							
00703-4109-58	J9999			5/1/2006	4/28/2009	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (NOV) 10 GM-10 GM	1 EA	BX	IV	EA	1 EA		1	05/01/2006	4/28/2009							
00703-4109-68	J9999			5/1/2006	4/28/2009	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (NOV) 6 GM-6 GM	1 EA	BX	IV	EA	1 EA		1	05/01/2006	4/28/2009							
00703-4154-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	5 ML	VL	IV	ML	5 MG		0.2	09/24/2002	99/99/9999							
00703-4155-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML	5 MG		0.2	09/24/2002	99/99/9999							
00703-4156-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG		0.2	09/24/2002	99/99/9999							
00703-4182-01	J9390			2/10/2003	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG		1	02/10/2003	99/99/9999							
00703-4182-81	J9390			5/1/2006	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (OTN,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG		1	05/01/2006	99/99/9999							
00703-4182-91	J9390			5/1/2006	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG		1	05/01/2006	99/99/9999							
00703-4183-01	J9390			2/10/2003	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	02/10/2003	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-4183-81	J9390			5/1/2006	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (OTN,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	05/01/2006	99/99/9999							
00703-4183-91	J9390			5/1/2006	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	05/01/2006	99/99/9999							
00703-4244-01	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X5ML) 10 MG/ML	5 ML	VL	IV	ML	50 MG	0.2	05/01/2006	99/99/9999								
00703-4246-01	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	15 ML	VL	IV	ML	50 MG	0.2	05/01/2006	99/99/9999								
00703-4248-01	J9045			2/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45 ML	VL	IV	ML	50 MG	0.2	02/01/2006	99/99/9999								
00703-4301-02	J9340			1/1/2002	6/17/2008	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 15 MG	1 EA	VL	IJ	EA	15 MG	1	01/01/2002	06/17/2008								
00703-4303-01	J9340			1/1/2002	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 30 MG	1 EA	VL	IJ	EA	15 MG	2	01/01/2002	99/99/9999								
00703-4402-11	J9370			1/1/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999							
00703-4412-11	J9370			1/1/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.) 1 MG/ML	2 ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999							
00703-4432-11	J9206			2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999							
00703-4432-11	QR J9206	QR		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999							
00703-4434-11	J9206			2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999							
00703-4434-11	QR J9206	QR		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999							
00703-4502-04	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5	01/01/2002	99/99/9999								
00703-4636-01	J9320			12/3/2003	99/99/9999	INJECTION, STREPTOZOcin, 1 GRAM	ZANOSAR 1 GM	1 EA	VL	IV	EA	1 GM	1	12/03/2003	99/99/9999								
00703-4658-01	J9140			1/1/2002	9/20/2002	DACARBAZINE, 200 MG	DACARBAZINE (VIAL) 500 MG	1 EA	VL	IV	EA	200 MG	2.5	01/01/2002	09/20/2002								
00703-4680-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
00703-4680-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	11/06/2006	8/19/2008								
00703-4685-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (MDV,PF) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
00703-4685-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (MDV,PF) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	11/06/2006	8/19/2008								
00703-4686-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (MDV,PF) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
00703-4686-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	MITOXANTHRONE (M.D.V,PF) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	11/06/2006	8/19/2008								
00703-4805-03	J9209			2/22/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG	0.5	02/22/2002	99/99/9999								
00703-4852-11	J9185			5/2/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2 ML	VL	IV	ML	50 MG	0.5	05/02/2007	99/99/9999								
00703-4852-81	J9185			8/3/2006	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	OTN FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2 ML	VL	IV	ML	50 MG	0.5	08/03/2006	99/99/9999								
00703-5003-01	J2680			1/1/2002	1/10/2007	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML	25 MG	1	01/01/2002	01/10/2007								
00703-5040-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (M.D.V. POLYMER) 2 MG/ML	100 ML	VL	IV	ML	10 MG	0.2	01/01/2002	99/99/9999								
00703-5043-03	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	5 ML	VL	IV	ML	10 MG	0.2	01/01/2002	99/99/9999								
00703-5046-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	25 ML	VL	IV	ML	10 MG	0.2	01/01/2002	99/99/9999								
00703-5051-03	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (VIAL) 4 MCG/ML	1 ML	VL	IJ	ML	1 MCG	4	01/01/2002	99/99/9999								
00703-5054-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10 ML	VL	IJ	ML	1 MCG	4	01/01/2002	99/99/9999								
00703-5075-01	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG	1	01/01/2002	12/31/2010								
00703-5075-03	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (VIAL) 200 MG	1 EA	VL	IV	EA	200 MG	1	01/01/2002	12/31/2010								
00703-5140-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL,PF) 100 MG	1 EA	VL	IJ	EA	50 MG	2	01/01/2002	99/99/9999								
00703-5145-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF) 350 MG	1 EA	VL	IJ	EA	50 MG	7	01/01/2002	99/99/9999								
00703-5233-13	J9150			1/27/2003	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4 ML	VL	IV	ML	10 MG	0.5	01/27/2003	99/99/9999								
00703-5653-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	5 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
00703-5656-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	25 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
00703-5657-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
00703-5854-01	J9185			9/12/2003	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE 50 MG	1 EA	VL	IV	EA	50 MG	1	09/12/2003	99/99/9999								
00703-6121-01	J1080			4/16/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1 ML	VL	IM	ML	200 MG	1	04/16/2007	99/99/9999								
00703-6125-01	J1080			4/16/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10 ML	VL	IM	ML	200 MG	1	04/16/2007	99/99/9999								
00703-6271-04	J2590			1/24/2008	11/9/2010	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (25X1ML) 10 U/ML	1 ML	VL	IJ	ML	10 U	1	01/24/2008	11/9/2010								
00703-6275-03	J2590			1/24/2008	9/15/2010	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN 10 U/ML	10 ML	VL	IJ	ML	10 U	1	01/24/2008	9/15/2010								
00703-6801-01	J1055			9/13/2004	99/99/9999	MG INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	VL	IM	ML	150 MG	1	09/13/2004	99/99/9999								
00703-6801-04	J1055			9/13/2004	99/99/9999	MG INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	VL	IM	ML	150 MG	1	09/13/2004	99/99/9999								
00703-6811-21	J1055			9/16/2005	99/99/9999	MG INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	SR	IM	ML	150 MG	1	09/16/2005	99/99/9999								
00703-7011-03	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1 ML	VL	IM	ML	50 MG	1	01/01/2002	99/99/9999								
00703-7013-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG	1	01/01/2002	99/99/9999								
00703-7021-03	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1 ML	VL	IM	ML	50 MG	2	01/01/2002	99/99/9999								
00703-7023-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG	2	01/01/2002	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-7041-03	J1630			1/18/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML	5 MG		1	01/18/2002	99/99/9999							
00703-7045-01	J1630			1/18/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML	5 MG		1	01/18/2002	99/99/9999							
00703-7101-04	J1165			9/14/2007	3/24/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (USP,25X2ML) 50 MG/ML	2 ML	VL	IV	ML	50 MG		1	09/14/2007	3/24/2010							
00703-7105-03	J1165			9/14/2007	3/2/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (USP,10X10ML) 50 MG/ML	10 ML	VL	IV	ML	50 MG		1	09/14/2007	3/2/2010							
00703-7171-04	J0780			6/17/2003	7/1/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (S.D.V.) 5 MG/ML	2 ML	VL	IJ	ML	10 MG		0.5	06/17/2003	7/1/2008							
00703-7175-01	J0780			6/17/2003	7/1/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	10 MG		0.5	06/17/2003	7/1/2008							
00703-7221-02	J2405			11/22/2006	8/11/2010	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,5X2ML) 2 MG/ML	2 ML	VL	IJ	ML	1 MG		2	11/22/2006	8/11/2010							
00703-7221-03	J2405			11/22/2006	5/10/2007	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML	1 MG		2	11/22/2006	05/10/2007							
00703-7221-04	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,25X2ML) 2 MG/ML	2 ML	VL	IJ	ML	1 MG		2	11/22/2006	99/99/9999							
00703-7226-01	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML	1 MG		2	11/22/2006	99/99/9999							
00703-7226-03	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP,10X20ML) 2 MG/ML	20 ML	VL	IJ	ML	1 MG		2	11/22/2006	99/99/9999							
00703-7239-39	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLE DOSE,6X50ML,PF) 32 MG/50 ML	50 ML	FC	IV	ML	1 MG		0.64	11/22/2006	99/99/9999							
00703-7311-04	J0636			1/17/2005	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (25X1ML) 1 MCG/ML	1 ML	VL	IV	ML	0.1 MCG		10	01/17/2005	99/99/9999							
00703-7871-03	J1626			1/3/2008	10/19/2009	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,SINGLE-USE,PF) 1 MG/ML	1 ML	VL	IV	ML	100 MCG		10	01/03/2008	10/19/2009							
00703-7891-02	J1626			1/3/2008	7/6/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML,SINGLE-USE,PF) 0.1 MG/ML	1 ML	VL	IV	ML	100 MCG		1	01/03/2008	7/6/2010							
00703-7971-03	J1626			1/3/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,SINGLE-USE) 1 MG/ML	1 ML	VL	IV	ML	100 MCG		10	01/03/2008	99/99/9999							
00703-7973-01	J1626			6/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML	4 ML	VL	IV	ML	100 MCG		10	06/30/2008	99/99/9999							
00703-8005-03	J2260			6/19/2003	4/17/2008	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML	5 MG		0.2	06/19/2003	04/17/2008							
00703-8006-03	J2260			6/19/2003	4/17/2008	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG		0.2	06/19/2003	04/17/2008							
00703-8008-01	J2260			6/19/2003	98/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG		0.2	06/19/2003	99/99/9999							
00703-8201-04	J0360			1/1/2002	1/15/2002	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (VIAL) 20 MG/ML	1 ML	VL	IJ	ML	20 MG		1	01/01/2002	01/15/2002							
00703-8463-09	J0895			3/31/2006	12/23/2008	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SDV) 500 MG	1 EA	VL	IJ	EA	500 MG		1	03/31/2006	12/23/2008							
00703-8465-01	J0895			3/31/2006	12/23/2008	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SDV) 2 GM	1 EA	VL	IJ	EA	500 MG		4	03/31/2006	12/23/2008							
00703-8771-03	J0150			6/16/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE 3 MG/ML	2 ML	VL	IV	ML	6 MG		0.5	06/16/2004	99/99/9999							
00703-8773-01	J0150			6/16/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE 3 MG/ML	4 ML	VL	IV	ML	6 MG		0.5	06/16/2004	99/99/9999							
00703-9032-03	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							
00703-9032-03	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2 ML	VL	IJ	ML	100 MG		2.5	01/01/2006	99/99/9999							
00703-9040-03	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL) 250 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							
00703-9040-03	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL) 250 MG/ML	4 ML	VL	IJ	ML	100 MG		2.5	01/01/2006	99/99/9999							
00703-9085-03	J0456			3/1/2007	1/3/2010	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV) 500 MG	1 EA	VL	IV	EA	500 MG		1	03/01/2007	1/3/2010							
00703-9089-01	J0456			3/1/2007	8/11/2010	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (PHARMACY BULK PKG) 2.5 GM	1 EA	VL	IV	EA	500 MG		5	03/01/2007	8/11/2010							
00703-9402-04	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML	80 MG		0.5	01/01/2002	99/99/9999							
00703-9416-01	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	30 ML	VL	IJ	ML	80 MG		0.5	01/01/2002	99/99/9999							
00703-9503-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (S.D.V.) 80 MG/ML-16 MG/ML	5 ML	VL	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00703-9514-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (M.D.V.) 80 MG/ML-16 MG/ML	10 ML	VL	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00703-9526-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP (M.D.V.) 80 MG/ML-16 MG/ML	30 ML	VL	IV	ML	1 EA		1	01/01/2002	99/99/9999							
00703-9785-01	J0285			1/1/2002	7/6/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (S.D.V.) 50 MG	1 EA	VL	IV	EA	50 MG		1	01/01/2002	7/6/2010							
00713-0135-12	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005							
00713-0135-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
00713-0526-12	K0416			2/12/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12 EA	BX	RC	EA	1 MG		25	02/12/2002	12/31/2005							
00713-0526-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
00713-0536-12	K0416			3/31/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12 EA	BX	RC	EA	1 MG		12.5	03/31/2003	12/31/2005							
00713-0536-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
00761-0914-20	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTI-HIST 25 MG	100 EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999							
00781-1046-01	Q0175			1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100 EA	BO	PO	EA	4 MG		0.5	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-1046-10		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	1000	EA	BO	PO	EA	4 MG		0.5	05/16/2008	99/99/9999						
00781-1046-13		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100	EA	BX	PO	EA	4 MG		0.5	01/01/2002	99/99/9999	1/1/2002	12/1/2004	0.5			
00781-1047-01		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999						
00781-1047-10		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	1000	EA	BO	PO	EA	4 MG		1	05/16/2008	99/99/9999						
00781-1047-13		Q0175		1/1/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100	EA	BX	PO	EA	4 MG		1	01/01/2002	99/99/9999	1/1/2002	12/1/2004	1			
00781-1048-01		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8 MG		1	01/01/2002	99/99/9999						
00781-1048-10		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	1000	EA	BO	PO	EA	8 MG		1	05/16/2008	99/99/9999						
00781-1048-13		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100	EA	BX	PO	EA	8 MG		1	01/01/2002	99/99/9999	1/1/2002	1/1/2005	1			
00781-1049-01		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 16 MG	100	EA	BO	PO	EA	8 MG		2	01/01/2002	99/99/9999						
00781-1049-13		Q0176		1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 16 MG	100	EA	BX	PO	EA	8 MG		2	05/16/2008	99/99/9999						
00781-1059-01		J7500		1/1/2002	4/3/2003	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	04/03/2003						
00781-1491-31		Q0144		11/14/2005	11/15/2005	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	NA	PO	EA	1 GM		0.5	11/14/2005	11/15/2005						
00781-1491-33		Q0144		11/14/2005	11/15/2005	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,UNIT OF USE) 500 MG	3	EA	NA	PO	EA	1 GM		0.5	11/14/2005	11/15/2005						
00781-1496-31		Q0144		1/9/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/09/2006	99/99/9999						
00781-1496-68		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,UNIT OF USE) 250 MG	3	EA	DP	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
00781-1496-69		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
00781-1497-31		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	99/99/9999						
00781-1830-01		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
00781-1830-10		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25 MG		1	01/20/2005	99/99/9999						
00781-1832-01		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25 MG		2	01/01/2002	99/99/9999	1/1/2002	8/25/2003	1			
00781-1941-31		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1 GM		0.5	11/16/2005	99/99/9999						
00781-1941-33		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,UNIT OF USE) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/16/2005	99/99/9999						
00781-2048-01		G9017		12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	100	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
00781-2048-05		G9017		1/20/2005	99/99/9999	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	500	EA	BO	PO	EA	100 MG		1	01/20/2005	99/99/9999						
00781-2102-01		J7507		8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1 MG		0.5	08/10/2009	99/99/9999						
00781-2103-01		J7507		8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	08/10/2009	99/99/9999						
00781-2104-01		J7507		8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1 MG		5	08/10/2009	99/99/9999						
00781-3001-07		J2941		3/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1 MG		3.33333	03/12/2008	99/99/9999						
00781-3001-26		J2941		3/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (5X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1 MG		3.33333	03/12/2008	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3001-44	J2941			3/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (10X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5 ML	CT	SC	ML		1 MG		3.33333	03/12/2008	99/99/9999						
00781-3009-95	J0330			4/15/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV,10MLX10VIALS) 20 MG/ML	10 ML	VL	IV	ML		20 MG		1	04/15/2005	99/99/9999						
00781-3029-75	J1390			10/4/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	ESTRADIOL VALERATE 20 MG/ML	5 ML	VL	IM	ML		20 MG		1	10/04/2007	12/31/2010						
00781-3030-75	J1380			10/4/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE 10 MG/ML	5 ML	VL	IM	ML		10 MG		1	10/04/2007	99/99/9999						
00781-3031-75	J0970			10/4/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE 40 MG/ML	5 ML	VL	IM	ML		40 MG		1	10/04/2007	12/31/2010						
00781-3032-95	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM		1	09/05/2006	99/99/9999						
00781-3033-95	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM		2	09/05/2006	99/99/9999						
00781-3034-46	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 10 GM-5 GM	1 EA	VL	IV	EA		1.5 GM		10	09/05/2006	99/99/9999						
00781-3052-71	J0835			3/26/2008	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	COSYNTROPIN (NO ANTMCRBIAL&PRESRVATV) 0.25 MG/ML	1 ML	VL	IV	ML		0.25 MG		1	03/26/2008	12/31/2009						
00781-3052-95	J0835			3/26/2008	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	COSYNTROPIN (NO ANTMCRBIAL&PRESRVATV) 0.25 MG/ML	10 ML	VL	IV	ML		0.25 MG		1	03/26/2008	12/31/2009						
00781-3057-14	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (S.D.V.5X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	11/22/2006	99/99/9999						
00781-3057-80	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (MULTIPLE DOSE VIAL) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	11/22/2006	99/99/9999						
00781-3059-95	J1160			7/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP,10X2ML) 0.25 MG/ML	2 ML	AM	IJ	ML		0.5 MG		0.5	07/21/2006	99/99/9999						
00781-3066-72	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,S.D.V) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	02/27/2008	99/99/9999						
00781-3066-72	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,S.D.V) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	02/27/2008	99/99/9999						
00781-3066-75	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,S.D.V) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	02/27/2008	99/99/9999						
00781-3066-75	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,S.D.V) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	02/27/2008	99/99/9999						
00781-3073-70	J1070			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	10/17/2006	99/99/9999						
00781-3074-70	J1080			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10 ML	VL	IM	ML		200 MG		1	10/17/2006	99/99/9999						
00781-3074-71	J1080			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	10/17/2006	99/99/9999						
00781-3084-75	J3303			1/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN 5 MG/ML	5 ML	VL	IJ	ML		5 MG		1	01/29/2007	99/99/9999						
00781-3094-15	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		250 MG		4	03/19/2008	99/99/9999						
00781-3094-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA		250 MG		4	03/19/2008	99/99/9999						
00781-3095-80	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IV	EA		250 MG		8	03/19/2008	99/99/9999						
00781-3095-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		250 MG		8	03/19/2008	99/99/9999						
00781-3099-95	J2700			2/8/2005	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM 1 GM	1 EA	VL	IJ	EA		250 MG		4	02/08/2005	99/99/9999						
00781-3101-80	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	02/01/2007	99/99/9999						
00781-3101-95	J2700			7/2/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1 EA	VL	IJ	EA		250 MG		8	07/02/2004	99/99/9999						
00781-3103-95	J2700			8/31/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PHARMACY BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		250 MG		40	08/31/2004	99/99/9999						
00781-3124-85	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 1 GM	1 EA	VL	IJ	EA		1 EA		1	09/09/2005	99/99/9999						
00781-3124-92	J3490			2/23/2005	8/1/2006	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IJ	EA		1 EA		1	02/23/2005	08/01/2006						
00781-3124-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		1 EA		1	04/27/2004	99/99/9999						
00781-3125-85	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 2 GM	1 EA	VL	IJ	EA		1 EA		1	09/09/2005	99/99/9999						
00781-3125-92	J3490			2/23/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA		1	02/23/2005	99/99/9999						
00781-3125-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA		1	04/27/2004	99/99/9999						
00781-3126-46	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM 10 GM	1 EA	VL	IJ	EA		1 EA		1	09/09/2005	99/99/9999						
00781-3126-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA		1 EA		1	04/27/2004	99/99/9999						
00781-3128-92	J3490			4/17/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		1 EA		1	04/17/2006	99/99/9999						
00781-3129-92	J3490			2/22/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (2GMX10, ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		1 EA		1	02/22/2006	99/99/9999						
00781-3147-84	J2430			10/3/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 30 MG	1 EA	VL	IV	EA		30 MG		1	10/03/2005	99/99/9999						
00781-3148-70	J2430			10/3/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 90 MG	1 EA	VL	IV	EA		30 MG		3	10/03/2005	99/99/9999						
00781-3157-96	J0690			7/17/2002	9/21/2006	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	07/17/2002	09/21/2006						
00781-3177-96	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	02/23/2007	99/99/9999						
00781-3178-95	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 2 GM	1 EA	VL	IV	EA		500 MG		4	02/23/2007	99/99/9999						
00781-3179-86	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP,PHARMACY BULK PKG) 6 GM	1 EA	VL	IV	EA		500 MG		12	02/23/2007	99/99/9999						
00781-3182-73	J1451			4/2/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	04/02/2008	99/99/9999						
00781-3182-84	J1451			4/2/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (4X1.5ML,PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	04/02/2008	99/99/9999						
00781-3206-95	J0696			7/19/2005	99/99/9999	INJECTION, CETRIAXONE SODIUM, PER 250 MG	CETRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/19/2005	99/99/9999						
00781-3207-95	J0696			7/19/2005	99/99/9999	INJECTION, CETRIAXONE SODIUM, PER 250 MG	CETRIAXONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	07/19/2005	99/99/9999						
00781-3208-95	J0696			7/19/2005	99/99/9999	INJECTION, CETRIAXONE SODIUM, PER 250 MG	CETRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/19/2005	99/99/9999						
00781-3209-95	J0696			7/19/2005	99/99/9999	INJECTION, CETRIAXONE SODIUM, PER 250 MG	CETRIAXONE 2 GM	1 EA	VL	IJ	EA		250 MG		8	07/19/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3210-46	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 10 GM	1 EA	VL	IJ	EA	250 MG			40	07/19/2005	99/99/9999						
00781-3222-80	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V.USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	04/14/2008	99/99/9999						
00781-3222-95	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	04/14/2008	99/99/9999						
00781-3223-91	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V.USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	04/14/2008	99/99/9999						
00781-3223-95	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	04/14/2008	99/99/9999						
00781-3239-09	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,USP,LATEX-FREE) 200 MG/100 ML	100 ML	FC	IV	ML	200 MG			0.01	03/18/2008	99/99/9999						
00781-3240-09	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,USP,LATEX-FREE) 400 MG/200 ML	200 ML	FC	IV	ML	200 MG			0.01	03/18/2008	99/99/9999						
00781-3338-70	J0690			8/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (1X10ML VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	08/23/2004	99/99/9999						
00781-3338-95	J0690			8/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (10 VIAL PACK) 500 MG	1 EA	VL	IJ	EA	500 MG			1	08/23/2004	99/99/9999						
00781-3346-46	J0690			6/18/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA	500 MG			20	06/18/2004	99/99/9999						
00781-3346-95	J0690			6/18/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA	500 MG			20	06/18/2004	99/99/9999						
00781-3400-95	J0290			5/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 125 MG	1 EA	VL	IJ	EA	500 MG			0.25	05/12/2004	99/99/9999						
00781-3402-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	12/01/2005	99/99/9999						
00781-3404-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1 EA	VL	IJ	EA	500 MG			2	12/01/2005	99/99/9999						
00781-3407-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 500 MG	1 EA	VL	IJ	EA	500 MG			1	12/01/2005	99/99/9999						
00781-3408-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 2 GM	1 EA	VL	IJ	EA	500 MG			4	12/01/2005	99/99/9999						
00781-3409-95	J0290			5/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 10 GM	1 EA	VL	IJ	EA	500 MG			20	05/12/2004	99/99/9999						
00781-3412-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	03/20/2007	99/99/9999						
00781-3413-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	500 MG			4	03/20/2007	99/99/9999						
00781-3450-95	J0690			11/8/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (USP) 500 MG	1 EA	VL	IJ	EA	500 MG			1	11/08/2006	99/99/9999						
00781-3451-96	J0690			9/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	09/13/2006	99/99/9999						
00781-3452-95	J0690			9/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 10 GM	1 EA	VL	IV	EA	500 MG			20	09/13/2006	99/99/9999						
00781-3777-95	J1800			2/15/2007	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,10X1ML) 1 MG/ML	1 ML	VL	IV	ML	1 MG			1	02/15/2007	99/99/9999						
00781-3918-96	J0697			1/1/2002	8/1/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA	750 MG			1	01/01/2002	08/11/2006						
00781-3922-96	J0697			1/1/2002	8/1/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM	1 EA	VL	IJ	EA	750 MG			2	01/01/2002	08/11/2006						
00781-3926-95	J0697			1/1/2002	8/1/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 7.5 GM	1 EA	VL	IJ	EA	750 MG			10	01/01/2002	08/11/2006						
00781-4004-36	J2941			1/15/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (W/ 8 VIALS OF DILUENT) 5.8 MG	1 EA	VL	SC	EA	1 MG			5.8	01/15/2007	99/99/9999						
00781-5020-01	Q0164			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
00781-5021-01	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA	10 MG			1	01/01/2002	99/99/9999						
00781-5022-01	J7509			4/4/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	4 MG			1	04/04/2003	99/99/9999						
00781-5022-07	J7509			4/4/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA	4 MG			1	04/04/2003	99/99/9999						
00781-5029-01	G9020			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	RIMANTADINE HCL 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00781-5075-01	J7500			4/4/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG			1	04/04/2003	99/99/9999						
00781-5257-13	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	100 EA	BX	PO	EA	8 MG			0.5	12/27/2006	99/99/9999						
00781-5257-31	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	30 EA	BO	PO	EA	8 MG			0.5	12/27/2006	99/99/9999						
00781-5257-33	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	3 EA	BX	PO	EA	8 MG			0.5	12/27/2006	99/99/9999						
00781-5258-13	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	100 EA	BX	PO	EA	8 MG			1	12/27/2006	99/99/9999						
00781-5258-31	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	30 EA	BO	PO	EA	8 MG			1	12/27/2006	99/99/9999						
00781-5258-33	Q0179			12/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	3 EA	BX	PO	EA	8 MG			1	12/27/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-5265-64	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (3X10,STRAWBERRY) 4 MG	30	EA	BX	PO	EA	8 MG		0.5	12/26/2006	99/99/9999						
00781-5266-64	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (3X10,STRAWBERRY) 8 MG	30	EA	BX	PO	EA	8 MG		1	12/26/2006	99/99/9999						
00781-5266-80	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (1X10,STRAWBERRY) 8 MG	10	EA	BX	PO	EA	8 MG		1	12/26/2006	99/99/9999						
00781-6135-95	J2540			11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 5 Million U	1	EA	VL	IV	EA	600000 U		8.33333	11/25/2002	99/99/9999						
00781-6136-94	J2540			11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 20 Million U	1	EA	VL	IV	EA	600000 U		33.33333	11/25/2002	99/99/9999						
00781-6153-95	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million U	1	EA	VL	IV	EA	1 EA		1	01/01/2002	99/99/9999						
00781-6153-97	J3490			1/1/2002	8/25/2003	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million U	1	EA	VL	IV	EA	1 EA		1	01/01/2002	08/25/2003						
00781-9109-85	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 1 GM	1	EA	VL	IJ	EA	250 MG		4	02/01/2007	99/99/9999						
00781-9109-95	J2700			3/1/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 1 GM	1	EA	VL	IJ	EA	250 MG		4	03/01/2006	99/99/9999						
00781-9110-15	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250 MG		4	03/19/2008	99/99/9999						
00781-9110-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	250 MG		4	03/19/2008	99/99/9999						
00781-9111-80	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 2 GM	1	EA	VL	IJ	EA	250 MG		8	02/01/2007	99/99/9999						
00781-9111-95	J2700			5/4/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 2 GM	1	EA	VL	IJ	EA	250 MG		8	05/04/2006	99/99/9999						
00781-9112-20	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IV	EA	250 MG		8	03/19/2008	99/99/9999						
00781-9112-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	250 MG		8	03/19/2008	99/99/9999						
00781-9113-46	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1	EA	VL	IJ	EA	250 MG		40	02/01/2007	99/99/9999						
00781-9113-95	J2700			5/3/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1	EA	VL	IJ	EA	250 MG		40	05/03/2006	99/99/9999						
00781-9124-85	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 1 GM	1	EA	VL	IJ	EA	1 EA		1	02/01/2007	99/99/9999						
00781-9124-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 1 GM	1	EA	VL	IJ	EA	1 EA		1	02/01/2006	99/99/9999						
00781-9125-85	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 2 GM	1	EA	VL	IJ	EA	1 EA		1	02/01/2007	99/99/9999						
00781-9125-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 2 GM	1	EA	VL	IJ	EA	1 EA		1	02/01/2006	99/99/9999						
00781-9126-46	J3490			3/31/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN 10 GM	1	EA	VL	IJ	EA	1 EA		1	03/31/2007	99/99/9999						
00781-9126-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1 EA		1	02/01/2006	99/99/9999						
00781-9164-75	J2354			4/7/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 1000 MCG/ML	5	ML	VL	IJ	ML	25 MCG		40	04/07/2005	99/99/9999						
00781-9165-75	J2354			4/7/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 200 MCG/ML	5	ML	VL	IJ	ML	25 MCG		8	04/07/2005	99/99/9999						
00781-9166-95	J2354			4/7/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1	ML	AM	IJ	ML	25 MCG		2	04/07/2005	99/99/9999						
00781-9167-95	J2354			4/7/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1	ML	AM	IJ	ML	25 MCG		4	04/07/2005	99/99/9999						
00781-9168-95	J2354			4/7/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1	ML	AM	IJ	ML	25 MCG		20	04/07/2005	99/99/9999						
00781-9205-70	J0697			5/1/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS 750 MG	1	EA	VL	IJ	EA	750 MG		1	05/01/2003	99/99/9999						
00781-9205-96	J0697			5/1/2003	8/18/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS 750 MG	1	EA	VL	IJ	EA	750 MG		1	05/01/2003	08/18/2006						
00781-9206-90	J0697			5/1/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS 1.5 GM	1	EA	VL	IJ	EA	750 MG		2	05/01/2003	99/99/9999						
00781-9206-96	J0697			5/1/2003	8/18/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS 1.5 GM	1	EA	VL	IJ	EA	750 MG		2	05/01/2003	08/18/2006						
00781-9207-46	J0697			5/1/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS (PHARMACY BULK PACKAGE) 7.5 GM	1	EA	VL	IJ	EA	750 MG		10	05/01/2003	99/99/9999						
00781-9207-95	J0697			5/1/2003	8/18/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME NOVAPLUS (PHARMACY BULK PACKAGE) 7.5 GM	1	EA	VL	IJ	EA	750 MG		10	05/01/2003	08/18/2006						
00781-9224-15	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1 EA		1	02/01/2007	99/99/9999						
00781-9224-92	J3490			9/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1 EA		1	09/18/2006	99/99/9999						
00781-9225-20	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1 EA		1	02/01/2007	99/99/9999						
00781-9225-92	J3490			9/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFACILLIN (USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1 EA		1	09/18/2006	99/99/9999						
00781-9326-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 250 MG	1	EA	VL	IJ	EA	250 MG		1	07/19/2005	99/99/9999						
00781-9327-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 500 MG	1	EA	VL	IJ	EA	250 MG		2	07/19/2005	99/99/9999						
00781-9328-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 1 GM	1	EA	VL	IJ	EA	250 MG		4	07/19/2005	99/99/9999						
00781-9329-90	J0696			3/31/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250 MG		8	03/31/2007	99/99/9999						
00781-9329-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250 MG		8	07/19/2005	99/99/9999						
00781-9330-46	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS 10 GM	1	EA	VL	IJ	EA	250 MG		40	07/19/2005	99/99/9999						
00781-9337-46	J0690			4/25/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	500 MG		20	04/25/2007	99/99/9999						
00781-9337-95	J0690			4/25/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	500 MG		20	04/25/2007	99/99/9999						
00781-9338-85	J0690			2/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN 500 MG	1	EA	VL	IJ	EA	500 MG		1	02/27/2006	99/99/9999						
00781-9338-95	J0690			2/2/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 500 MG	1	EA	VL	IJ	EA	500 MG		1	02/02/2006	99/99/9999						
00781-9339-85	J0690			5/15/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN 1 GM	1	EA	VL	IJ	EA	500 MG		2	05/15/2007	99/99/9999						
00781-9339-96	J0690			5/15/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 1 GM	1	EA	VL	IJ	EA	500 MG		2	05/15/2007	99/99/9999						
00781-9401-78	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 125 MG	1	EA	VL	IJ	EA	500 MG		0.25	02/01/2007	99/99/9999						
00781-9401-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 125 MG	1	EA	VL	IJ	EA	500 MG		0.25	02/01/2006	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-9402-78	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	01/24/2006	99/99/9999						
00781-9402-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	02/01/2006	99/99/9999						
00781-9404-85	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/24/2006	99/99/9999						
00781-9404-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	02/01/2006	99/99/9999						
00781-9407-78	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/24/2006	99/99/9999						
00781-9407-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 500 MG	1 EA	VL	IJ	EA	500 MG			1	02/01/2006	99/99/9999						
00781-9408-80	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 2 GM	1 EA	VL	IJ	EA	500 MG			4	01/24/2006	99/99/9999						
00781-9408-92	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA	500 MG			4	02/01/2007	99/99/9999						
00781-9408-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	02/01/2006	99/99/9999						
00781-9409-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (USP) 10 GM	1 EA	VL	IJ	EA	500 MG			20	02/01/2006	99/99/9999						
00781-9409-96	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN 10 GM	1 EA	VL	IJ	EA	500 MG			20	02/01/2007	99/99/9999						
00781-9412-15	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	02/01/2007	99/99/9999						
00781-9412-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA	500 MG			2	03/20/2007	99/99/9999						
00781-9413-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE)	1 EA	VL	IJ	EA	500 MG			4	03/20/2007	99/99/9999						
00781-9451-96	J0690			1/4/2007	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/04/2007	99/99/9999						
00781-9452-95	J0690			1/9/2007	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 10 GM	1 EA	VL	IV	EA	500 MG			20	01/09/2007	99/99/9999						
00832-0111-00	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00832-0111-50	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	500 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00832-1015-00	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00832-1015-50	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	500 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
00904-0360-60	Q0178			1/1/2002	3/3/2003	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	100 EA	BO	PO	EA	50 MG			2	01/01/2002	03/03/2003						
00904-0362-40	Q0177			1/1/2002	3/3/2003	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA	25 MG			1	01/01/2002	03/03/2003						
00904-0362-60	Q0177			1/1/2002	3/3/2003	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG			1	01/01/2002	03/03/2003						
00904-0362-61	Q0177			1/1/2002	11/13/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 25 MG	100 EA	BX	PO	EA	25 MG			1	01/01/2002	11/13/2002						
00904-0363-40	Q0178			1/1/2002	7/19/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA	50 MG			1	01/01/2002	07/19/2002						
00904-0363-60	Q0178			1/1/2002	3/3/2003	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA	50 MG			1	01/01/2002	03/03/2003						
00904-0363-61	Q0178			1/1/2002	11/13/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 50 MG	100 EA	BX	PO	EA	50 MG			1	01/01/2002	11/13/2002						
00904-0889-10	J3420			1/1/2002	2/5/2002	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (VIAL) 1000 MCG/ML	10 ML	VL	IM	ML	1000 MCG			1	01/01/2002	02/05/2002						
00904-0889-30	J3420			1/1/2002	2/5/2002	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	01/01/2002	02/05/2002						
00904-0972-09	Q0181			1/1/2002	3/3/2003	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	DEXAMETHASONE 0.5 MG/5 ML	240 ML	BO	PO	ML	1 EA			1	01/01/2002	03/03/2003						
00904-1228-00	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG			0.05	01/01/2002	99/99/9999						
00904-1228-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN (BOXED) 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG			0.05	01/01/2002	99/99/9999						
00904-1749-60	None			1/1/1994	5/25/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	METHOTREXATE, 2.5 MG, ORAL	100 EA	BO	PO	EA	2.5 MG			1	01/01/1994	5/25/2007						
00904-2035-24	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN 25 MG	24 EA	BX	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
00904-2035-59	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN 25 MG	100 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00904-2056-61		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00904-2175-19	J7509			1/1/2002	3/1/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIPAK) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	3/1/2010						
00904-2175-60	J7509			1/1/2002	3/4/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	03/04/2002						
00904-3570-60	J8999			1/1/2002	5/6/2002	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	05/06/2002						
00904-3571-60	J8999			1/1/2002	5/6/2002	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	05/06/2002						
00904-3571-61	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						
00904-4274-51	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP TABS 25 MG	50 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
00904-5147-24	Q0163			1/1/2002	7/22/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (DYE-FREE,SOFTGEL) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	01/01/2002	07/22/2002						
00904-5174-16	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00904-5306-60	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
00904-5306-61	Q0163			5/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	05/12/2003	99/99/9999						
00904-5306-80	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
00904-5307-60	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00904-5307-80	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00904-5551-59	Q0163			8/13/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BANOPHEN (MINI TABS,MINI TAB) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	08/13/2002	99/99/9999						
00904-5789-61	J8499			1/3/2007	10/5/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP) 200 MG	100 EA	BX	PO	EA		1 EA		1	01/03/2007	10/5/2009						
00904-5790-61	J8499			1/8/2007	9/26/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP) 400 MG	100 EA	BX	PO	EA		1 EA		1	01/08/2007	9/26/2009						
00904-5799-61	J8499			1/12/2007	1/18/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10,USP) 800 MG	100 EA	BX	PO	EA		1 EA		1	01/12/2007	1/18/2010						
00904-5840-61	Q0170			5/6/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		25 MG		1	05/06/2008	99/99/9999						
00904-7658-55	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2008	03/31/2008						
00904-7658-55	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5% FLAGYL I.V. RTU (S.D. CONTAINER) 500 MG/100 ML	20 ML	BO	IH	ML		1 MG		5	04/01/2008	99/99/9999						
00905-1847-24	J3490			1/1/2002	9/27/2004	UNCLASSIFIED DRUGS		100 ML	FC	IV	ML		1 EA		1	01/01/2002	09/27/2004						
00927-0221-24	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERMAX 50 MG	24 EA	BX	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00927-0616-34	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TWILITE 50 MG	20 EA	BX	PO	EA		50 MG		1	01/01/2002	99/99/9999						
00927-0617-12	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERMAX 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
00944-0471-69	Q9941			7/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 0.5 GM	1 EA	VL	IV	EA		1 GM		0.5	07/01/2005	12/31/2005						
00944-0471-69	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 0.5 GM	1 EA	VL	IV	EA		500 MG		1	01/01/2006	5/1/2008						
00944-0471-72	Q9941			7/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 2.5 GM	1 EA	VL	IV	EA		1 GM		2.5	07/01/2005	12/31/2005						
00944-0471-72	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 2.5 GM	1 EA	VL	IV	EA		500 MG		5	01/01/2006	5/1/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00944-0471-75	Q9941			7/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 5 GM	1 EA	VL	IV	EA		1 GM			5	07/01/2005	12/31/2005					
00944-0471-75	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 5 GM	1 EA	VL	IV	EA		500 MG			10	01/01/2006	5/1/2008					
00944-0471-80	Q9941			7/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM	1 EA	VL	IV	EA		1 GM			10	07/01/2005	12/31/2005					
00944-0471-80	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM	1 EA	VL	IV	EA		500 MG			20	01/01/2006	5/1/2008					
00944-0581-01	J7194			1/1/2002	12/31/2006	FACTOR IX, COMPLEX, PER I.U.	PROPLEX T (ACTIVATED IN 30 ML) (700-3900 IU) 1 IU	3900 IU	VL	IV	EA		1 IU			1	01/01/2002	12/31/2006					
00944-1301-01	J7190			11/1/2005	1/31/2006	FACTOR VII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (220IU-400IU,PF) 1 IU	400 IU	VL	IV	EA		1 IU			1	11/01/2005	01/31/2006					
00944-1301-10	J7190			2/1/2006	99/99/9999	FACTOR VII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (220IU-400IU,PF) 1 IU	400 IU	VL	IV	EA		1 IU			1	02/01/2006	99/99/9999					
00944-1302-01	J7190			11/1/2005	1/31/2006	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (401IU-800IU,PF) 1 IU	800 IU	VL	IV	EA		1 IU			1	11/01/2005	01/31/2006					
00944-1302-10	J7190			2/1/2006	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (401IU-800IU,PF) 1 IU	800 IU	VL	IV	EA		1 IU			1	02/01/2006	99/99/9999					
00944-1303-01	J7190			11/1/2005	1/31/2006	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (801IU-1700IU,PF) 1 IU	1700 IU	VL	IV	EA		1 IU			1	11/01/2005	01/31/2006					
00944-1303-10	J7190			2/1/2006	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (801IU-1700IU,PF) 1 IU	1700 IU	VL	IV	EA		1 IU			1	02/01/2006	99/99/9999					
00944-1304-01	J7190			11/1/2005	1/31/2006	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (1701IU-2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU			1	11/01/2005	01/31/2006					
00944-1304-10	J7190			2/1/2006	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (1701IU-2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU			1	02/01/2006	99/99/9999					
00944-2620-01	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAGARD S/D 0.5 GM	1 EA	VL	IV	EA		1 GM			0.5	04/01/2005	12/31/2005					
00944-2620-01	J1566			1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 0.5 GM	1 EA	VL	IV	EA		500 MG			1	01/01/2006	99/99/9999					
00944-2620-02	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAGARD S/D 2.5 GM	1 EA	VL	IV	EA		1 GM			2.5	04/01/2005	12/31/2005					
00944-2620-02	J1566			1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 2.5 GM	1 EA	VL	IV	EA		500 MG			5	01/01/2006	99/99/9999					
00944-2620-03	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAGARD S/D 5 GM	1 EA	VL	IV	EA		1 GM			5	04/01/2005	12/31/2005					
00944-2620-03	J1566			1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 5 GM	1 EA	VL	IV	EA		500 MG			10	01/01/2006	99/99/9999					
00944-2620-04	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	GAMMAGARD S/D 10 GM	1 EA	VL	IV	EA		1 GM			10	04/01/2005	12/31/2005					
00944-2620-04	J1566			1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 10 GM	1 EA	VL	IV	EA		500 MG			20	01/01/2006	99/99/9999					
00944-2655-03	J1566			6/1/2007	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 5 GM	1 EA	VL	IV	EA		500 MG			10	06/01/2007	99/99/9999					
00944-2655-04	J1566			6/1/2007	99/99/9999	OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 10 GM	1 EA	VL	IV	EA		500 MG			20	06/01/2007	99/99/9999					
00944-2700-02	Q4088			7/1/2007	12/31/2007	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10 ML	VL	IV	ML		500 MG			0.2	07/01/2007	12/31/2007					
00944-2700-02	J1569			1/1/2008	99/99/9999	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10 ML	VL	IV	ML		500 MG			0.2	01/01/2008	99/99/9999					
00944-2700-03	Q4088			7/1/2007	12/31/2007	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25 ML	VL	IV	ML		500 MG			0.2	07/01/2007	12/31/2007					
00944-2700-03	J1569			1/1/2008	99/99/9999	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25 ML	VL	IV	ML		500 MG			0.2	01/01/2008	99/99/9999					
00944-2700-04	Q4088			7/1/2007	12/31/2007	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50 ML	VL	IV	ML		500 MG			0.2	07/01/2007	12/31/2007					
00944-2700-04	J1569			1/1/2008	99/99/9999	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50 ML	VL	IV	ML		500 MG			0.2	01/01/2008	99/99/9999					
00944-2700-05	Q4088			7/1/2007	12/31/2007	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100 ML	VL	IV	ML		500 MG			0.2	07/01/2007	12/31/2007					
00944-2700-05	J1569			1/1/2008	99/99/9999	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100 ML	VL	IV	ML		500 MG			0.2	01/01/2008	99/99/9999					
00944-2700-06	Q4088			7/1/2007	12/31/2007	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200 ML	VL	IV	ML		500 MG			0.2	07/01/2007	12/31/2007					
00944-2700-06	J1569			1/1/2008	99/99/9999	LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200 ML	VL	IV	ML		500 MG			0.2	01/01/2008	99/99/9999					
00944-2801-01	J0256			2/13/2006	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST (500MG VIAL,PF) 1 MG	500 MG	VL	IV	EA		10 MG			0.1	02/13/2006	99/99/9999					
00944-2801-02	J0256			2/13/2006	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST (1000MG VIAL,PF) 1 MG	1000 MG	VL	IV	EA		10 MG			0.1	02/13/2006	99/99/9999					
00944-2802-01	J0256			2/25/2008	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST NP (SDV,APPROX 500MG,PF) 1 MG	500 MG	VL	IV	EA		10 MG			0.1	02/25/2008	99/99/9999					
00944-2802-02	J0256			2/25/2008	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST NP (SDV,APPROX 1000MG,PF) 1 MG	1000 MG	VL	IV	EA		10 MG			0.1	02/25/2008	99/99/9999					
00944-2831-10	J7192			10/5/2007	99/99/9999	FACTOR VII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (SINGLE-DOSE,220-400 IU) 1 IU	400 IU	VL	IV	EA		1 IU			1	10/05/2007	99/99/9999					
00944-2832-10	J7192			10/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (SINGLE-DOSE,401-800 IU) 1 IU	800 IU	VL	IV	EA		1 IU			1	10/05/2007	99/99/9999					
00944-2833-10	J7192			10/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (SINGLE-DOSE,801-1240IU) 1 IU	1240 IU	VL	IV	EA		1 IU			1	10/05/2007	99/99/9999					
00944-2935-01	J7190			1/1/2002	6/30/2008	FACTOR VII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	HEMOFIL-M (220-400 IU) 1 IU	400 IU	VL	IV	EA		1 IU			1	01/01/2002	6/30/2008					
00944-2935-02	J7190			4/17/2006	6/30/2008	FACTOR VII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	HEMOFIL-M (MD,401-800IU) 1 IU	800 IU	VL	IV	EA		1 IU			1	04/17/2006	6/30/2008					
00944-2935-03	J7190			4/17/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	HEMOFIL-M (HIGH,801-1700IU) 1 IU	1700 IU	VL	IV	EA		1 IU			1	04/17/2006	6/30/2008					
00944-2935-04	J7190			4/17/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	HEMOFIL-M (SUPERHIGH,1701-2000IU) 1 IU	2000 IU	VL	IV	EA		1 IU			1	04/17/2006	6/30/2008					
00944-2938-01	J7192			1/1/2002	99/99/9999	FACTOR VII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (APPROX. 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU			1	01/01/2002	99/99/9999					
00944-2938-02	J7192			1/1/2002	99/99/9999	FACTOR VII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	01/01/2002	99/99/9999					
00944-2938-03	J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBINATE (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	01/01/2002	99/99/9999					
00944-2940-01	J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	ADVATE (APPROX. 250 IU/VIAL,PF) 1 IU	250 IU	VL	MR	EA		1 IU			1	07/28/2003	1/22/2007					
00944-2940-02	J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	ADVATE (APPROX. 500 IU/VIAL,PF) 1 IU	500 IU	VL	MR	EA		1 IU			1	07/28/2003	1/22/2007					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00944-2940-03	J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	ADVATE (APPROX. 1000 IU/VIAL,PF) 1 IU	1000 IU	VL	MR	EA		1 IU		1	07/28/2003	1/22/2007						
00944-2940-04	J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	ADVATE (APPROX. 1500 IU/VIAL,PF) 1 IU	1500 IU	VL	MR	EA		1 IU		1	07/28/2003	1/22/2007						
00944-2940-10	J7192			4/17/2006	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	ADVATE (1800-2200IU,PF) 1 IU	2000 IU	VL	MR	EA		1 IU		1	04/17/2006	1/22/2007						
00944-2941-10	J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (AP 250IU/VIAL,W/DILUENT) 1 IU	250 IU	VL	IV	EA		1 IU		1	01/22/2007	99/99/9999						
00944-2942-10	J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (AP 500IU/VIAL,W/DILUENT) 1 IU	500 IU	VL	IV	EA		1 IU		1	01/22/2007	99/99/9999						
00944-2943-10	J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (AP1000IU/VIAL,W/DILUENT) 1 IU	1000 IU	VL	IV	EA		1 IU		1	01/22/2007	99/99/9999						
00944-2944-10	J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (AP1500IU/VIAL,W/DILUENT) 1 IU	1500 IU	VL	IV	EA		1 IU		1	01/22/2007	99/99/9999						
00944-2945-10	J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (AP2000IU/VIAL,W/DILUENT) 1 IU	2000 IU	VL	IV	EA		1 IU		1	01/22/2007	99/99/9999						
00944-2946-10	J7192			7/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	ADVATE (2400-3600,PF) 1 IU	1 EA	VL	IV	EA		1 IU		1	07/05/2007	99/99/9999						
00944-2950-02	J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (S.D.V.,PF) 600 IU	1 EA	VL	IV	EA		100 IU		6	03/25/2005	01/01/2008						
00944-2950-04	J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (S.D.V.,PF) 1500 IU	1 EA	VL	IV	EA		100 IU		15	03/25/2005	01/01/2008						
00944-2950-06	J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (VIAL,PF) 5000 IU	1 EA	VL	IV	EA		100 IU		50	03/25/2005	01/01/2008						
00944-2967-01	J2792			3/1/2006	10/31/2007	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 600 IU	0.5 ML	VL	IV	ML		100 IU		12	03/01/2006	10/31/2007						
00944-2967-03	J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 1500 IU	1.3 ML	VL	IV	ML		100 IU		11.53846	03/01/2006	99/99/9999						
00944-2967-05	J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 5000 IU	4.4 ML	VL	IV	ML		100 IU		11.36363	03/01/2006	99/99/9999						
00944-2967-07	J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 2500 IU	2.2 ML	VL	IV	ML		100 IU		11.36363	03/01/2006	99/99/9999						
00944-2967-09	J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	WINRHO SDF (SDV,PF) 15000 IU	13 ML	VL	IV	ML		100 IU		11.53846	03/01/2006	99/99/9999						
00944-4175-05	J3590			6/28/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	CEPROTIN (400-600IU) 1 IU	600 IU	VL	IV	EA		1 EA		1	06/28/2007	12/31/2007						
00944-4175-05	J2724			1/1/2008	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (400-600IU) 1 IU	600 IU	VL	IV	EA		10 IU		0.1	01/01/2008	99/99/9999						
00944-4175-10	J3590			6/28/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	CEPROTIN (800-1200IU) 1 IU	1200 IU	VL	IV	EA		1 EA		1	06/28/2007	12/31/2007						
00944-4175-10	J2724			1/1/2008	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	CEPROTIN (800-1200IU) 1 IU	1200 IU	VL	IV	EA		10 IU		0.1	01/01/2008	99/99/9999						
03221-0208-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (2CMX8CM)	1 EA	NA	IP	EA		1 SQCM		16	08/01/2007	12/31/2007						
03221-0208-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (2CMX8CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-0407-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (4CMX7CM)	1 EA	NA	IP	EA		1 SQCM		28	08/01/2007	12/31/2007						
03221-0407-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (4CMX7CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-0415-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (4CMX15CM)	1 EA	NA	IP	EA		1 SQCM		60	08/01/2007	12/31/2007						
03221-0415-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (4CMX15CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-0608-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (6CMX8CM)	1 EA	NA	IP	EA		1 SQCM		48	08/01/2007	12/31/2007						
03221-0608-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (6CMX8CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-0814-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (8CMX14CM)	1 EA	NA	IP	EA		1 SQCM		112	08/01/2007	12/31/2007						
03221-0814-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (8CMX14CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-1016-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (10CMX16CM)	1 EA	NA	IP	EA		1 SQCM		160	08/01/2007	12/31/2007						
03221-1016-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (10CMX16CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
03221-1225-11	J7345			8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (12CMX25CM)	1 EA	NA	IP	EA		1 SQCM		300	08/01/2007	12/31/2007						
03221-1225-11	J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS	VERITAS COLLAGEN MATRIX (12CMX25CM)	1 EA	NA	IP	EA		1 EA		1	01/01/2008	99/99/9999						
05324-5027-45	J3480			1/1/2002	8/9/2004	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	01/01/2002	08/09/2004						
05324-5027-60	J3480			1/1/2002	8/9/2004	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	01/01/2002	08/09/2004						
05324-5031-35	J3490			1/1/2002	8/9/2004	UNCLASSIFIED DRUGS	BENZOCANINE (U.S.P.)	1 EA	NA	GM		1 EA		1	01/01/2002	08/09/2004							
05324-5031-45	J3490			1/1/2002	8/9/2004	UNCLASSIFIED DRUGS	BENZOCANINE (U.S.P.)	1 EA	NA	GM		1 EA		1	01/01/2002	08/09/2004							
05324-5098-10	J3420			1/1/2002	8/9/2004	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	01/01/2002	08/09/2004						
05324-5098-15	J3420			1/1/2002	8/9/2004	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	01/01/2002	08/09/2004						
05324-5119-45	J2150			1/1/2002	8/9/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM		50 ML		0.08	01/01/2002	08/09/2004						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
05324-5119-60	J2150			1/1/2002	8/9/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML		0.08	01/01/2002	08/09/2004						
05324-5166-45	J3350			1/1/2002	8/9/2004	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40 GM		0.025	01/01/2002	08/09/2004						
05324-5166-60	J3350			1/1/2002	8/9/2004	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1	EA	BO	NA	GM	40 GM		0.025	01/01/2002	08/09/2004						
05324-5175-15	J7636			1/1/2002	8/9/2004	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
05324-5175-15	KO J7636	KO		1/1/2002	8/9/2004	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
05324-5175-25	J7636			1/1/2002	8/9/2004	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
05324-5175-25	KO J7636	KO		1/1/2002	8/9/2004	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
05324-5218-35	J1200			1/1/2002	8/9/2004	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	08/09/2004						
05324-5232-15	J1700			1/1/2002	8/9/2004	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5232-25	J1700			1/1/2002	8/9/2004	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5232-35	J1700			1/1/2002	8/9/2004	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5232-55	J1700			1/1/2002	8/9/2004	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5233-35	J3410			1/1/2002	8/9/2004	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5233-45	J3410			1/1/2002	8/9/2004	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	08/09/2004						
05324-5245-25	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 ML		4	01/01/2002	12/31/2003						
05324-5245-25	J2001			1/1/2004	8/9/2004	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	08/09/2004						
05324-5245-35	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 ML		4	01/01/2002	12/31/2003						
05324-5245-35	J2001			1/1/2004	8/9/2004	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	08/09/2004						
05324-5245-45	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	50 ML		4	01/01/2002	12/31/2003						
05324-5245-45	J2001			1/1/2004	8/9/2004	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2004	08/09/2004						
05324-5257-15	J2440			1/1/2002	8/9/2004	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.666666	01/01/2002	08/09/2004						
05324-5273-25	J2675			1/1/2002	8/9/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	08/09/2004						
05324-5273-35	J2675			1/1/2002	8/9/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	08/09/2004						
05324-5309-35	J2810			1/1/2002	8/9/2004	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	40 MG		25	01/01/2002	08/09/2004						
05324-5309-45	J2810			1/1/2002	8/9/2004	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	40 MG		25	01/01/2002	08/09/2004						
05324-5315-10	J7684			1/1/2002	8/9/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
05324-5315-10	KO J7684	KO		1/1/2002	8/9/2004	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/09/2004						
08024-0724-12	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	HYALGAN (VIAL) 10 MG/ML	2	ML	VL	IJ	ML	1 DOSE		0.5	01/01/2007	12/31/2007						
08024-0724-12	J7321			1/1/2008	99/99/9999	INJECTION, PER DOSE	HYALGAN (VIAL) 10 MG/ML	2	ML	VL	IJ	ML	1 DOSE		0.5	01/01/2008	99/99/9999						
08024-0724-20	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	HYALGAN (SRN,PREFILLED,LUER LOCK) 10 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	01/01/2007	12/31/2007						
08024-0724-20	J7321			1/1/2008	99/99/9999	INJECTION, PER DOSE	HYALGAN (SRN,PREFILLED,LUER LOCK) 10 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	01/01/2008	99/99/9999						
08080-1000-00	A4217			3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE WATER	100	ML	NA	IR	ML	500 ML		0.002	03/01/2006	99/99/9999						
08080-1020-00	A4217			3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500 ML		0.002	03/01/2006	99/99/9999						
08080-1022-00	A4217			3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500 ML		0.002	03/01/2006	99/99/9999						
08121-8600-47	J7344			1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXIMUM FORCE)	1	EA	NA	TP	EA	1 SQCM		28	01/01/2005	12/31/2008						
08121-8600-47	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (MAXIMUM FORCE, 28SQ CM)	1	EA	NA	TP	EA	1 SQCM		28	01/01/2009	99/99/9999						
08121-8600-55	J7344			2/3/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAX FORCE,25SQ CM)	1	EA	NA	TP	EA	1 SQCM		25	02/03/2005	12/31/2008						
08121-8600-55	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (MAX FORCE,25SQ CM)	1	EA	NA	TP	EA	1 SQCM		25	01/01/2009	99/99/9999						
08121-8602-04	J7344			1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (HAND SURGERY,8SQ CM)	1	EA	NA	TP	EA	1 SQCM		8	01/01/2005	12/31/2008						
08121-8602-04	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (HAND SURGERY,8SQ CM)	1	EA	NA	TP	EA	1 SQCM		8	01/01/2009	99/99/9999						
08121-8604-04	J7344			1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (4X4 CM)	1	EA	PT	TP	EA	1 SQCM		16	01/01/2005	12/31/2008						
08121-8604-04	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (4X4 CM)	1	EA	PT	TP	EA	1 SQCM		16	01/01/2009	99/99/9999						
08121-8604-07	J7344			6/30/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXFORCE-EXTREME)	1	EA	NA	TP	EA	1 SQCM		28	06/30/2005	12/31/2008						
08121-8604-07	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (MAXFORCE EXTREME 28SQ CM)	1	EA	NA	TP	EA	1 SQCM		28	01/01/2009	99/99/9999						
08121-8605-05	J7344			1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET	1	EA	NA	TP	EA	1 SQCM		25	01/01/2005	12/31/2008						
08121-8605-05	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (TISSUE MATRIX, 25SQ CM)	1	EA	NA	TP	EA	1 SQCM		25	01/01/2009	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08121-8605-10	J7344			1/1/2005	12/31/2008	OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET	1 EA	NA	TP	EA	1 SQCM	50	01/01/2005	12/31/2008								
08121-8605-10	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET (TISSUE MATRIX, 50SQ CM)	1 EA	NA	TP	EA	1 SQCM	50	01/01/2009	99/99/9999								
08121-8605-30	J7344			1/4/2005	12/31/2008	OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET SLR (SMALL LIGAMENT)	1 EA	NA	TP	EA	1 SQCM	1.5	01/04/2005	12/31/2008								
08121-8605-30	Q4107			1/1/2009	99/99/9999	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	GRAFTJACKET SLR (SMALL LIGAMENT, 1.5SQ CM)	1 EA	NA	TP	EA	1 SQCM	1.5	01/01/2009	99/99/9999								
08166-1100-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	3 ML	NA	IV	ML	10 U	10	01/01/2002	99/99/9999								
08166-1100-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	5 ML	NA	IV	ML	10 U	10	01/01/2002	99/99/9999								
08166-1109-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3 ML	NA	IV	ML	0.9 %	0.5	01/01/2002	12/31/2006								
08166-1109-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3 ML	NA	IV	ML	10 ML	0.1	01/01/2007	99/99/9999								
08166-1109-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5 ML	NA	IV	ML	0.9 %	0.5	01/01/2002	12/31/2006								
08166-1109-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5 ML	NA	IV	ML	10 ML	0.1	01/01/2007	99/99/9999								
08166-1109-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	10 ML	NA	IV	ML	0.9 %	0.5	01/01/2002	12/31/2003								
08166-1109-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	10 ML	NA	IV	ML	10 ML	0.1	01/01/2004	99/99/9999								
08166-1110-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3 ML	NA	IV	ML	10 U	1	01/01/2002	99/99/9999								
08166-1110-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	5 ML	NA	IV	ML	10 U	1	01/01/2002	99/99/9999								
08290-0310-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0310-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0310-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0310-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0311-02	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML	1000 ML	0.001	08/15/2002	12/31/2003								
08290-0311-02	A4216			1/1/2004	8/15/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML	10 ML	0.1	01/01/2004	8/15/2008	1/1/2002	4/1/2002	0.001					
08290-0311-03	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	1000 ML	0.001	08/15/2002	12/31/2003								
08290-0311-03	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2004	99/99/9999	1/1/2002	4/1/2002	0.001					
08290-0320-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0320-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0320-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0320-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0321-03	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	1000 ML	0.001	08/15/2002	12/31/2003								
08290-0321-03	A4216			1/1/2004	8/15/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2004	8/15/2008	1/1/2002	4/1/2002	0.001					
08290-0321-05	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML	1000 ML	0.001	08/15/2002	12/31/2003								
08290-0321-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML	10 ML	0.1	01/01/2004	99/99/9999	1/1/2002	4/1/2002	0.001					
08290-0330-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0330-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0330-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0330-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	1/1/2002	4/1/2002	0.5					
08290-0330-06	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	6 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0330-06	A4216			1/1/2007	9/5/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	6 ML	SR	IV	ML	10 ML	0.1	01/01/2007	9/5/2007	01-Jan-02	01-Apr-02	0.5					
08290-0330-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10 ML	SR	IV	ML	0.9 %	0.5	08/15/2002	12/31/2006								
08290-0330-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10 ML	SR	IV	ML	10 ML	0.1	01/01/2007	99/99/9999	01-Jan-02	01-Apr-02	0.5					
08290-0331-03	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	3 ML	SR	IV	ML	1000 ML	0.001	08/15/2002	12/31/2003								
08290-0331-03	A4216			1/1/2004	9/20/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	3 ML	SR	IV	ML	10 ML	0.1	01/01/2004	9/20/2007	01-Jan-02	01-Apr-02	0.001					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08290-0331-05	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, 12 ML W/ CANN,PF) 0.9%	5 ML	SR	IV	ML	1000 ML			0.001	08/15/2002	12/31/2003						
08290-0331-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/ CANN,PF) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999	1/1/2002	4/1/2002	0.001			
08290-0331-10	A4323			1/1/2002	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	10 ML	SR	IV	ML	1000 ML			0.001	08/15/2002	12/31/2003						
08290-0331-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999	01-Jan-02	01-Apr-02	0.001			
08290-0340-02	J1642			8/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 10 U/ML	2 ML	SR	IV	ML	10 U			1	08/01/2002	99/99/9999						
08290-0340-02	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 10 U/ML	3 ML	SR	IV	ML	10 U			1	08/15/2002	99/99/9999						
08290-0350-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 10 U/ML	5 ML	SR	IV	ML	10 U			1	08/15/2002	99/99/9999	01-Jan-02	01-Apr-02	1			
08290-0360-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	3 ML	SR	IV	ML	10 U			1	08/15/2002	99/99/9999	01-Jan-02	01-Apr-02	1			
08290-0360-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	5 ML	SR	IV	ML	10 U			1	08/15/2002	99/99/9999	1/1/2002	4/1/2002	1			
08290-0360-06	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	6 ML	SR	IV	ML	10 U			1	09/09/2002	99/99/9999	1/1/2002	4/1/2002	1			
08290-0361-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN W/CANNULA) 10 U/ML	5 ML	SR	IV	ML	10 U			1	08/15/2002	99/99/9999	1/1/2002	4/1/2002	1			
08290-0370-02	J1642			8/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 100 U/ML	2 ML	SR	IV	ML	10 U			10	08/01/2002	99/99/9999	1/1/2002	4/1/2002	1			
08290-0370-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	08/15/2002	99/99/9999						
08290-0380-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	08/15/2002	99/99/9999	1/1/2002	4/1/2002	10			
08290-0380-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	5 ML	SR	IV	ML	10 U			10	08/15/2002	99/99/9999	1/1/2002	4/1/2002	10			
08290-0390-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	08/15/2002	99/99/9999	1/1/2002	4/1/2002	10			
08290-0390-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 100 U/ML	5 ML	SR	IV	ML	10 U			10	07/18/2002	99/99/9999	1/1/2002	4/1/2002	10			
08290-0391-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN W/CANNULA) 100 U/ML	5 ML	SR	IV	ML	10 U			10	08/15/2002	99/99/9999	1/1/2002	4/1/2002	10			
08290-0400-03	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH/SALINE FLUSH (2X3ML SAL.&1X3ML HEP.) 10 U/ML-0.9%	3 ML	SR	IV	EA	10 U			3	01/01/2002	04/01/2002	1/1/2002	4/1/2002	10			
08290-0410-03	J1642			1/25/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH/SALINE FLUSH (2X3ML SAL.&1X3ML HEP.) 100 U/ML-0.9%	3 ML	SR	IV	EA	10 U			30	01/25/2002	04/01/2002						
08290-0420-05	J1642			1/25/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH/SALINE FLUSH (2X5ML SAL.&1X5ML HEP.) 100 U/ML-0.9%	5 ML	SR	IV	EA	10 U			50	01/25/2002	04/01/2002						
08290-0910-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
08290-0910-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-0910-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 3ML,PF) 0.9%	3 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
08290-0910-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 3ML,PF) 0.9%	3 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-0911-02	A4323			6/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML	1000 ML			0.001	06/01/2003	12/31/2003						
08290-0911-02	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999						
08290-0911-03	A4323			6/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	1000 ML			0.001	06/01/2003	12/31/2003						
08290-0911-03	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999						
08290-0920-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 5ML,PF) 0.9%	5 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
08290-0920-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 5ML,PF) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-0921-05	A4323			6/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML	1000 ML			0.001	06/01/2003	12/31/2003						
08290-0921-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999						
08290-0930-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
08290-0930-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-0940-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (REG LENGTH PLUNGER ROD) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	12/31/2006						
08290-0940-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (REG LENGTH PLUNGER ROD) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-0941-10	A4323			6/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	10 ML	SR	IV	ML	1000 ML			0.001	06/01/2003	12/31/2003						
08290-0941-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08290-0950-10	J2912			11/1/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	BD POSIFLUSH SF (SALINE FLUSH SYRINGE) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	11/01/2005	12/31/2006						
08290-0950-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BD POSIFLUSH SF (SALINE FLUSH SYRINGE) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2007	99/99/9999						
08290-3065-00	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-01	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	6 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-02	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	5 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-03	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	3 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-04	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	5 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-05	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	3 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-07	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	3 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-08	J2912			1/1/2002	4/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,PF) 0.9%	2 ML	SR	IV	ML	0.9 %			0.5	01/01/2002	04/01/2002						
08290-3065-09	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 10 U/ML	6 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-10	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 10 U/ML	5 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-11	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 10 U/ML	5 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-12	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 10 U/ML	3 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-13	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08290-3065-14	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08290-3065-15	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08290-3065-16	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08290-3065-17	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 100 U/ML	3 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08290-3065-18	A4323			1/1/2002	4/1/2002	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	NORMAL SALINE FLUSH (SRN W/CANNULA,PF) 0.9%	10 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	04/01/2002						
08290-3065-19	A4323			1/1/2002	4/1/2002	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	NORMAL SALINE FLUSH (SRN W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML	1000 ML			0.001	01/01/2002	04/01/2002						
08290-3065-21	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN) 10 U/ML	3 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-25	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/BLUNT CANNULA) 10 U/ML	5 ML	SR	IV	ML	10 U			1	01/01/2002	04/01/2002						
08290-3065-31	J1642			1/1/2002	4/1/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/BLUNT CANNULA) 100 U/ML	5 ML	SR	IV	ML	10 U			10	01/01/2002	04/01/2002						
08363-7761-01	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML	1 DOSE			0.4	01/01/2007	12/31/2007						
08363-7761-01	J7321			1/1/2008	99/99/9999	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML	1 DOSE			0.5	01/01/2008	99/99/9999						
08363-7765-01	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML	1 DOSE			0.4	01/01/2007	12/31/2007						
08363-7765-01	J7321			1/1/2008	99/99/9999	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML	1 DOSE			0.5	01/01/2008	99/99/9999						
08450-0901-02	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (3ML,PREFILLED SYRINGE) 0.9%	2 ML	SR	IV	ML	0.9 %			0.5	11/01/2003	12/31/2006						
08450-0901-02	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (3ML,PREFILLED SYRINGE) 0.9%	2 ML	SR	IV	ML	10 ML			0.1	01/01/2007	6/23/2010						
08450-0903-03	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (6ML,PREFILLED SYRINGE) 0.9%	3 ML	SR	IV	ML	0.9 %			0.5	11/01/2003	12/31/2006						
08450-0903-03	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (6ML,PREFILLED SYRINGE) 0.9%	3 ML	SR	IV	ML	10 ML			0.1	01/01/2007	6/23/2010						
08450-0905-05	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	5 ML	SR	IV	ML	0.9 %			0.5	11/01/2003	12/31/2006						
08450-0905-05	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2007	6/23/2010						
08450-0906-10	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	10 ML	SR	IV	ML	0.9 %			0.5	11/01/2003	12/31/2006						
08450-0906-10	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2007	6/23/2010						
08450-6011-02	A4323			11/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (3ML W/CANNULA) 0.9%	2 ML	SR	IV	ML	1000 ML			0.001	11/01/2003	12/31/2003						
08450-6011-02	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (3ML W/CANNULA) 0.9%	2 ML	SR	IV	ML	10 ML			0.1	01/01/2004	6/23/2010						
08450-6012-03	A4323			11/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (6ML W/CANNULA) 0.9%	3 ML	SR	IV	ML	1000 ML			0.001	11/01/2003	12/31/2003						
08450-6012-03	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (6ML W/CANNULA) 0.9%	3 ML	SR	IV	ML	10 ML			0.1	01/01/2004	6/23/2010						
08450-6013-05	A4323			11/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	5 ML	SR	IV	ML	1000 ML			0.001	11/01/2003	12/31/2003						
08450-6013-05	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	5 ML	SR	IV	ML	10 ML			0.1	01/01/2004	6/23/2010						
08450-6014-10	A4323			11/1/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	10 ML	SR	IV	ML	1000 ML			0.001	11/01/2003	12/31/2003						
08450-6014-10	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	10 ML	SR	IV	ML	10 ML			0.1	01/01/2004	6/23/2010						
08450-6026-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML,PREFILLED SYRINGE) 10 U/ML	3 ML	EA	IV	ML	10 U			1	11/01/2003	6/23/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08450-6030-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML, PRE-FILLED SYRINGE) 10 U/ML	5 ML	SR	IV	ML	10 U			1	11/01/2003	6/23/2010						
08450-6034-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML W/CANNULA) 10 U/ML	3 ML	EA	IV	ML	10 U			1	11/01/2003	6/23/2010						
08450-6037-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML W/CANNULA) 10 U/ML	5 ML	SR	IV	ML	10 U			1	11/01/2003	6/23/2010						
08450-6046-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML, PRE-FILLED SYRINGE) 100 U/ML	3 ML	EA	IV	ML	10 U			10	11/01/2003	6/23/2010						
08450-6049-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML, PRE-FILED SYRINGE) 100 U/ML	3 ML	SR	IV	ML	10 U			10	11/01/2003	6/23/2010						
08450-6050-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML, PRE-FILLED SYRINGE) 100 U/ML	5 ML	SR	IV	ML	10 U			10	11/01/2003	6/23/2010						
08450-6055-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML W/CANNULA) 100 U/ML	3 ML	EA	IV	ML	10 U			10	11/01/2003	6/23/2010						
08450-6058-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML W/CANNULA) 100 U/ML	5 ML	SR	IV	ML	10 U			10	11/01/2003	6/23/2010						
08478-4004-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2008	12/31/2008							
08478-4004-02	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2009	99/99/9999							
08478-4004-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2008	12/31/2008							
08478-4004-05	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2009	99/99/9999							
08478-4004-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA	1 SQCM	258.064		01/01/2008	12/31/2008							
08478-4004-06	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA	1 SQCM	258.064		01/01/2009	99/99/9999							
08478-4004-08	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA	1 SQCM	516.128		01/01/2008	12/31/2008							
08478-4004-08	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA	1 SQCM	516.128		01/01/2009	99/99/9999							
08478-4014-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2008	12/31/2008							
08478-4014-02	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2009	99/99/9999							
08478-4014-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2008	12/31/2008							
08478-4014-05	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2009	99/99/9999							
08478-4014-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA	1 SQCM	258.064		01/01/2008	99/99/9999							
08478-4014-06	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA	1 SQCM	258.064		01/01/2009	99/99/9999							
08478-4014-08	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA	1 SQCM	516.128		01/01/2008	12/31/2008							
08478-4014-08	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA	1 SQCM	516.128		01/01/2009	99/99/9999							
08478-8004-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2008	12/31/2008							
08478-8004-02	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (2"X2")	1 EA	NA	TP	EA	1 SQCM	25.806		01/01/2009	99/99/9999							
08478-8004-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2008	12/31/2008							
08478-8004-05	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X5")	1 EA	NA	TP	EA	1 SQCM	129.032		01/01/2009	99/99/9999							
08478-8004-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X10")	1 EA	NA	TP	EA	1 SQCM	258.064		01/01/2008	12/31/2008							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08478-8004-06		Q4105		1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X10")	1	EA	NA	TP	EA	1	SQCM	258.064	01/01/2009	99/99/9999						
08478-8004-08		J7347		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (8"X10")	1	EA	NA	TP	EA	1	SQCM	516.128	01/01/2008	12/31/2008						
08478-8004-08		Q4105		1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (8"X10")	1	EA	NA	TP	EA	1	SQCM	516.128	01/01/2009	99/99/9999						
08533-6010-02		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (5X6CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	30	01/01/2008	12/31/2008						
08533-6010-02		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (5X6CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	30	SQCM	1	01/01/2009	99/99/9999						
08533-6010-04		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (6X12CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	72	01/01/2008	12/31/2008						
08533-6010-04		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (6X12CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	72	SQCM	1	01/01/2009	99/99/9999						
08533-6010-05		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X10CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	100	01/01/2008	12/31/2008						
08533-6010-05		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X10CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	100	SQCM	1	01/01/2009	99/99/9999						
08533-6010-06		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X15CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	150	01/01/2008	12/31/2008						
08533-6010-06		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X15CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	150	SQCM	1	01/01/2009	99/99/9999						
08533-6010-07		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X20CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	200	01/01/2008	12/31/2008						
08533-6010-07		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X20CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	200	SQCM	1	01/01/2009	99/99/9999						
08533-6010-08		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (16X20CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	320	01/01/2008	12/31/2008						
08533-6010-08		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (16X20CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	320	SQCM	1	01/01/2009	99/99/9999						
08533-6010-09		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (13X25CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	325	01/01/2008	12/31/2008						
08533-6010-09		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (13X25CM,THICK,SINGLEUSE)	1	EA	NA	TP	EA	325	SQCM	1	01/01/2009	99/99/9999						
08533-6010-10		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X16CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	64	01/01/2008	12/31/2008						
08533-6010-10		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X16CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	64	SQCM	1	01/01/2009	99/99/9999						
08533-6010-12		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (3X3CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	9	01/01/2008	12/31/2008						
08533-6010-12		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (3X3CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	9	SQCM	1	01/01/2009	99/99/9999						
08533-6010-13		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X7CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	28	01/01/2008	12/31/2008						
08533-6010-13		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X7CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	28	SQCM	1	01/01/2009	99/99/9999						
08533-6010-14		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X12CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	48	01/01/2008	12/31/2008						
08533-6010-14		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X12CM,THICK,SINGLE USE)	1	EA	NA	TP	EA	48	SQCM	1	01/01/2009	99/99/9999						
08533-6020-02		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X7CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	28	01/01/2008	12/31/2008						
08533-6020-02		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X7CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	28	SQCM	1	01/01/2009	99/99/9999						
08533-6020-03		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (5X6CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	30	01/01/2008	12/31/2008						
08533-6020-03		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (5X6CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	30	SQCM	1	01/01/2009	99/99/9999						
08533-6020-05		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (3X3CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM	9	01/01/2008	12/31/2008						
08533-6020-05		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (3X3CM,THIN,SINGLE USE)	1	EA	NA	TP	EA	9	SQCM	1	01/01/2009	99/99/9999						
08533-6030-01		J7349		1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.3X25CM,STRIP,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM	7.5	01/01/2008	12/31/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08533-6030-01	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.3X25CM,STRIP,SINGLEUSE)	1	EA	NA	TP	EA	7.5	SQCM		1	01/01/2009	99/99/9999					
08533-6030-02	J7349			1/1/2008	12/31/2008	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.6X25CM,STRIP,SINGLEUSE)	1	EA	NA	TP	EA	1	SQCM		15	01/01/2008	12/31/2008					
08533-6030-02	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.6X25CM,STRIP,SINGLEUSE)	1	EA	NA	TP	EA	15	SQCM		1	01/01/2009	99/99/9999					
08533-6030-03	J7349			1/1/2008	12/31/2008	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (1X25CM,SINGLE USE)	1	EA	NA	TP	EA	1	SQCM		25	01/01/2008	12/31/2008					
08533-6030-03	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (1X25CM,SINGLE USE)	1	EA	NA	TP	EA	25	SQCM		1	01/01/2009	99/99/9999					
08533-6070-09	J7349			1/1/2008	12/31/2008	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (0.2X26.5CM,SINGLE USE)	3	EA	NA	TP	EA	1	SQCM		5.3	01/01/2008	12/31/2008					
08533-6070-09	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (0.2X26.5CM,SINGLE USE)	3	EA	NA	TP	EA	1	SQCM		5.3	01/01/2009	99/99/9999					
08533-6074-40	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (4X4CM)	1	EA	NA	TP	EA	1	SQCM		16	01/01/2008	12/31/2008					
08533-6074-40	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (4X4CM)	1	EA	NA	TP	EA	1	SQCM		16	01/01/2009	99/99/9999					
08533-6078-12	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X12CM)	1	EA	NA	TP	EA	1	SQCM		96	01/01/2008	12/31/2008					
08533-6078-12	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X12CM)	1	EA	NA	TP	EA	1	SQCM		96	01/01/2009	99/99/9999					
08533-6078-80	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X8CM)	1	EA	NA	TP	EA	1	SQCM		64	01/01/2008	12/31/2008					
08533-6078-80	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X8CM)	1	EA	NA	TP	EA	1	SQCM		64	01/01/2009	99/99/9999					
08533-6495-01	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (5X6CM)	1	EA	NA	IP	EA	1	SQCM		30	01/01/2008	12/31/2008					
08533-6495-01	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (5X6CM)	1	EA	NA	IP	EA	1	SQCM		30	01/01/2009	99/99/9999					
08533-6495-03	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (4X4CM)	1	EA	NA	IP	EA	1	SQCM		16	01/01/2008	12/31/2008					
08533-6495-03	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (4X4CM)	1	EA	NA	IP	EA	1	SQCM		16	01/01/2009	99/99/9999					
08533-6495-04	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (6X10CM)	1	EA	NA	IP	EA	1	SQCM		60	01/01/2008	12/31/2008					
08533-6495-04	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (6X10CM)	1	EA	NA	IP	EA	1	SQCM		60	01/01/2009	99/99/9999					
08533-6495-06	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (3X3CM)	1	EA	NA	IP	EA	1	SQCM		9	01/01/2008	12/31/2008					
08533-6495-06	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (3X3CM)	1	EA	NA	IP	EA	1	SQCM		9	01/01/2009	99/99/9999					
08541-0001-01	J7342			7/10/2006	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	DERMAGRAFT (W/CRYOPROTECTANT) (W/CRYOPROTECT,5X7.5CM,FR)	1	EA	NA	TP	EA	1	SQCM		37.5	07/10/2006	12/31/2008					
08541-0001-01	Q4106			1/1/2009	99/99/9999	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	DERMAGRAFT (W/CRYOPROTECT,5X7.5CM,FR)	1	EA	NA	TP	EA	1	SQCM		37.5	01/01/2009	99/99/9999					
08881-0125-02	J1642			8/23/2006	8/1/2008	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL ADVANCED (60X10ML,PF,LATEX-FREE) 0.9% FLUSH (SRN,3 ML,LATEX-FREE) 100 U/ML (2.5 ML, 180S)	2.5	ML	SR	IV	U	10	U		10.0	8/23/2006	8/1/2008					
08881-5701-28	A4216			7/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (120X10ML,PF,LATEX-FREE) 0.9% FLUSH (SRN, 12 ML,LATEX-FREE) 10 U/ML (10 ML 180S)	10	ML	SR	IV	ML	10	ML		0.1	07/01/2006	99/99/9999					
08881-5701-29	A4216			7/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (120X10ML,PF,LATEX-FREE) 0.9% FLUSH (SRN, 12 ML,LATEX-FREE) 10 U/ML (10 ML 180S)	10	ML	SR	IV	ML	10	ML		0.1	07/01/2006	99/99/9999					
08881-5801-21	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML (2.5 ML 180S)	10	ML	SR	IV	U	10	U		1	3/14/2002	99/99/9999					
08881-5801-23	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML (2.5 ML 180S)	2.5	ML	SR	IV	U	10	U		1	3/14/2002	99/99/9999					
08881-5801-25	J1642			8/23/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML (5 ML 180S)	10	ML	SR	IV	U	10	U		1	8/23/2006	99/99/9999					
08881-5901-21	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (10ML 180S)	10	ML	SR	IV	U	10	U		10	3/14/2002	99/99/9999					
08881-5901-23	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (10ML 180S)	10	ML	SR	IV	U	10	U		1	3/14/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08881-5901-25	J1642			8/23/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL ADVANCED HEPARIN LOCK FLUSH (SRN, 12 ML, PF, LATEX-FREE) 100 U/ML (2.5 ML 180S)	5 ML	SR	IV	U		10 U		10	8/23/2006	99/99/9999						
08888-7131-15	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		50 ML		0.64	01/01/2002	12/31/2003						
08888-7131-15	J2001			1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	01/01/2004	7/18/2008						
08888-7131-23	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		50 ML		0.64	01/01/2002	12/31/2003						
08888-7131-23	J2001			1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	01/01/2004	7/18/2008						
08888-7131-31	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		50 ML		0.64	01/01/2002	12/31/2003						
08888-7131-31	J2001			1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	01/01/2004	7/18/2008						
08888-7141-13	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	SENSI-TOUCH LUMBAR PUNCTURE TRAY (PEDIATRIC) 1%	8 ML	VL	EP	EA		50 ML		0.64	01/01/2002	12/31/2003						
08888-7141-13	J2001			1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (PEDIATRIC) 1%	8 ML	VL	EP	EA		10 MG		32	01/01/2004	7/18/2008						
09978-0001-99	J7340			1/1/2002	12/31/2008	DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	APLIGRAF (75MM DIAM DISK)	1 EA	BG	TP	EA		1 SQCM		44.17865	01/01/2002	12/31/2008						
09978-0001-99	Q4101			1/1/2009	99/99/9999	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	APLIGRAF (75MM DIAM DISK)	1 EA	BG	TP	EA		1 SQCM		44.17865	01/01/2009	99/99/9999						
10019-0006-73	J2275			1/1/2002	4/22/2004	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP, DOSETTE, PF) 5 MG/ML	10 ML	AM	IJ	ML		10 MG		0.5	01/01/2002	04/22/2004						
10019-0007-73	J2275			1/1/2002	3/26/2004	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP, DOSETTE, PF) 1 MG/ML	10 ML	AM	IJ	ML		10 MG		0.1	01/01/2002	03/26/2004						
10019-0013-01	J3490			1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	4/30/2009						
10019-0013-02	J3490			1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V. W/VENTED SPIKE) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	01/01/2002	4/30/2009						
10019-0013-03	J3490			1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V. W/4-WAY STOPCOCK) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	01/01/2002	4/30/2009						
10019-0013-04	J3490			1/1/2002	5/28/2002	UNCLASSIFIED DRUGS	PROPOFOL (SRN, PREFILLED) 10 MG/ML	20 ML	SR	IV	ML		1 EA		1	01/01/2002	05/28/2002						
10019-0013-06	J3490			10/1/2002	3/30/2007	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	10 ML	VL	IV	ML		1 EA		1	10/01/2002	03/30/2007						
10019-0016-02	J7643			9/28/2005	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	09/28/2005	99/99/9999						
10019-0016-02	KO J7643	KO		9/28/2005	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	09/28/2005	99/99/9999						
10019-0016-17	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0016-17	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0016-29	J7643			5/5/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	05/05/2007	99/99/9999						
10019-0016-29	KO J7643	KO		5/5/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	05/05/2007	99/99/9999						
10019-0016-54	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0016-54	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0016-63	J7643			1/1/2002	12/14/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	12/14/2006						
10019-0016-63	KO J7643	KO		1/1/2002	12/14/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	12/14/2006						
10019-0016-81	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0016-81	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
10019-0017-56	J2000			1/1/2002	8/19/2002	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	30 ML	VL	EP	ML		50 ML		0.02	01/01/2002	08/19/2002						
10019-0017-57	J2000			1/1/2002	4/19/2002	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		50 ML		0.02	01/01/2002	04/19/2002						
10019-0019-57	J2000			1/1/2002	7/10/2002	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML		50 ML		0.02	01/01/2002	07/10/2002						
10019-0021-09	J1885			1/1/2002	8/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 15 MG/ML	1 ML	SR	IJ	ML		15 MG		1	01/01/2002	8/30/2008						
10019-0022-09	J1885			1/1/2002	10/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 30 MG/ML	1 ML	SR	IJ	ML		15 MG		2	01/01/2002	10/30/2008						
10019-0022-32	J1885			1/1/2002	9/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 30 MG/ML	2 ML	SR	IM	ML		15 MG		2	01/01/2002	9/30/2008						
10019-0027-01	J2250			12/8/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	12/08/2005	99/99/9999						
10019-0027-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X2ML) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	12/08/2005	99/99/9999						
10019-0027-03	J2250			12/10/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	12/10/2003	99/99/9999	1/1/2002	9/27/2004		5		
10019-0027-04	J2250			12/10/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	12/10/2003	99/99/9999						
10019-0027-05	J2250			12/8/2005	10/30/2008	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X5ML) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	12/08/2005	10/30/2008						
10019-0027-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	01/01/2002	99/99/9999						
10019-0027-29	J2250			5/5/2007	10/30/2008	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	05/05/2007	10/30/2008						
10019-0027-36	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	05/05/2007	99/99/9999						
10019-0027-37	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	05/05/2007	99/99/9999						
10019-0027-39	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	05/05/2007	99/99/9999						
10019-0028-02	J2250			12/8/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	12/08/2005	99/99/9999						
10019-0028-03	J2250			12/10/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE) 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	12/10/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0028-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5 ML	VL	U	ML	1 MG	1	01/01/2002	99/99/9999								
10019-0028-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10 ML	VL	U	ML	1 MG	1	01/01/2002	99/99/9999								
10019-0028-36	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	2 ML	VL	U	ML	1 MG	1	05/05/2007	99/99/9999								
10019-0028-37	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	5 ML	VL	U	ML	1 MG	1	05/05/2007	99/99/9999								
10019-0028-39	J2250			5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10 ML	VL	U	ML	1 MG	1	05/05/2007	99/99/9999								
10019-0029-02	J1885			7/21/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 15 MG/ML	1 ML	VL	U	ML	15 MG	1	07/21/2004	99/99/9999								
10019-0029-12	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1 ML	VL	U	ML	15 MG	1	05/05/2007	99/99/9999								
10019-0030-03	J1885			7/21/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	1 ML	VL	U	ML	15 MG	2	07/21/2004	99/99/9999								
10019-0030-04	J1885			7/21/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	2 ML	VL	U	ML	15 MG	2	07/21/2004	99/99/9999								
10019-0030-12	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP) 30 MG/ML	1 ML	VL	U	ML	15 MG	2	05/05/2007	99/99/9999								
10019-0030-17	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	VL	U	ML	15 MG	2	05/05/2007	99/99/9999								
10019-0033-72	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	5 ML	AM	U	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
10019-0034-73	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	10 ML	AM	U	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
10019-0035-74	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	20 ML	AM	U	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
10019-0036-39	J3010			8/21/1998	1/28/2009	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X30ML, SDV, USP,PF) 0.05 MG/ML	30 ML	VL	U	ML	0.10 MG	0.5	8/21/1998	1/28/2009								
10019-0036-82	J3010			1/1/2002	1/28/2009	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	30 ML	VL	U	ML	0.1 MG	0.5	01/01/2002	1/28/2009								
10019-0037-83	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	50 ML	VL	U	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
10019-0038-67	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	2 ML	AM	U	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
10019-0043-01	J0780			1/14/2005	11/28/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NOVAPLUS PROCHLORPERAZINE EDISYLATE (USP,DOSETTE VIAL,25X2ML) 5 MG/ML	2 ML	AM	U	ML	10 MG	0.5	01/14/2005	11/28/2008								
10019-0043-44	J0780			5/5/2007	11/28/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NOVAPLUS PROCHLORPERAZINE EDISYLATE (USP) 5 MG/ML	2 ML	AM	U	ML	10 MG	0.5	05/05/2007	11/28/2008								
10019-0045-01	J3490			1/1/2002	11/1/2003	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	08/19/2002	11/01/2003								
10019-0045-02	J3490			11/1/2003	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	11/01/2003	99/99/9999			1/1/2002	5/28/2002	1			
10019-0045-17	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (SDV,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0046-02	J3490			1/1/2002	11/1/2003	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	01/01/2002	11/01/2003								
10019-0046-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
10019-0046-04	J3490			11/1/2003	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	11/01/2003	99/99/9999								
10019-0046-14	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0046-63	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0047-01	J3490			11/1/2003	7/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	11/01/2003	7/28/2009								
10019-0047-17	J3490			5/5/2007	7/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (SDV,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	05/05/2007	7/28/2009								
10019-0048-02	J3490			11/1/2003	6/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	11/01/2003	6/28/2009								
10019-0048-03	J3490			1/1/2004	3/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/01/2004	3/28/2009								
10019-0048-14	J3490			5/5/2007	6/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (MDV) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	05/05/2007	6/28/2009								
10019-0048-63	J3490			5/5/2007	3/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (MDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	05/05/2007	3/28/2009								
10019-0050-06	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	5 ML	AM	U	ML	1 EA	1	01/01/2002	99/99/9999								
10019-0050-21	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	2 ML	AM	U	ML	1 EA	1	01/01/2002	99/99/9999								
10019-0050-36	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	5 ML	AM	U	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0050-37	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	2 ML	AM	U	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0050-39	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	1 ML	AM	U	ML	1 EA	1	05/05/2007	99/99/9999								
10019-0050-43	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	1 ML	AM	U	ML	1 EA	1	01/01/2002	99/99/9999								
10019-0053-03	J1626			12/31/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,LATEX-FREE) 1 MG/ML	4 ML	VL	IV	ML	100 MCG	10	12/31/2007	99/99/9999								
10019-0053-14	J1626			12/31/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,INNER,LATEX-FREE) 1 MG/ML	4 ML	NA	IV	ML	100 MCG	10	12/31/2007	99/99/9999								
10019-0063-02	J0150			5/5/2007	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SDV,PF) 3 MG/ML	2 ML	VL	IV	ML	6 MG	0.5	05/05/2007	99/99/9999								
10019-0063-03	J0150			6/17/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (PF) 3 MG/ML	2 ML	VL	IV	ML	6 MG	0.5	06/17/2004	99/99/9999								
10019-0063-07	J0150			5/24/2005	7/15/2008	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE-DOSE SYRINGE,PF) 3 MG/ML	2 ML	SR	IV	ML	6 MG	0.5	05/24/2005	7/15/2008								
10019-0063-08	J0150			5/24/2005	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE-DOSE SYRINGES,PF) 3 MG/ML	2 ML	SR	IV	ML	6 MG	0.5	05/24/2005	99/99/9999								
10019-0063-34	J0150			5/5/2007	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE DOSE,PF) 3 MG/ML	2 ML	NA	IV	ML	6 MG	0.5	05/05/2007	99/99/9999								
10019-0070-01	J2260			5/22/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML	5 MG	0.2	05/22/2002	99/99/9999								
10019-0070-02	J2260			5/22/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2	05/22/2002	99/99/9999								

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0070-03	J2260			5/22/2002	11/20/2003	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2	05/22/2002	11/20/2003		05/22/2002	11/20/2003					
10019-0070-10	J2260			5/5/2007	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	10 ML	VL	IV	ML	5 MG	0.2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0070-20	J2260			5/5/2007	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0097-01	J2550			1/17/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1 ML	AM	IJ	ML	50 MG	0.5	01/17/2005	99/99/9999		01/17/2005	99/99/9999					
10019-0097-44	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1 ML	AM	IJ	ML	50 MG	0.5	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0098-01	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE AMERINET CHOICE 1 GM	1 EA	VL	IJ	EA	250 MG	4	07/05/2005	99/99/9999		07/05/2005	99/99/9999					
10019-0098-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE AMERINET CHOICE 1 GM	1 EA	VL	IJ	EA	250 MG	4	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0102-01	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	2 MG	1	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0102-10	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	2 MG	1	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0102-37	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10 ML	VL	IJ	ML	2 MG	1	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0102-39	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	1 ML	VL	IJ	ML	2 MG	1	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0103-01	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 4 MG/ML	1 ML	VL	IJ	ML	2 MG	2	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0103-10	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 4 MG/ML	10 ML	VL	IJ	ML	2 MG	2	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0103-37	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	10 ML	VL	IJ	ML	2 MG	2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0103-39	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	25 ML	VL	IJ	ML	2 MG	2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0103-46	J2060			1/1/2002	1/21/2002	INJECTION, LORAZEPAM, 2 MG	ATIVAN (2 ML TUBEX) 4 MG/ML	1 ML	SR	IJ	ML	2 MG	2	01/01/2002	01/21/2002		01/01/2002	01/21/2002					
10019-0105-01	J2060			5/3/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (25X1ML,SDV) 2 MG/ML	1 ML	VL	IJ	ML	2 MG	1	05/03/2006	99/99/9999		05/03/2006	99/99/9999					
10019-0105-02	J2060			5/3/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (10X10ML,MDV) 2 MG/ML	10 ML	VL	IJ	ML	2 MG	1	05/03/2006	99/99/9999		05/03/2006	99/99/9999					
10019-0105-44	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1 ML	VL	IJ	ML	2 MG	1	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0105-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1 ML	VL	IJ	ML	2 MG	1	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0106-01	J2060			5/3/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (25X1ML,SDV) 4 MG/ML	1 ML	VL	IJ	ML	2 MG	2	05/03/2006	99/99/9999		05/03/2006	99/99/9999					
10019-0106-02	J2060			5/3/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (10X10ML,MDV) 4 MG/ML	10 ML	VL	IJ	ML	2 MG	2	05/03/2006	99/99/9999		05/03/2006	99/99/9999					
10019-0106-44	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1 ML	VL	IJ	ML	2 MG	2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0106-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1 ML	VL	IJ	ML	2 MG	2	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0127-08	J2250			1/1/2002	6/1/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (SRN,RAPJ-JECT) 5 MG/ML	2 ML	SR	IJ	ML	1 MG	5	01/01/2002	06/01/2002		01/01/2002	06/01/2002					
10019-0131-01	J0282			10/16/2002	5/18/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	AM	IV	ML	30 MG	1.66666	10/16/2002	05/18/2006		10/16/2002	05/18/2006					
10019-0133-01	J0282			11/20/2003	10/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666	11/20/2003	10/30/2009		11/20/2003	10/30/2009					
10019-0133-02	J0282			11/20/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDV) 50 MG/ML	18 ML	VL	IV	ML	30 MG	1.66666	11/20/2003	99/99/9999		11/20/2003	99/99/9999					
10019-0133-04	J0282			6/16/2004	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	9 ML	VL	IV	ML	30 MG	1.66666	06/16/2004	99/99/9999		06/16/2004	99/99/9999					
10019-0133-13	J0282			5/5/2007	10/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666	05/05/2007	10/30/2009		05/05/2007	10/30/2009					
10019-0133-19	J0282			5/5/2007	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	9 ML	VL	IV	ML	30 MG	1.66666	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0145-01	J1800			1/15/2004	4/28/2009	INJECTION, PROPANOLOL HCL, UP TO 1 MG	INDERAL (AMP) 1 MG/ML	1 ML	AM	IV	ML	1 MG	1	01/15/2004	4/28/2009		01/15/2004	4/28/2009					
10019-0145-43	J1800			5/5/2007	4/28/2009	INJECTION, PROPANOLOL HCL, UP TO 1 MG	INDERAL 1 MG/ML	1 ML	AM	IV	ML	1 MG	1	05/05/2007	4/28/2009		05/05/2007	4/28/2009					
10019-0152-44	J2175			1/1/2002	4/19/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (S.D.V.) 50 MG/ML	1 ML	VL	IJ	ML	100 MG	0.5	01/01/2002	04/19/2002		01/01/2002	04/19/2002					
10019-0153-44	J2175			1/1/2002	4/19/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (S.D.V.) 75 MG/ML	1 ML	VL	IJ	ML	100 MG	0.75	01/01/2002	04/19/2002		01/01/2002	04/19/2002					
10019-0153-47	J2175			1/1/2002	4/19/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (TUBEX) 75 MG/ML	1 ML	NA	IJ	ML	100 MG	0.75	01/01/2002	04/19/2002		01/01/2002	04/19/2002					
10019-0154-44	J2175			1/1/2002	4/19/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE VIAL) 100 MG/ML	1 ML	VL	IJ	ML	100 MG	1	01/01/2002	04/19/2002		01/01/2002	04/19/2002					
10019-0155-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 25 MG/ML	1 ML	AM	IJ	ML	100 MG	0.25	03/27/2002	12/14/2006		03/27/2002	12/14/2006					
10019-0156-68	J2175			2/26/2002	2/22/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 50 MG/ML	1 ML	AM	IJ	ML	100 MG	0.5	02/26/2002	02/22/2006		02/26/2002	02/22/2006					
10019-0157-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 75 MG/ML	1 ML	AM	IJ	ML	100 MG	0.75	03/27/2002	12/14/2006		03/27/2002	12/14/2006					
10019-0158-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 100 MG/ML	1 ML	AM	IJ	ML	100 MG	1	03/27/2002	12/14/2006		03/27/2002	12/14/2006					
10019-0159-01	J2175			1/7/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 25 MG/ML	1 ML	VL	IJ	ML	100 MG	0.25	01/07/2004	99/99/9999		01/07/2004	99/99/9999					
10019-0159-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 25 MG/ML	1 ML	VL	IJ	ML	100 MG	0.25	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0160-01	J2175			1/7/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 50 MG/ML	1 ML	VL	IJ	ML	100 MG	0.5	01/07/2004	99/99/9999		01/07/2004	99/99/9999					
10019-0160-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 50 MG/ML	1 ML	VL	IJ	ML	100 MG	0.5	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0161-01	J2175			1/7/2004	9/28/2009	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 75 MG/ML	1 ML	VL	IJ	ML	100 MG	0.75	01/07/2004	9/28/2009		01/07/2004	9/28/2009					
10019-0161-44	J2175			5/5/2007	9/28/2009	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 75 MG/ML	1 ML	VL	IJ	ML	100 MG	0.75	05/05/2007	9/28/2009		05/05/2007	9/28/2009					
10019-0162-01	J2175			1/7/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 100 MG/ML	1 ML	VL	IJ	ML	100 MG	1	01/07/2004	99/99/9999		01/07/2004	99/99/9999					
10019-0162-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 100 MG/ML	1 ML	VL	IJ	ML	100 MG	1	05/05/2007	99/99/9999		05/05/2007	99/99/9999					
10019-0163-01	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	5 ML	VL	IJ	ML	1 ML	1	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0163-12	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1 ML	VL	IJ	ML	1 ML	1	01/01/2002	99/99/9999		01/01/2002	99/99/9999					
10019-0176-39	J2270			8/21/1998	9																		

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0177-68	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP) 8 MG/ML	1 ML	AM	IJ	ML	10 MG	0.8		0.8	01/01/2002	99/99/9999						
10019-0178-36	J2270			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (MDV) 10 MG/ML	10 ML	NA	IJ	ML	10 MG				05/05/2007	99/99/9999						
10019-0178-37	J2270			8/21/1998	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML, USP)	1 ML	VL	IJ	ML	10 MG	1		1	8/21/1998	99/99/9999						
10019-0178-39	J2270			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1 ML	VL	IJ	ML	10 MG	1		1	05/05/2007	99/99/9999						
10019-0178-44	J2270			12/22/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V., 25X1ML) 10 MG/ML	1 ML	VL	IJ	ML	10 MG	1		1	12/22/2005	99/99/9999						
10019-0178-62	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML	10 MG	1		1	01/01/2002	99/99/9999						
10019-0178-68	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP) 10 MG/ML	1 ML	AM	IJ	ML	10 MG	1		1	01/01/2002	99/99/9999						
10019-0179-36	J2271			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (MDV) 15 MG/ML	20 ML	NA	IJ	ML	100 MG	0.15		0.15	05/05/2007	99/99/9999						
10019-0179-39	J2270			5/5/1999	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML, SDV, USP)	1 ML	VL	IJ	ML	10 MG	1.5		1.5	5/5/1999	99/99/9999						
10019-0179-44	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML	100 MG	0.15		0.15	01/01/2002	99/99/9999						
10019-0179-63	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (M.D.V.) 15 MG/ML	20 ML	VL	IJ	ML	100 MG	0.15		0.15	01/01/2002	99/99/9999						
10019-0179-68	J2271			9/6/2005	3/30/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (25X1ML AMP) 15 MG/ML	1 ML	AM	IJ	ML	100 MG	0.15		0.15	09/06/2005	03/30/2007						
10019-0184-20	J1250			1/1/2002	1/20/2002	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (S.D.V.) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG	0.05		0.05	01/01/2002	01/20/2002						
10019-0213-01	J3490			9/10/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	20 ML	VL	IV	ML	1 EA	1		1	05/05/2007	4/30/2009						
10019-0213-02	J3490			9/10/2002	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	50 ML	VL	IV	ML	1 EA	1		1	05/05/2007	6/30/2009	9/10/2002	12/14/2005	1			
10019-0213-03	J3490			9/10/2002	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML	1 EA	1		1	05/05/2007	6/30/2009	9/10/2002	12/14/2005	1			
10019-0213-11	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (SDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1		1	05/05/2007	6/30/2009						
10019-0213-20	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML	1 EA	1		1	05/05/2007	6/30/2009						
10019-0213-52	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (SDV) 10 MG/ML	50 ML	VL	IV	ML	1 EA	1		1	05/05/2007	6/30/2009						
10019-0250-12	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 0.4 MG/ML	1 ML	VL	IJ	ML	0.3 MG	1.33333		1.33333	01/01/2002	12/31/2009						
10019-0250-20	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML	0.3 MG	1.33333		1.33333	01/01/2002	12/31/2009						
10019-0250-37	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (MDV, 1X20ML, USP) 0.4 MG/ML	20 ML	VL	IJ	ML	0.3 MG	1.33333		1.33333	9/9/1997	12/31/2009						
10019-0250-39	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SDV, 1X1ML, USP) 0.4 MG/ML	1 ML	VL	IJ	ML	0.3 MG	1.33333		1.33333	9/9/1997	12/31/2009						
10019-0251-12	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	0.3 MG	3.33333		3.33333	01/01/2002	12/31/2009						
10019-0251-39	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SDV, 1X1ML, USP) 1 MG/ML	1 ML	VL	IJ	ML	0.3 MG	3.33333		3.33333	9/9/1997	12/31/2009						
10019-0263-01	Q2009			8/6/2007	6/28/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP, SINGLE DOSE, 25X2) 75 MG/ML	2 ML	VL	IJ	ML	50 MG	1.5		1.5	08/06/2007	6/28/2009						
10019-0263-03	Q2009			8/6/2007	6/28/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP, SINGLE DOSE, 10X10) 75 MG/ML	10 ML	VL	IJ	ML	50 MG	1.5		1.5	08/06/2007	6/28/2009						
10019-0270-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML	0.5 MG	2		2	01/01/2002	99/99/9999						
10019-0271-02	J2710			1/1/2002	6/30/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (S.D.V.) 0.5 MG/ML	1 ML	VL	IJ	ML	0.5 MG	1		1	01/01/2002	6/30/2007						
10019-0271-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10 ML	VL	IJ	ML	0.5 MG	1		1	01/01/2002	99/99/9999						
10019-0291-02	J2590			5/7/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (1MLX25, SDV, USP) 10 U/ML	1 ML	VL	IJ	ML	10 U	1		1	05/07/2007	99/99/9999						
10019-0291-04	J2590			5/7/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10MLX25, MDV, USP) 10 U/ML	10 ML	VL	IJ	ML	10 U	1		1	05/07/2007	99/99/9999						
10019-0291-12	J2590			5/29/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (SDV, USP) 10 U/ML	1 ML	VL	IJ	ML	10 U	1		1	05/29/2007	99/99/9999						
10019-0291-71	J2590			5/29/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (MDV, USP) 10 U/ML	10 ML	VL	IJ	ML	10 U	1		1	05/29/2007	99/99/9999						
10019-0450-02	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5		0.5	01/01/2002	99/99/9999						
10019-0450-39	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5		0.5	05/05/2007	99/99/9999						
10019-0461-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 EA	1		1	01/01/2002	12/31/2003						
10019-0461-01	J0595			1/1/2004	12/14/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 MG	1		1	01/01/2004	12/14/2006						
10019-0462-01	J3490			3/14/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA	1		1	03/14/2002	12/31/2003						
10019-0462-01	J0595			1/1/2004	12/14/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 MG	2		2	01/01/2004	12/14/2006						
10019-0506-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML	1 EA	1		1	01/01/2002	99/99/9999						
10019-0506-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML	1 EA	1		1	01/01/2002	99/99/9999						
10019-0506-45	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML	1 EA	1		1	01/01/2002	99/99/9999						
10019-0610-01	J0690			3/1/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (10ML VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG	1		1	03/01/2004	99/99/9999						
10019-0610-10	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1 EA	VL	IJ	EA	500 MG	1		1	05/05/2007	99/99/9999						
10019-0611-03	J0690			3/1/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (10ML VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG	2		2	03/01/2004	99/99/9999						
10019-0611-10	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1 EA	VL	IJ	EA	500 MG	2		2	05/05/2007	99/99/9999						
10019-0612-05	J0690			10/5/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP, PHARMACY BULK) 10 GM	1 EA	VL	IV	EA	500 MG	20		20	10/05/2006	99/99/9999						
10019-0612-11	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1 EA	VL	IV	EA	500 MG	20		20	05/05/2007	99/99/9999						
10019-0613-06	J0690			3/1/2004	7/21/2005	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (100ML VIAL, BULK PKG) 20 GM	1 EA	VL	IJ	EA	500 MG	40		40	03/01/2004	07/21/2005						
10019-0620-01	J0697			3/1/2004	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (10ML VIAL) 750 MG	1 EA	VL	IJ	EA	750 MG	1		1	03/01/2004	99/99/9999						
10019-0620-10	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA	750 MG	1		1	05/05/2007	99/99/9999						
10019-0621-03	J0697			3/1/2004	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (20ML VIAL) 1.5 GM	1 EA	VL	IJ	EA	750 MG	2		2	03/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0621-20	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (USP) 1.5 GM	1	EA	VL	IJ	EA	750 MG			2	05/05/2007	99/99/9999					
10019-0622-05	J0697			3/1/2004	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (100ML VIAL, BULK PKG) 7.5 GM	1	EA	VL	IJ	EA	750 MG			10	03/01/2004	99/99/9999					
10019-0622-11	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (USP) 7.5 GM	1	EA	VL	IJ	EA	750 MG			10	05/05/2007	99/99/9999					
10019-0630-01	J0295			12/15/2003	11/17/2005	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (VIAL) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	12/15/2003	11/17/2005					
10019-0630-02	J0295			12/15/2003	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (VIAL) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	12/15/2003	99/99/9999					
10019-0630-03	J0295			12/15/2003	2/22/2006	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM			10	12/15/2003	02/22/2006					
10019-0630-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	05/05/2007	99/99/9999					
10019-0631-01	J0295			11/18/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	11/18/2005	99/99/9999					
10019-0631-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	05/05/2007	99/99/9999					
10019-0632-03	J0295			11/18/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM			10	11/18/2005	99/99/9999					
10019-0633-02	J0295			3/10/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	03/10/2006	99/99/9999					
10019-0633-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	05/05/2007	99/99/9999					
10019-0634-01	J0295			3/10/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (10X10MLVIALS) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	03/10/2006	99/99/9999					
10019-0634-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	05/05/2007	99/99/9999					
10019-0635-03	J0295			12/14/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (PHARMACY BULK) 10 GM-5 GM	1	EA	VL	IJ	EA	1.5 GM			10	12/14/2005	99/99/9999					
10019-0636-01	J0295			5/2/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,10MLX10) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	05/02/2006	99/99/9999					
10019-0636-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM			1	05/05/2007	99/99/9999					
10019-0637-02	J0295			5/2/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,20MLX10) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	05/02/2006	99/99/9999					
10019-0637-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM			2	05/05/2007	99/99/9999					
10019-0638-03	J0295			5/2/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,PHARMACYBULK) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM			10	05/02/2006	99/99/9999					
10019-0648-02	J0456			4/12/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML) 500 MG	1	EA	VL	IV	EA	500 MG			1	04/12/2006	99/99/9999					
10019-0648-71	J0456			5/5/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN 500 MG	1	EA	VL	IV	EA	500 MG			1	05/05/2007	99/99/9999					
10019-0660-01	J0694			12/1/2003	1/31/2006	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	1 GM			1	12/01/2003	1/31/2006					
10019-0660-71	J0694			5/6/2007	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 1 GM	1	EA	VL	IJ	EA	1 GM			1	05/05/2007	99/99/9999					
10019-0661-02	J0694			12/1/2003	2/28/2006	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	1 GM			2	12/01/2003	2/28/2006					
10019-0661-27	J0694			5/5/2007	5/6/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 2 GM	1	EA	VL	IJ	EA	1 GM			2	05/05/2007	5/6/2007					
10019-0662-03	J0694			12/1/2003	2/28/2006	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 10 GM	1	EA	VL	IJ	EA	1 GM			10	12/01/2003	2/28/2006					
10019-0662-11	J0694			5/5/2007	5/6/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM 10 GM	1	EA	VL	IJ	EA	1 GM			10	05/05/2007	5/6/2007					
10019-0680-01	J0698			7/5/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (S.D.V.,USP) 500 MG	1	EA	VL	IJ	EA	1 GM			0.5	07/05/2005	99/99/9999					
10019-0680-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,SDV) 500 MG	1	EA	VL	IJ	EA	1 GM			0.5	05/05/2007	99/99/9999					
10019-0681-02	J0698			7/5/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (S.D.V.,USP) 1 GM	1	EA	VL	IJ	EA	1 GM			1	07/05/2005	99/99/9999					
10019-0681-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,SDV) 1 GM	1	EA	VL	IJ	EA	1 GM			1	05/05/2007	99/99/9999					
10019-0682-03	J0698			7/5/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (S.D.V.,USP) 2 GM	1	EA	VL	IJ	EA	1 GM			2	07/05/2005	99/99/9999					
10019-0682-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP,SDV) 2 GM	1	EA	VL	IJ	EA	1 GM			2	05/05/2007	99/99/9999					
10019-0685-01	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250 MG			1	07/05/2005	99/99/9999					
10019-0685-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250 MG			1	05/05/2007	99/99/9999					
10019-0686-02	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250 MG			2	07/05/2005	99/99/9999					
10019-0686-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250 MG			2	05/05/2007	99/99/9999					
10019-0687-03	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250 MG			4	07/05/2005	99/99/9999					
10019-0687-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250 MG			4	05/05/2007	99/99/9999					
10019-0688-04	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250 MG			8	07/05/2005	99/99/9999					
10019-0688-27	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250 MG			8	05/05/2007	99/99/9999					
10019-0689-05	J0696			10/5/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250 MG			40	10/05/2006	99/99/9999					
10019-0691-02	J0713			3/22/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 1 GM	1	EA	VL	IJ	EA	500 MG			2	03/22/2007	99/99/9999					
10019-0691-27	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 1 GM	1	EA	VL	IJ	EA	500 MG			2	05/05/2007	99/99/9999					
10019-0692-03	J0713			3/22/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 2 GM	1	EA	VL	IV	EA	500 MG			4	03/22/2007	99/99/9999					
10019-0692-50	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 2 GM	1	EA	VL	IV	EA	500 MG			4	05/05/2007	99/99/9999					
10019-0693-04	J0713			3/22/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV,BULK) 6 GM	1	EA	VL	IV	EA	500 MG			12	03/22/2007	99/99/9999					
10019-0693-11	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME 6 GM	1	EA	VL	IV	EA	500 MG			12	05/05/2007	99/99/9999					
10019-0905-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (2MLX25,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999					
10019-0905-17	J2405			5/5/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	VL	IJ	ML	1 MG			2	05/05/2007	99/99/9999					
10019-0906-03	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP,LATEX-FREE) 2 MG/ML	20	ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999					
10019-0906-63	J2405			5/5/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	NA	IJ	ML	1 MG			2	05/05/2007	99/99/9999					
10019-0910-01	J9060			1/1/2002	12/22/2005	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	50	ML	VL	IV	ML	10 MG			0.1	01/01/2002	12/22/2005					
10019-0910-02	J9060			1/1/2002	4/5/2006	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	100	ML	VL	IV	ML	10 MG			0.1	01/01/2002	4/5/2006					
10019-0912-01	J9045			10/15/2004																			

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0912-02	J9045			10/15/2004	5/18/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML		50 MG			0.2	10/15/2004	05/18/2006					
10019-0912-03	J9045			10/15/2004	4/5/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML		50 MG			0.2	10/15/2004	4/5/2006					
10019-0915-01	J9045			10/15/2004	12/31/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V., PF) 50 MG	1 EA	VL	IV	EA		50 MG			1	10/15/2004	12/31/2006					
10019-0916-01	J9045			10/15/2004	4/5/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V., PF) 150 MG	1 EA	VL	IV	EA		50 MG			3	10/15/2004	4/5/2006					
10019-0917-01	J9045			10/15/2004	12/14/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V., PF) 450 MG	1 EA	VL	IV	EA		50 MG			9	10/15/2004	12/14/2006					
10019-0920-01	J9000			1/1/2002	9/30/2007	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V., PF) 10 MG	1 EA	VL	IV	EA		10 MG			1	06/10/2003	9/30/2007					
10019-0921-02	J9000			1/1/2002	6/30/2008	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (SDV,PF) 50 MG	1 EA	VL	IV	EA		10 MG			5	06/10/2003	6/30/2008	1/1/2002	4/3/2002	1		
10019-0925-01	J9208			9/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML VIAL) 1 GM	1 EA	VL	IV	EA		1 GM			1	09/12/2005	99/99/9999	1/1/2002	8/19/2002	5		
10019-0925-82	J9208			5/5/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML) 1 GM	1 EA	VL	IV	EA		1 GM			1	05/05/2007	99/99/9999					
10019-0926-02	J9208			9/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML VIAL) 3 GM	1 EA	VL	IV	EA		1 GM			3	09/12/2005	99/99/9999					
10019-0926-16	J9208			5/5/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML) 3 GM	1 EA	VL	IV	EA		1 GM			3	05/05/2007	99/99/9999					
10019-0930-01	J9181			1/1/2002	12/14/2006	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML		10 MG			2	01/01/2002	12/14/2006					
10019-0930-02	J9181			9/1/2003	12/14/2006	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML		10 MG			2	09/01/2003	12/14/2006					
10019-0934-01	J9206			2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,AMBER GLASS) 20 MG/ML	2 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-01	QR J9206	QR		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,AMBER GLASS) 20 MG/ML	2 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-02	J9206			2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SDV,AMBER GLASS) 20 MG/ML	5 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-02	QR J9206	QR		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SDV,AMBER GLASS) 20 MG/ML	5 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-17	J9206			2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,INNER NDC) 20 MG/ML	2 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-17	QR J9206	QR		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SDV,INNER NDC) 20 MG/ML	2 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-79	J9206			2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SDV,INNER NDC) 20 MG/ML	5 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0934-79	QR J9206	QR		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SDV,INNER NDC) 20 MG/ML	5 ML	VL	IV	ML		20 MG			1	02/21/2008	99/99/9999					
10019-0940-01	J9250			1/1/2002	5/27/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2 ML	VL	IJ	ML		5 MG			5	01/01/2002	05/27/2002					
10019-0940-02	J9250			1/1/2002	5/27/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4 ML	VL	IJ	ML		5 MG			5	01/01/2002	05/27/2002					
10019-0941-01	J9250			1/1/2002	5/27/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (M.D.V.) 25 MG/ML	2 ML	VL	IJ	ML		5 MG			5	01/01/2002	05/27/2002					
10019-0953-01	J9209			3/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG			0.5	03/15/2004	99/99/9999					
10019-0953-02	J9209			3/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG			0.5	03/15/2004	99/99/9999					
10019-0953-62	J9209			5/5/2007	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/ML	1 ML	VL	IV	ML		200 MG			0.5	05/05/2007	99/99/9999					
10019-0955-01	J9090			4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 500 MG	CYCLOPHOSPHAMIDE (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA		500 MG			1	04/30/2004	12/31/2010					
10019-0956-01	J9091			4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 1.0 GRAM	CYCLOPHOSPHAMIDE (S.D.V.,PF) 1 GM	1 EA	VL	IV	EA		1 GM			1	04/30/2004	12/31/2010					
10019-0957-01	J9092			4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 2.0 GRAM	CYCLOPHOSPHAMIDE (S.D.V.,PF) 2 GM	1 EA	VL	IV	EA		2 GM			1	04/30/2004	12/31/2010					
10019-0957-11	J9092			4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 2.0 GRAM	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1 EA	VL	IV	GM		2 GM			1	4/30/2004	12/31/2010					
10019-0970-01	J9390			12/1/2003	12/14/2006	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG			1	12/01/2003	12/14/2006					
10019-0970-02	J9390			12/1/2003	12/14/2006	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG			1	12/01/2003	12/14/2006					
10106-0061-01	J9017			1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	NA	NA	GM		1 MG			1000	01/01/2002	99/99/9999					
10106-0061-04	J9017			1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	NA	NA	GM		1 MG			1000	01/01/2002	99/99/9999					
10106-0062-01	J9017			1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1 EA	BO	NA	GM		1 MG			1000	01/01/2002	99/99/9999					
10106-0062-04	J9017			1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1 EA	BO	NA	GM		1 MG			1000	01/01/2002	99/99/9999					
10106-1080-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCONE FINE, U.S.P.)	1 EA	BO	NA	GM		1 EA			1	01/01/2002	99/99/9999					
10106-1649-01	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG			200	01/01/2002	99/99/9999					
10106-1649-04	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG			200	01/01/2002	99/99/9999					
10106-2506-01	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM		500 MG			2	01/01/2002	99/99/9999					
10106-2506-05	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM		500 MG			2	01/01/2002	99/99/9999					
10106-2555-05	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM		50 ML			0.08	01/01/2002	99/99/9999					
10106-3046-01	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ			6.71141	01/01/2002	99/99/9999					
10106-3046-05	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ			6.71141	01/01/2002	99/99/9999					
10106-3052-01	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ			6.71141	01/01/2002	99/99/9999					
10106-3052-05	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ			6.71141	01/01/2002	99/99/9999					
10106-3343-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P., F.C.C.)	1 EA	BO	NA	GM		1 EA			1	01/01/2002	12/31/2003					
10106-3343-01	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P., F.C.C.)	1 EA	BO	NA	GM		100 MG			10	01/01/2004	99/99/9999					
10106-4206-01	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM			0.025	01/01/2002	99/99/9999					
10106-4206-05	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM			0.025	01/01/2002	99/99/9999					
10106-8994-01	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1 EA	BO	NA	GM		150 MG			6.66666	01/01/2002	99/99/9999					
10106-9224-01	J1212			1/1/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500 ML	EA	NA	ML		50 %			0.02	01/01/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10135-0149-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0149-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0149-24		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0149-61		Q0163		11/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50 MG		0.5	11/01/2002	99/99/9999						
10135-0151-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0151-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0151-24		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	24	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0151-50		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	50	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0151-52		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0151-57		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	100	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10135-0156-01		Q0163		11/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	11/01/2002	99/99/9999						
10135-0156-10		Q0163		11/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	11/01/2002	99/99/9999						
10135-0156-13		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BX	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10135-0166-13		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BLISTER PACK,CAPLET) 25 MG	100	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10139-0025-21		Q2009		8/8/2007	5/31/2009	INJECTION, FOSPHENYTOIN, 50 MG	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,2X10) 75 MG/ML	2	ML	VL	IJ	ML	50 MG		1.5	08/08/2007	5/31/2009						
10139-0025-22		Q2009		8/8/2007	6/30/2009	INJECTION, FOSPHENYTOIN, 50 MG	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,10X10) 75 MG/ML	10	ML	VL	IJ	ML	50 MG		1.5	08/08/2007	6/30/2009						
10139-0050-03		J0282		3/15/2005	9/30/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3	ML	NA	IV	ML	30 MG	1.66666	03/15/2005	09/30/2006							
10139-0050-09		J0282		3/15/2005	3/31/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	9	ML	NA	IV	ML	30 MG	1.66666	03/15/2005	03/31/2006							
10139-0050-10		J0282		3/28/2005	9/30/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (10X3ML) 50 MG/ML	3	ML	VL	IV	ML	30 MG	1.66666	03/28/2005	09/30/2006							
10139-0050-11		J0282		3/28/2005	3/31/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (10X3ML) 50 MG/ML	9	ML	VL	IV	ML	30 MG	1.66666	03/28/2005	03/31/2006							
10139-0050-28		J0282		3/28/2005	2/28/2006	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDV) 50 MG/ML	18	ML	VL	IV	ML	30 MG	1.66666	03/28/2005	02/28/2006							
10139-0057-10		J2260		4/15/2005	12/31/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (10X20ML) 1 MG/ML	20	ML	VL	IV	ML	5 MG		0.2	04/15/2005	12/31/2006						
10139-0057-20		J2260		4/7/2005	12/31/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE 1 MG/ML	20	ML	NA	IV	ML	5 MG		0.2	04/07/2005	12/31/2006						
10139-0060-05		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,YELLOWSEAL,1X5ML) 10 MG/ML	5	ML	VL	IV	ML	50 MG		0.2	07/09/2007	1/26/2010						
10139-0060-15		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PURPLESEAL,1X15ML) 10 MG/ML	15	ML	VL	IV	ML	50 MG		0.2	07/09/2007	1/26/2010						
10139-0060-45		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,BLUESEAL,1X45ML) 10 MG/ML	45	ML	VL	IV	ML	50 MG		0.2	07/09/2007	1/26/2010						
10139-0061-01		J9178		11/30/2007	6/30/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,1X100ML,PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	11/30/2007	6/30/2009						
10139-0061-25		J9178		11/30/2007	6/30/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,1X25ML,PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	11/30/2007	6/30/2009						
10139-0062-02		J9250		7/2/2007	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	2	ML	VL	IJ	ML	5 MG		5	07/02/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10139-0062-10	J9250			6/7/2007	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	10 ML	VL	IJ	ML		5 MG		5	06/07/2007	99/99/9999						
10139-0062-40	J9250			6/7/2007	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	40 ML	VL	IJ	ML		5 MG		5	06/07/2007	99/99/9999						
10139-0063-01	J9190			7/2/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,BULK) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	07/02/2007	99/99/9999						
10139-0063-01	QR J9190	QR		7/2/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,BULK) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	07/02/2007	99/99/9999						
10139-0063-11	J9190			6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	06/11/2007	99/99/9999						
10139-0063-11	QR J9190	QR		6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	06/11/2007	99/99/9999						
10139-0063-12	J9190			6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	06/11/2007	99/99/9999						
10139-0063-12	QR J9190	QR		6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	06/11/2007	99/99/9999						
10139-0063-50	J9190			6/7/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP) 50 MG/ML	50 ML	VL	IV	ML		500 MG		0.1	06/07/2007	99/99/9999						
10139-0063-50	QR J9190	QR		6/7/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP) 50 MG/ML	50 ML	VL	IV	ML		500 MG		0.1	06/07/2007	99/99/9999						
10139-0070-11	J0295			7/3/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM		1	07/03/2007	99/99/9999						
10139-0071-10	J0295			7/3/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM		2	07/03/2007	99/99/9999						
10139-0075-01	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	1 ML	NA	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0075-02	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	2 ML	NA	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0075-05	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	5 ML	NA	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0075-10	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1MLX10,USP,SINGLE-DOSE) 50 MCG/ML	1 ML	AM	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0075-12	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (2MLX10,USP,SINGLE-DOSE) 50 MCG/ML	2 ML	AM	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0075-15	J3490			11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (5MLX10,USP,SINGLE-DOSE) 50 MCG/ML	5 ML	AM	IJ	ML		1 EA		1	11/20/2006	1/1/2009						
10139-0230-10	J2360			1/5/2007	1/1/2009	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML,SINGLE DOSE,USP) 30 MG/ML	2 ML	VL	IJ	ML		60 MG		0.5	01/05/2007	1/1/2009						
10139-0501-12	J3370			8/19/2008	8/23/2010	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (USP,PF,LYOPHILIZED) (1GM = 1000 MG)	10 EA	NA	NA	EA		500 MG		2	08/19/2008	8/23/2010						
10148-0101-00	J7699			2/1/2005	6/30/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		1 EA		1	02/01/2005	06/30/2005						
10148-0101-00	Q4080			7/1/2005	7/31/2008	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		20 MCG		0.5	07/01/2005	7/31/2008						
10148-0101-01	Q4080			7/1/2005	12/31/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	VL	IH	ML		20 MCG		0.5	07/01/2005	12/31/2009						
10148-0101-01	Q4074			1/1/2010	2/27/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	VL	IH	ML		20 MCG		0.5	01/01/2010	2/27/2009						
10148-0101-30	J7699			2/1/2005	6/30/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		1 EA		1	02/01/2005	06/30/2005						
10148-0101-30	Q4080			7/1/2005	7/31/2008	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		20 MCG		0.5	07/01/2005	7/31/2008						
10148-0102-00	Q4080			12/8/2005	1/14/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (PF) 10 MCG/ML	1 ML	GC	IH	ML		20 MCG		0.5	01/01/2008	1/14/2009						
10148-0102-30	Q4080			12/8/2005	1/14/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (PF) 10 MCG/ML	1 ML	GC	IH	ML		20 MCG		0.5	01/01/2008	1/14/2009	12/8/2005	12/31/2007		1		
10158-0042-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	NYTOL QUICKGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8 EA	BX	PO	EA	50 MG		1	01/01/2002	99/99/9999	12/8/2005	12/31/2007		1		
10158-0043-02	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	NYTOL QUICKCAPS 25 MG	16 EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10158-0043-04	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	NYTOL QUICKCAPS 25 MG	32 EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10158-0043-06	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	NYTOL QUICKCAPS 25 MG	72 EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10267-0020-01	Q0173			1/1/2002	12/31/2002	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOGENAMIDE HCL 250 MG	100 EA	NA	PO	EA		250 MG		1	01/01/2002	12/31/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10267-0835-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10267-0835-04		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
10267-0836-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10267-0836-04		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
10454-0710-10	J0587			8/1/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5	ML	VL	IM	ML	100 U		50	08/01/2005	99/99/9999						
10454-0711-10	J0587			8/1/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 5000 U/ML	1	ML	VL	IM	ML	100 U		50	08/01/2005	99/99/9999						
10454-0712-10	J0587			6/30/2006	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC 5000 U/ML	2	ML	VL	IM	ML	100 U		50	06/30/2006	99/99/9999						
10518-0102-07	J9265			4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	5	ML	VL	IV	ML	30 MG		0.2	04/19/2007	7/5/2009						
10518-0102-08	J9265			4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	16.7	ML	VL	IV	ML	30 MG		0.2	04/19/2007	7/5/2009						
10518-0102-09	J9265			4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	50	ML	VL	IV	ML	30 MG		0.2	04/19/2007	7/5/2009						
10518-0103-10	J9206			2/27/2008	3/11/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/27/2008	3/11/2009						
10518-0103-10	QR J9206	QR		2/27/2008	3/11/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/27/2008	3/11/2009						
10518-0103-11	J9206			2/27/2008	6/1/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/27/2008	6/1/2009						
10518-0103-11	QR J9206	QR		2/27/2008	6/1/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/27/2008	6/1/2009						
10518-0104-10	J9178			8/24/2007	8/20/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	08/24/2007	8/20/2009						
10518-0104-11	J9178			8/24/2007	8/20/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2 MG		1	08/24/2007	8/20/2009						
10544-0322-21	J7509			1/11/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4 MG		1	01/11/2008	99/99/9999						
10544-0328-30	Q0177			1/1/2008	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25 MG		1	01/01/2008	99/99/9999						
10544-0343-20	Q0170			1/11/2008	10/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25 MG		1	01/11/2008	10/1/2009						
10544-0343-30	Q0170			1/21/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG		1	01/21/2008	99/99/9999						
10702-0002-01	Q0169			5/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	05/10/2007	99/99/9999						
10702-0003-01	Q0170			1/16/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25 MG		1	01/16/2007	99/99/9999						
10702-0003-10	Q0170			1/16/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25 MG		1	01/16/2007	99/99/9999						
10702-0004-01	Q0170			1/16/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25 MG		2	01/16/2007	99/99/9999						
10768-7085-01	J7506			5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	5 MG		4	05/12/2006	3/15/2010						
10768-7283-01	J7506			5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	05/12/2006	12/11/2007						
10768-7283-02	J7506			5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	48	EA	DP	PO	EA	5 MG		2	05/12/2006	12/11/2007						
10768-7283-03	J7506			5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	5 MG		2	05/12/2006	3/15/2010						
10768-7283-04	J7506			5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	5 MG		2	05/12/2006	3/15/2010						
10768-7733-01	J7506			5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	05/12/2006	12/11/2007						
10768-7733-02	J7506			5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	48	EA	DP	PO	EA	5 MG		1	05/12/2006	12/11/2007						
10768-7733-03	J7506			5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	5 MG		1	05/12/2006	3/15/2010						
10768-7733-04	J7506			5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	5 MG		1	05/12/2006	3/15/2010						
10892-0112-65	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DYUUS 12.5 MG/5 ML	480	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10956-0593-04		Q0163		1/1/2002	3/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	03/31/2002						
10956-0601-24		Q0163		1/1/2002	11/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-ETTES D 50 MG	24 EA	BX	PO	EA		50 MG		1	01/01/2002	11/01/2004						
10956-0601-48		Q0163		1/1/2002	11/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-ETTES D 50 MG	48 EA	BO	PO	EA		50 MG		1	01/01/2002	11/01/2004						
10956-0607-24		Q0163		1/1/2002	11/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	24 EA	BX	PO	EA		50 MG		1	01/01/2002	11/01/2004						
10956-0607-48		Q0163		1/1/2002	11/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	48 EA	BO	PO	EA		50 MG		1	01/01/2002	11/01/2004						
10956-0750-24		Q0163		11/2/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-ETTES D 50 MG	24 EA	NA	PO	EA		50 MG		1	11/02/2004	99/99/9999						
10956-0750-48		Q0163		11/2/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-ETTES D 50 MG	48 EA	BO	PO	EA		50 MG		1	11/02/2004	99/99/9999						
10956-0751-24		Q0163		11/2/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	24 EA	BX	PO	EA		50 MG		1	11/02/2004	99/99/9999						
10956-0751-48		Q0163		11/2/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	48 EA	BO	PO	EA		50 MG		1	11/02/2004	99/99/9999						
10960-0590-24		Q0163		1/1/2002	5/20/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLER-MED (CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	05/20/2002						
11098-0010-01		J1790		1/1/2002	6/3/2009	INJECTION, DROPERIDOL, UP TO 5 MG	INAPSINE (AMP) 2.5 MG/ML	1 ML	AM	IJ	ML		5 MG		0.5	01/01/2002	6/3/2009						
11098-0010-02		J1790		1/1/2002	6/3/2009	INJECTION, DROPERIDOL, UP TO 5 MG	INAPSINE (AMP) 2.5 MG/ML	2 ML	AM	IJ	ML		5 MG		0.5	01/01/2002	6/3/2009						
11098-0030-02		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG		0.5	01/01/2002	11/8/2010						
11098-0030-05		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	5 ML	AM	IJ	ML		0.1 MG		0.5	01/01/2002	11/8/2010						
11098-0030-10		J3010		1/1/2002	3/15/2007	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	10 ML	AM	IJ	ML		0.1 MG		0.5	01/01/2002	03/15/2007						
11098-0030-20		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	20 ML	AM	IJ	ML		0.1 MG		0.5	01/01/2002	11/8/2010						
11098-0050-01		J3490		1/1/2002	12/6/2010	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	1 ML	AM	IJ	ML		1 EA		1	01/01/2002	12/6/2010						
11098-0050-02		J3490		1/1/2002	1/9/2011	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	2 ML	AM	IJ	ML		1 EA		1	01/01/2002	1/9/2011						
11098-0050-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	5 ML	AM	IJ	ML		1 EA		1	01/01/2002	99/99/9999						
11098-0526-03		J0470		1/1/2002	99/99/9999	INJECTION, DIMERCAPROL, PER 100 MG	BAL IN OIL (AMP) 10%	3 ML	AM	IM	ML		100 MG		1	01/01/2002	99/99/9999						
11098-0533-01		J1600		6/21/2002	4/4/2010	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	MYOCHRYSINE (VIAL) 50 MG/ML	1 ML	VL	IM	ML		50 MG		1	06/21/2002	4/4/2010						
11098-0533-10		J1600		6/21/2002	11/8/2010	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	MYOCHRYSINE (VIAL) 50 MG/ML	10 ML	VL	IM	ML		50 MG		1	06/21/2002	11/8/2010						
11584-1016-02		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	MIO-REL (AMP) 30 MG/ML	2 ML	AM	IJ	ML		60 MG		0.5	01/01/2002	99/99/9999						
11584-1016-05		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	MIO-REL (AMP) 30 MG/ML	2 ML	AM	IJ	ML		60 MG		0.5	01/01/2002	99/99/9999						
11584-1025-01		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	NEUROFORTE-R (VIAL) 1000 MCG/ML	10 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
11743-0210-02		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (HEMOCHRON RXDX.VIAL) 1000 U/ML	10 ML	VL	IJ	ML		1000 U		1	01/01/2002	99/99/9999						
11743-0250-01		J2720		1/1/2002	5/2/2005	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (HEMOCHRON RXDX.M.D.V.) 10 MG/ML	25 ML	VL	IJ	ML		10 MG		1	01/01/2002	05/02/2005						
11822-0527-10		Q0163		5/2/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	RITE AID ALLERGY (AF,SF,DYE-FREE) 12.5 MG/5 ML	118 ML	NA	PO	ML		50 MG		0.05	05/02/2006	99/99/9999						
11845-0896-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
11845-0896-07		Q0163		1/1/2002	9/24/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE (COMPLETE) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	01/01/2002	09/24/2004						
11926-0616-16		Q0163		1/1/2002	12/3/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEPINAL 50 MG	16 EA	NA	PO	EA		50 MG		1	01/01/2002	12/03/2002						
11926-0616-32		Q0163		1/1/2002	12/3/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEPINAL 50 MG	32 EA	NA	PO	EA		50 MG		1	01/01/2002	12/03/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11926-0621-08		Q0163		1/1/2002	7/15/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SLEEPINAL (SOFTGEL) 50 MG	8 EA	BX	PO	EA		50 MG		1	01/01/2002	07/15/2002						
11994-0005-05		J1245		1/1/2002	10/6/2003	INJECTION, DIPYRIDAMOLE, PER 10 MG	IV PERSANTINE (VIAL) 5 MG/ML	10 ML	VL	IV	ML		10 MG		0.5	01/01/2002	10/06/2003						
11994-0011-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	DEFINITY (VIAL/GLASS)	2 ML	VL	IV	ML		1 EA		1	01/01/2002	99/99/9999						
12120-5025-03		J2675		1/1/2002	11/12/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	11/12/2002						
12120-5026-03		J2675		1/1/2002	11/12/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE, MICRONIZED)	1 EA	NA	NA	GM		50 MG		20	01/01/2002	11/12/2002						
12280-0057-30		Q0144		3/21/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 600 MG	30 EA	BO	PO	EA		1 GM		0.6	03/21/2005	4/1/2009						
12280-0068-24		Q0163		7/12/2005	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BENADRYL (DYE-FREE, SOFTGEL) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	07/12/2005	4/1/2009						
12280-0068-30		Q0163		3/21/2005	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BENADRYL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	03/21/2005	4/1/2009						
12280-0072-15		J2941		3/21/2005	4/1/2009	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX 5 MG/1.5 ML	1.5 ML	SR	SC	ML		1 MG		3.33333	03/21/2005	4/1/2009						
12280-0073-10		J0696		3/21/2005	4/1/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (10 VIALS X 6ML) 500 MG	1 EA	VL	IJ	EA		250 MG		2	03/21/2005	4/1/2009						
12280-0092-15		J2941		3/23/2005	4/1/2009	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN 5 MG/1.5 ML	1.5 ML	CT	SC	ML		1 MG		3.33333	03/23/2005	4/1/2009						
12280-0094-30		J7644		3/30/2005	4/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	03/30/2005	4/1/2009						
12280-0094-30	KO	J7644	KO	3/30/2005	4/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	03/30/2005	4/1/2009						
12280-0109-30		Q0144		3/24/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	03/24/2005	4/1/2009						
12280-0139-30		J7500		4/21/2005	4/1/2009	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30 EA	BO	PO	EA		50 MG		1	04/21/2005	4/1/2009						
12280-0185-00		Q0163		6/22/2005	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	06/22/2005	4/1/2009						
12280-0205-04		Q0177		6/29/2005	4/1/2009	HOUR DOSAGE REGIMEN	VISTARIL 25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.2	06/29/2005	4/1/2009						
12280-0227-10		J1200		8/8/2005	4/1/2009	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	08/08/2005	4/1/2009						
12280-0229-01		J2800		8/16/2005	4/1/2009	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN 100 MG/ML	10 ML	VL	IJ	ML		10 ML		0.1	08/16/2005	4/1/2009						
12280-0230-01		J2001		8/16/2005	4/1/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (LATEX-FREE) 2%	50 ML	NA	IJ	ML		10 MG		2	08/16/2005	4/1/2009						
12280-0232-01		J2930		8/18/2005	4/1/2009	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL 125 MG	1 EA	VL	IJ	EA		125 MG		1	08/18/2005	4/1/2009						
12280-0233-01		A4216		8/18/2005	4/1/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION	30 ML	VL	IV	ML		10 ML		0.1	08/18/2005	4/1/2009						
12280-0241-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
12280-0241-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
12280-0241-25		J7613		4/1/2008	4/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	4/1/2009						
12280-0241-25	KO	J7613	KO	4/1/2008	4/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	4/1/2009						
12280-0256-01		J1030		5/19/2006	4/1/2009	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	1 ML	VL	IJ	ML		40 MG		1	05/19/2006	4/1/2009						
12280-0256-05		J1030		12/14/2005	4/1/2009	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	5 ML	VL	IJ	ML		40 MG		1	12/14/2005	4/1/2009						
12280-0268-06		Q0144		3/8/2006	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6) 250 MG	6 EA	DP	PO	EA		1 GM		0.25	03/08/2006	4/1/2009						
12280-0269-03		Q0144		3/8/2006	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X3) 500 MG	3 EA	DP	PO	EA		1 GM		0.5	03/08/2006	4/1/2009						
12280-0276-30		Q0175		3/21/2006	4/1/2009	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA		4 MG		1	03/21/2006	4/1/2009						
12280-0276-60		Q0175		3/21/2006	4/1/2009	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA		4 MG		1	03/21/2006	4/1/2009						
12280-0276-90		Q0175		3/21/2006	4/1/2009	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 4 MG	90 EA	BO	PO	EA		4 MG		1	03/21/2006	4/1/2009						
12280-0277-30		Q0176		3/21/2006	4/1/2009	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	30 EA	BO	PO	EA		8 MG		1	03/21/2006	4/1/2009						
12280-0277-60		Q0176		3/21/2006	4/1/2009	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA		8 MG		1	03/21/2006	4/1/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
12280-0277-90	Q0176			3/21/2006	4/1/2009	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	90 EA	BO	PO	EA		8 MG		1	03/21/2006	4/1/2009						
12280-0346-30	J8999			1/9/2008	4/1/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA		1	01/09/2008	4/1/2009						
12280-0456-10	J1885			10/4/2005	8/1/2007	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	NA	IM	ML		15 MG		2	10/04/2005	08/01/2007						
12496-0757-01	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML		1 EA		1	01/01/2002	12/31/2002						
12496-0757-01	J0592			1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML		0.1 MG		3.24	01/01/2003	99/99/9999						
12547-0170-21	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (DYE-FREE,SOFTGEL) 25 MG	24 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
12547-0170-31	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	24 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
12547-0170-33	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	100 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
12547-0170-55	Q0163			1/1/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240 ML	NA	PO	ML		50 MG		0.05	01/01/2002	10/25/2008						
12547-0171-36	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	48 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
12547-0171-37	Q0163			11/17/2003	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (CHILDREN'S,AF,SF) 12.5 MG/5 ML	118 ML	NA	PO	ML		50 MG		0.05	11/17/2003	10/25/2008						
12547-0172-38	Q0163			1/1/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY 12.5 MG	24 EA	NA	PO	EA		50 MG		0.25	01/01/2002	10/25/2008						
12810-0379-26	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTHISTAMINE 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
13411-0131-01	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10 EA	BO	PO	EA		1 GM		0.25	08/23/2006	99/99/9999						
13411-0131-03	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM		0.25	08/01/2005	99/99/9999						
13411-0131-06	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60 EA	BO	PO	EA		1 GM		0.25	08/23/2006	99/99/9999						
13411-0131-09	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90 EA	BO	PO	EA		1 GM		0.25	08/23/2006	99/99/9999						
13411-0131-15	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15 EA	BO	PO	EA		1 GM		0.25	08/23/2006	99/99/9999						
13411-0182-01	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0182-03	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0182-06	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0182-09	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0182-10	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0183-01	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0183-03	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0183-06	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0183-09	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13411-0183-10	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	08/23/2006	99/99/9999						
13436-0700-01	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.3MG DELIVERY) 1 MG/ML	0.3 ML	SR	IJ	EA		1 ML		1	08/03/2005	12/31/2010						
13436-0700-02	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.3MG DELIVERY) 1 MG/ML	0.3 ML	SR	IJ	EA		1 ML		1	08/03/2005	12/31/2010						
13436-0701-01	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.15MG DELIVERY) 1 MG/ML	0.15 ML	SR	IJ	EA		1 ML		1	08/03/2005	12/31/2010						
13436-0701-02	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.15MG DELIVERY) 1 MG/ML	0.15 ML	SR	IJ	EA		1 ML		1	08/03/2005	12/31/2010						
13533-0601-30	J0256			10/20/2005	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	PROLASTIN (W/20ML DILUENT,PF) 500 MG	500 MG	VL	IV	EA		10 MG		0.1	10/20/2005	99/99/9999						
13533-0601-35	J0256			10/20/2005	99/99/9999	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	PROLASTIN (W/40ML DILUENT,PF) 1000 MG	1000 MG	VL	IV	EA		10 MG		0.1	10/20/2005	99/99/9999						
13533-0603-20	J7197			10/14/2006	99/99/9999	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT,-500IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU		1	10/14/2006	99/99/9999						
13533-0603-30	J7197			10/14/2006	99/99/9999	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT,-1000IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU		1	10/14/2006	99/99/9999						
13533-0631-02	J2792			12/21/2005	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE,PF)	1 ML	SR	IM	ML		100 IU		15	12/21/2005	99/99/9999						
13533-0631-06	J2792			12/21/2005	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (MINI-DOSE)	0.17 ML	SR	IM	ML		100 IU		12.5	12/21/2005	99/99/9999						
13533-0634-02	J1670			10/14/2006	99/99/9999	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	HYPERTET S/D (PF) 250 U	1 ML	SR	IM	ML		250 U		1	10/14/2006	99/99/9999						
13533-0635-03	J1460			1/17/2008	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (1X2ML,PF,LATEX-FREE)	2 ML	SR	IM	ML		1 ML		1	01/17/2008	99/99/9999						
13533-0635-04	J1460			10/4/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V, PF)	2 ML	VL	IM	ML		1 ML		1	10/04/2005	99/99/9999						
13533-0635-12	J1460			10/4/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V, PF)	10 ML	VL	IM	ML		1 ML		1	10/04/2005	99/99/9999						
13533-0636-01	J3590			10/14/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (PF)	1 ML	VL	IM	ML		1 EA		1	10/14/2006	99/99/9999						
13533-0636-02	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (SINGLE DOSE,PF)	1 ML	SR	IM	ML		1 EA		1	01/18/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
13533-0636-03	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (NEONATAL SINGLE DOSE PF)	0.5 ML	SR	IM	ML		1 EA		1	01/18/2006	99/99/9999						
13533-0636-05	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (SDV,PF)	5 ML	VL	IM	ML		1 EA		1	01/18/2006	99/99/9999						
13533-0645-12	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML		500 MG		0.2	07/01/2007	12/31/2007						
13533-0645-12	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML		500 MG		0.2	01/01/2008	99/99/9999						
13533-0645-15	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML		500 MG		0.2	07/01/2007	12/31/2007						
13533-0645-15	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML		500 MG		0.2	01/01/2008	99/99/9999						
13533-0645-20	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML		500 MG		0.2	07/01/2007	12/31/2007						
13533-0645-20	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML		500 MG		0.2	01/01/2008	99/99/9999						
13533-0645-24	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML		500 MG		0.2	07/01/2007	12/31/2007						
13533-0645-24	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML		500 MG		0.2	01/01/2008	99/99/9999						
13533-0645-71	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML		500 MG		0.2	07/01/2007	12/31/2007						
13533-0645-71	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML		500 MG		0.2	01/01/2008	99/99/9999						
13533-0665-20	J7190			11/1/2007	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (250IU) 1 IU	250 IU	VL	IV	EA		1 IU		1	11/01/2007	99/99/9999						
13533-0665-30	J7190			11/1/2007	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (500IU) 1 IU	500 IU	VL	IV	EA		1 IU		1	11/01/2007	99/99/9999						
13533-0665-50	J7190			11/1/2007	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (1000IU) 1 IU	1000 IU	VL	IV	EA		1 IU		1	11/01/2007	99/99/9999						
13633-0123-01	J8999			7/10/2006	1/1/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	SOLTAMOX (SF LICORICE) 10 MG/5 ML	120 ML	BO	PO	ML		1 EA		1	07/10/2006	1/1/2008						
15054-1040-05	J3490			12/31/2006	UNCLASSIFIED DRUGS		INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4 ML	VL	SC	ML		1 EA		1	11/01/2005	12/31/2006						
15054-1040-05	J2170			1/1/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4 ML	VL	SC	ML		1 MG		10	01/01/2007	99/99/9999						
15210-0061-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML		50 MG		0.2	01/15/2007	99/99/9999						
15210-0063-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML		50 MG		0.2	01/15/2007	99/99/9999						
15210-0066-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	01/15/2007	99/99/9999						
15210-0067-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60 ML	VL	IV	ML		50 MG		0.2	01/15/2007	99/99/9999						
15210-0401-11	J2430			7/12/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	OTN PAMIDRONATE DISODIUM 3 MG/ML	10 ML	VL	IV	ML		30 MG		0.1	07/12/2006	99/99/9999						
15210-0402-11	J2430			7/12/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	OTN PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML		30 MG		0.3	07/12/2006	99/99/9999						
15210-0403-35	J9293			8/14/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (USP,MDV,PF,CONCENTRATE) 2 MG/ML	10 ML	VL	IV	ML		5 MG		0.4	08/14/2006	99/99/9999						
15210-0403-36	J9293			7/31/2006	8/11/2009	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (MDV,USP,PF,CONCENTRATE) 2 MG/ML	12.5 ML	NA	IV	ML		5 MG		0.4	07/31/2006	8/11/2009						
15210-0403-37	J9293			8/14/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (USP,MDV,PF,CONCENTRATE) 2 MG/ML	15 ML	VL	IV	ML		5 MG		0.4	08/14/2006	99/99/9999						
15686-0111-03	A4216			4/2/2007	7/10/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (USP,100X3ML,LATEX-FREE) 0.9%	3 ML	PC	IH	ML		10 ML		0.1	04/02/2007	7/10/2008						
15686-0111-05	A4216			4/2/2007	7/10/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (USP,100X5ML,LATEX-FREE) 0.9%	5 ML	PC	IH	ML		10 ML		0.1	04/02/2007	7/10/2008						
15927-3220-00	J7799			9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (BASE)	1 EA	BO	NA	GM		1 EA		1	09/08/2003	99/99/9999						
16252-0097-22	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
16252-0097-22	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
16252-0097-22	J7613			4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	11/3/2010						
16252-0097-22	KO J7613	KO		4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	11/3/2010						
16252-0097-33	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
16252-0097-33	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
16252-0097-33	J7613			4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	11/3/2010						
16252-0097-33	KO J7613	KO		4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	11/3/2010						
16252-0097-66	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16252-0097-66	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
16252-0097-66		J7613		4/1/2008	11/3/2010	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	11/3/2010						
16252-0097-66	KO	J7613	KO	4/1/2008	11/3/2010	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	11/3/2010						
16252-0098-22		J7644		4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0098-22	KO	J7644	KO	4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0098-33		J7644		4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0098-33	KO	J7644	KO	4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0098-66		J7644		4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0098-66	KO	J7644	KO	4/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/01/2006	99/99/9999						
16252-0536-08		J8515		5/1/2008	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	05/01/2008	99/99/9999						
16252-0547-33		J7620		12/31/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	2.5	MG	0.33333	12/31/2007	99/99/9999						
16252-0547-66		J7620		12/31/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	2.5	MG	0.33333	12/31/2007	99/99/9999						
16477-0510-08		J8499		4/30/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MILLIPRED (1X237ML,AF,DYE-FREE) 10 MG/5 ML	237	ML	BO	PO	ML	1	EA	1	04/30/2008	99/99/9999						
16500-0102-00		Q0163		1/1/2002	1/1/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MILES NERVINE 25 MG	30	EA	NA	PO	EA	50	MG	0.5	01/01/2002	01/01/2002						
16500-0102-20		Q0163		1/1/2002	1/1/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MILES NERVINE 25 MG	12	EA	NA	PO	EA	50	MG	0.5	01/01/2002	01/01/2002						
16590-0003-30		J8499		2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	02/01/2006	99/99/9999						
16590-0003-60		J8499		2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	02/01/2006	99/99/9999						
16590-0078-20		Q0163		2/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/01/2006	99/99/9999						
16590-0079-20		Q0163		2/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	02/01/2006	99/99/9999						
16590-0149-21		J7509		1/1/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPRED-DP 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2006	99/99/9999						
16590-0191-10		Q0170		4/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG	1	04/01/2007	99/99/9999						
16590-0191-15		Q0170		2/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	15	EA	BO	PO	EA	25	MG	1	02/01/2006	99/99/9999						
16590-0191-20		Q0170		6/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	20	EA	BO	PO	EA	25	MG	1	06/01/2006	99/99/9999						
16590-0191-30		Q0170		2/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG	1	02/01/2006	99/99/9999						
16590-0191-60		Q0170		2/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	60	EA	BO	PO	EA	25	MG	1	02/01/2006	99/99/9999						
16590-0191-90		Q0170		2/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	90	EA	BO	PO	EA	25	MG	1	02/01/2006	99/99/9999						
16590-0193-12		J8498		2/1/2006	09/01/2010	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	12	EA	BX	RC	EA	1	EA	1	02/01/2006	09/01/2010						
16590-0194-12		J8498		2/1/2006	09/01/2010	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	02/01/2006	09/01/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16590-0240-10		Q0173		2/1/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 250 MG	10	EA	NA	PO	EA	250 MG		1	02/01/2006	99/99/9999						
16590-0240-20		Q0173		2/1/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 250 MG	20	EA	NA	PO	EA	250 MG		1	02/01/2006	99/99/9999						
16590-0248-06		Q0144		2/1/2006	99/99/9999	ZITHROMAX Z-PAK 250 MG	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1 GM	0.25	02/01/2006	99/99/9999							
16590-0326-10		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG	4	06/01/2006	99/99/9999							
16590-0326-20		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG	4	06/01/2006	99/99/9999							
16590-0326-21		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG	4	06/01/2006	99/99/9999							
16590-0326-30		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG	4	06/01/2006	99/99/9999							
16590-0326-45		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	45	EA	BO	PO	EA	5 MG	4	06/01/2006	99/99/9999							
16590-0326-60		J7506		11/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5 MG	4	11/01/2007	99/99/9999							
16590-0327-10		Q0165		4/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG		1	04/01/2007	99/99/9999						
16590-0357-09		Q0177		5/1/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	9	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
16590-0357-12		Q0177		5/1/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	12	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
16590-0357-20		Q0177		5/1/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
16590-0357-30		Q0177		5/1/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
16590-0362-06		Q0144		12/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1 GM	0.25	12/01/2006	99/99/9999							
16590-0370-20		J8499		6/1/2006	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA	1	06/01/2006	99/99/9999							
16590-0370-30		J8499		6/1/2006	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA	1	06/01/2006	99/99/9999							
16590-0370-40		J8499		6/1/2006	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1 EA	1	06/01/2006	99/99/9999							
16590-0404-10		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5 MG	2	06/01/2006	99/99/9999							
16590-0404-20		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG	2	06/01/2006	99/99/9999							
16590-0404-21		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG	2	06/01/2006	99/99/9999							
16590-0404-30		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG	2	06/01/2006	99/99/9999							
16590-0404-45		J7506		6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45	EA	BO	PO	EA	5 MG	2	06/01/2006	99/99/9999							
16714-0221-30		Q0166		5/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	BX	PO	EA	1 MG		1	05/15/2008	99/99/9999						
16714-0221-32		Q0166		5/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2X10 FILM-COATED) 1 MG	20	EA	BX	PO	EA	1 MG		1	05/15/2008	99/99/9999						
16887-0211-01		J3490		12/15/2006	12/31/2006	UNCLASSIFIED DRUGS	APOKYN 10 MG/ML	3	ML	CT	SC	ML	1 EA		1	12/15/2006	12/31/2006						
16887-0211-01		J0364		1/1/2007	6/23/2009	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOKYN 10 MG/ML	3	ML	CT	SC	ML	1 MG		10	01/01/2007	6/23/2009						
16887-0211-05		J3490		12/15/2006	12/31/2006	UNCLASSIFIED DRUGS	APOKYN (5X3ML) 10 MG/ML	3	ML	CT	SC	ML	1 EA		1	12/15/2006	12/31/2006						
16887-0211-05		J0364		1/1/2007	6/23/2009	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOKYN (5X3ML) 10 MG/ML	3	ML	CT	SC	ML	1 MG		10	01/01/2007	6/23/2009						
17236-0495-01		J8999		10/1/2002	4/1/2003	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1 EA		1	10/01/2002	04/01/2003						
17236-0516-01		Q0163		1/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	01/01/2005						
17236-0516-10		Q0163		1/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	01/01/2005						
17236-0518-01		Q0163		1/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	01/01/2005						
17236-0518-10		Q0163		1/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	01/01/2005						
17236-0697-01		J8999		10/1/2002	4/1/2003	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1 EA		1	10/01/2002	04/01/2003						
17236-0854-01		J8499		1/1/2002	8/31/2004	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	08/31/2004						
17236-0855-01		J8499		1/1/2002	4/1/2003	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	NA	PO	EA	1 EA		1	01/01/2002	04/01/2003						
17236-0905-01		Q0163		10/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET,CAPLET) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	10/01/2002	01/01/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17236-0905-10		Q0163		10/1/2002	1/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (CAPLET,CAPLET) 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	10/01/2002	01/01/2005						
17314-7253-03		J0207		1/1/2002	1/2/2002	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ETHYOL (S.D.V.) 500 MG	1	EA	VL	IV	EA	500 MG		1	01/01/2002	01/02/2002						
17314-9600-01		J9001		1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	DOXIL (S.D.V.,STEALTH LIPOSOME) 2 MG/ML	10	ML	VL	IV	ML	10 MG		0.2	01/01/2002	99/99/9999						
17314-9600-02		J9001		1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	DOXIL (S.D.V.,STEALTH LIPOSOME) 2 MG/ML	25	ML	VL	IV	ML	10 MG		0.2	01/01/2002	99/99/9999						
17317-0022-01		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250 MG		4	01/01/2002	99/99/9999						
17317-0022-04		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250 MG		4	01/01/2002	99/99/9999						
17317-0022-05		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250 MG		4	01/01/2002	99/99/9999						
17317-0036-02		J7636		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0036-02	KO	J7636	KO	1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0036-05		J7636		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0036-05	KO	J7636	KO	1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0036-07		J7636		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0036-07	KO	J7636	KO	1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1 MG		1000	01/01/2002	99/99/9999						
17317-0049-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0049-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0049-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0073-01		J0706		1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0073-04		J0706		1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0073-05		J0706		1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0146-03		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0146-05		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0146-06		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0199-01		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.MICRONIZED)	1	EA	NA	NA	GM	25 MG		40	01/01/2002	99/99/9999						
17317-0199-02		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999						
17317-0199-03		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999						
17317-0199-08		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	99/99/9999						
17317-0345-01		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0345-05		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0345-08		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0346-01		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0346-05		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0346-08		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500 MG		2	01/01/2002	99/99/9999						
17317-0398-01		J2440		1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	99/99/9999						
17317-0398-04		J2440		1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	99/99/9999						
17317-0413-01		J2560		1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	SODIUM PHENOBARBITAL (U.S.P.)	1	EA	BO	NA	GM	120 MG		8.33333	01/01/2002	99/99/9999						
17317-0417-02		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0417-03		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0417-05		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	99/99/9999						
17317-0438-01		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2 MEQ		6.71141	01/01/2002	99/99/9999						
17317-0438-05		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P./F.C.C.)	1	EA	FC	NA	GM	2 MEQ		6.71141	01/01/2002	99/99/9999						
17317-0438-08		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P./F.C.C.)	1	EA	FC	NA	GM	2 MEQ		6.71141	01/01/2002	99/99/9999						
17317-0447-02		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0447-03		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0455-02		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	12/31/2003						
17317-0455-02		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
17317-0455-03		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	12/31/2003						
17317-0455-03		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
17317-0455-05		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	12/31/2003						
17317-0455-05		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
17317-0455-06		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2002	12/31/2003						
17317-0455-06		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2004	99/99/9999						
17317-0477-08		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999						
17317-0567-02		J3140		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0567-03		J3140		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0567-08		J3140		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
17317-0568-02		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17317-0568-03		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
17317-0568-08		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
17317-0571-01		J2810		1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1 EA	NA	NA	GM	40 MG			25	01/01/2002	99/99/9999						
17317-0571-04		J2810		1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1 EA	NA	NA	GM	40 MG			25	01/01/2002	99/99/9999						
17317-0571-05		J2810		1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1 EA	NA	NA	GM	40 MG			25	01/01/2002	99/99/9999						
17317-0571-08		J2810		1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1 EA	NA	NA	GM	40 MG			25	01/01/2002	99/99/9999						
17317-0593-01		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
17317-0593-05		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
17317-0593-08		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
17317-0626-01		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0626-02		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0626-03		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0626-08		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0719-01		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
17317-0719-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
17317-0719-07		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
17317-0719-07	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
17317-0735-01		J2000		1/1/2002	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	12/31/2003						
17317-0735-01		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
17317-0735-02		J2000		1/1/2002	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	12/31/2003						
17317-0735-02		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
17317-0735-03		J2000		1/1/2002	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	12/31/2003						
17317-0735-03		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
17317-0735-04		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
17317-0735-06		J2000		1/1/2002	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	12/31/2003						
17317-0735-06		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
17317-0828-01		J1212		1/1/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500 ML	EA	NA	ML	50 %			0.02	01/01/2002	99/99/9999						
17317-0829-01		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-0829-05		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-0829-08		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-0934-01		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1 EA	NA	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0934-02		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1 EA	NA	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0934-03		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1 EA	NA	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-0934-08		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE)	1 EA	NA	NA	GM	50 MG			20	01/01/2002	99/99/9999						
17317-1010-01		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1010-03		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1010-05		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1010-08		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1011-01		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1011-05		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1011-08		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1011-09		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1012-01		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1012-03		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1012-08		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
17317-1413-01		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM	500 MG			2	01/01/2002	99/99/9999						
17317-1413-03		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM	500 MG			2	01/01/2002	99/99/9999						
17317-1466-01		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (A.C.S., REAGENT)	1 EA	NA	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
17317-1466-05		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (A.C.S., REAGENT)	1 EA	NA	NA	GM	40 GM			0.025	01/01/2002	99/99/9999						
17317-1485-01		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-1485-04		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-1485-05		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-1565-01		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	04/18/2008						
17317-1565-05		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	99/99/9999						
17317-1565-08		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG			6.66666	01/01/2002	04/18/2008						
17317-2409-02		J0600		1/1/2002	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	1 EA	BO	NA	GM	1000 MG			1	01/01/2002	99/99/9999						
17474-0123-01		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,LATEX-FREE) 10 U/ML	10 ML	SR	IV	ML	10 U			1	03/14/2002	3/14/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17474-0123-02		J1642		3/14/2002	8/29/2008	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,3 ML,PF,LATEX-FREE) 10 U/ML	2.5	ML	SR	IV	ML	10 U		1	03/14/2002	8/29/2008						
17474-0123-03		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML	2.5	ML	SR	IV	ML	10 U		1	03/14/2002	3/14/2002						
17474-0123-05		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML	5	ML	SR	IV	ML	10 U		1	03/14/2002	3/14/2002						
17474-0125-01		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML	10	ML	SR	IV	ML	10 U		10	03/14/2002	3/14/2002						
17474-0125-02		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,3 ML,LATEX-FREE) 100 U/ML	2.5	ML	SR	IV	ML	10 U		10	03/14/2002	3/14/2002						
17474-0125-03		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL ADVANCED HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML	2.5	ML	SR	IV	ML	10 U		10	03/14/2002	3/14/2002						
17474-0125-05		J1642		3/14/2002	3/14/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10 U		10	03/14/2002	3/14/2002						
17474-3002-01		J2912		3/14/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	10	ML	SR	IV	ML	0.9 %		0.5	03/14/2002	12/31/2006						
17474-3002-01		A4216		1/1/2007	3/14/2002	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	10	ML	SR	IV	ML	10 ML		0.1	01/01/2007	3/14/2002						
17474-3002-02		J2912		3/14/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	MONOJECT PREFILL FLUSH (SRN,3 ML) 0.9%	2.5	ML	SR	IV	ML	0.9 %		0.5	03/14/2002	12/31/2006						
17474-3002-02		A4216		1/1/2007	3/14/2002	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL FLUSH (SRN,3 ML) 0.9%	2.5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	3/14/2002						
17474-3002-03		J2912		3/14/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	2.5	ML	SR	IV	ML	0.9 %		0.5	03/14/2002	12/31/2006						
17474-3002-03		A4216		1/1/2007	3/14/2002	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	2.5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	3/14/2002						
17474-3002-05		J2912		3/14/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	5	ML	SR	IV	ML	0.9 %		0.5	03/14/2002	12/31/2006						
17474-3002-05		A4216		1/1/2007	3/14/2002	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL FLUSH (SRN,12 ML) 0.9%	5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	3/14/2002						
17478-0040-01		J2060		3/28/2005	12/13/2010	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2 MG		1	03/28/2005	12/13/2010						
17478-0524-02		J2250		4/29/2005	3/29/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	2	ML	VL	IJ	ML	1 MG		5	04/29/2005	03/29/2006						
17478-0524-05		J2250		4/29/2005	3/29/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	5	ML	VL	IJ	ML	1 MG		5	04/29/2005	03/29/2006						
17478-0524-10		J2250		4/29/2005	3/29/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	VL	IJ	ML	1 MG		5	04/29/2005	03/29/2006						
17478-0538-02		J2360		10/1/2006	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	2	ML	VL	IJ	ML	60 MG		0.5	10/01/2006	99/99/9999						
17478-0560-01		J3470		5/16/2007	4/30/2009	INJECTION, HYALURONIDASE, UP TO 150 UNITS	HYDASE (6X1ML) 150 U/ML	1	ML	VL	SC	ML	150 U		1	05/16/2007	4/30/2009						
17714-0020-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
17714-0020-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
17714-0021-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
17714-0021-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
17714-0042-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
17714-0042-24		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICATION (CAPLET) 25 MG	24	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
18111-0002-02		J9206		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999						
18111-0002-02	QR	J9206	QR	2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999						
18111-0002-03		J9206		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999						
18111-0002-03	QR	J9206	QR	2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20 MG		1	02/28/2008	99/99/9999						
18837-0037-30		J8540		9/1/2006	6/1/2007	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30	EA	NA	PO	EA	0.25 MG		16	09/01/2006	06/01/2007						
18837-0043-30		Q0163		11/1/2007	8/10/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30	EA	BX	PO	EA	50 MG		1	11/01/2007	8/10/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
18837-0086-21	J7509			6/1/2007	7/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE DP 4 MG	21 EA	DP	PO	EA		4 MG		1	06/01/2007	7/1/2009						
18837-0127-10	Q0170			8/1/2007	8/10/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	08/01/2007	8/10/2009						
18837-0127-30	Q0170			9/1/2006	8/10/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	09/01/2006	8/10/2009						
18837-0127-45	Q0170			9/1/2006	6/1/2007	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	45 EA	NA	PO	EA		25 MG		1	09/01/2006	06/01/2007						
18837-0127-60	Q0170			9/1/2006	8/10/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	09/01/2006	8/10/2009						
18837-0127-90	Q0170			9/1/2006	8/10/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	09/01/2006	8/10/2009						
18837-0184-40	Q0179			9/1/2006	6/1/2007	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	40 EA	NA	PO	EA		8 MG		1	09/01/2006	06/01/2007						
18837-0213-30	Q0163			10/26/2006	6/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE 50 MG	30 EA	NA	PO	EA		50 MG		1	10/26/2006	06/01/2007						
18837-0213-98	Q0163			10/26/2006	6/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE 50 MG	120 EA	NA	PO	EA		50 MG		1	10/26/2006	06/01/2007						
18837-0265-02	Q4083			6/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN 10 MG/ML	2 ML	SR	U	ML		1 DOSE		0.5	06/01/2007	12/31/2007						
18837-0265-02	J7321			1/1/2008	8/10/2009	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN 10 MG/ML	2 ML	SR	U	ML		1 DOSE		0.5	01/01/2008	8/10/2009						
18837-0267-21	J7506			2/15/2008	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	02/15/2008	8/10/2009						
18837-0267-30	J7506			8/1/2007	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	08/01/2007	8/10/2009						
18837-0267-48	J7506			2/15/2008	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	BO	PO	EA		5 MG		2	02/15/2008	8/10/2009						
18837-0299-30	Q0163			2/1/2008	8/10/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE 25 MG	30 EA	BX	PO	EA		50 MG		0.5	02/01/2008	8/10/2009						
18837-0338-06	Q0144			4/15/2008	8/10/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	BO	PO	EA		1 GM		0.25	04/15/2008	8/10/2009						
18837-0353-10	J7506			9/24/2008	7/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	09/24/2008	7/1/2009						
18837-0353-30	J7506			5/22/2008	7/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	05/22/2008	7/1/2009						
18864-0211-03	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SERABRINA LA FRANCE 50 MG/15 ML	480 ML	NA	PO	ML		50 MG		0.06666	01/01/2002	99/99/9999						
19458-5076-01	Q0163			1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHEDRYL (MINI-TABS) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	6/4/2007						
19458-5076-02	Q0163			1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHEDRYL (MINI-TABS) 25 MG	48 EA	BX	PO	EA		50 MG		0.5	01/01/2002	6/4/2007						
19458-9163-02	Q0163			1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SLEEPING AID 25 MG	16 EA	BO	PO	EA		50 MG		0.5	01/01/2002	6/4/2007						
20254-0018-01	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	NA	PO	EA		250 MG		1	01/01/2002	99/99/9999						
20254-0018-03	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	500 EA	NA	PO	EA		250 MG		1	01/01/2002	99/99/9999						
20254-0207-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	60 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
20254-0207-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	10 EA	DP	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
20254-0208-06		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 50 MG	60	EA	NA	PO	EA	50 MG		1	01/01/2002	99/99/9999						
20254-0208-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (CAPLET) 50 MG	10	EA	NA	PO	EA	50 MG		1	01/01/2002	99/99/9999						
20694-0111-01		J1325		10/1/2006	11/17/2006	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1	EA	NA	IV	EA	0.5 MG		1	10/01/2006	11/17/2006						
20694-0112-01		J1325		10/1/2006	11/17/2006	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1	EA	NA	IV	EA	0.5 MG		3	10/01/2006	11/17/2006						
21695-0010-20		J8499		11/30/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	11/30/2006	99/99/9999						
21695-0010-25		J8499		5/19/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	05/19/2008	99/99/9999						
21695-0010-30		J8499		2/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	02/01/2007	99/99/9999						
21695-0010-60		J8499		11/30/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA		1	11/30/2006	99/99/9999						
21695-0011-30		J8499		5/19/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	05/19/2008	99/99/9999						
21695-0012-06		Q0144		7/19/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1 GM		0.25	07/19/2007	99/99/9999						
21695-0080-21		J7509		1/1/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISONE 4 MG	21	EA	BO	PO	EA	4 MG		1	01/01/2007	99/99/9999						
21695-0170-00		J7507		12/15/2006	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100	EA	BO	PO	EA	1 MG		1	12/15/2006	99/99/9999						
21695-0171-00		J7517		12/15/2006	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100	EA	BO	PO	EA	250 MG		1	12/15/2006	99/99/9999						
21695-0202-10		J0696		2/1/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV) 500 MG	1	EA	VL	IJ	EA	250 MG		2	02/01/2007	99/99/9999						
21695-0241-01		J3070		1/1/2007	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN 30 MG/ML	1	ML	AM	IJ	ML	30 MG		1	01/01/2007	99/99/9999						
21695-0245-20		J7602		1/24/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	01/24/2008	03/31/2008						
21695-0245-20		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999						
21695-0304-30		Q0163		2/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50 MG		0.5	02/01/2007	99/99/9999						
21695-0304-90		Q0163		9/17/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	90	EA	BO	PO	EA	50 MG		0.5	09/17/2007	99/99/9999						
21695-0306-20		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	04/01/2007	99/99/9999						
21695-0306-21		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	04/01/2007	99/99/9999						
21695-0306-28		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG		2	04/01/2007	99/99/9999						
21695-0306-30		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	04/01/2007	99/99/9999						
21695-0306-42		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5 MG		2	04/01/2007	99/99/9999						
21695-0307-10		J7506		2/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	02/01/2007	99/99/9999						
21695-0307-15		J7506		9/3/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	09/03/2008	99/99/9999						
21695-0307-18		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	04/01/2007	99/99/9999						
21695-0307-20		J7506		7/27/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	07/27/2007	99/99/9999						
21695-0307-21		J7506		8/14/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	08/14/2008	99/99/9999						
21695-0307-30		J7506		2/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	02/01/2007	99/99/9999						
21695-0313-03		Q4084		2/1/2007	12/31/2007	DOSE	SYNVISC HYLAN G-F (3X2ML SYRINGS) 8 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	02/01/2007	12/31/2007						
21695-0313-03		J7322		1/1/2008	12/31/2008	DOSE	SYNVISC HYLAN G-F (3X2ML SYRINGS) 8 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	01/01/2008	12/31/2009						
21695-0332-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
21695-0332-25		KO J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008						
21695-0332-25		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
21695-0332-25		KO J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999						
21695-0365-08		J7510		10/15/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	10/15/2007	99/99/9999						
21695-0365-16		J7510		10/15/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	10/15/2007	99/99/9999						
21695-0374-02		Q4083		2/1/2007	12/31/2007	INJECTION, PER DOSE	HYALGAN L/L 10 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	02/01/2007	12/31/2007						
21695-0374-02		J7321		1/1/2008	99/99/9999	INJECTION, PER DOSE	HYALGAN L/L 10 MG/ML	2	ML	SR	IJ	ML	1 DOSE		0.5	01/01/2008	99/99/9999						
21695-0382-04		J8540		2/1/2007	99/99/9999	DEXAMETHASONE, ORAL 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	02/01/2007	99/99/9999						
21695-0414-60		Q0175		4/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	60	EA	BO	PO	EA	4 MG		1	04/01/2007	99/99/9999						
21695-0415-60		Q0176		6/27/2007	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE (FILM-COATED) 8 MG	60	EA	BO	PO	EA	8 MG		1	06/27/2007	99/99/9999						
21695-0453-10		Q0170		4/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25 MG		1	04/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
21695-0453-15	Q0170			1/15/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	15 EA	BO	PO	EA		25 MG		1	01/15/2008	99/99/9999						
21695-0453-20	Q0170			4/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	20 EA	BO	PO	EA		25 MG		1	04/01/2007	99/99/9999						
21695-0453-25	Q0170			4/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	25 EA	BO	PO	EA		25 MG		1	04/01/2007	99/99/9999						
21695-0500-30	Q0163			4/15/2008	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	04/15/2008	99/99/9999						
21695-0571-30	Q0164			8/22/2008	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG		1	08/22/2008	99/99/9999						
21695-0572-30	Q0165			7/24/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30 EA	BO	PO	EA		10 MG		1	07/24/2007	99/99/9999						
21695-0573-20	Q0177			8/14/2008	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG		1	08/14/2008	99/99/9999						
21695-0573-30	Q0177			8/14/2008	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	08/14/2008	99/99/9999						
21695-0580-05	J7506			7/25/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	5 EA	BO	PO	EA		5 MG		10	07/25/2007	99/99/9999						
21695-0587-10	J2930			8/9/2007	99/99/9999	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE 125 MG	1 EA	VL	IJ	EA		125 MG		1	08/09/2007	99/99/9999						
21695-0588-25	J1885			8/9/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC (1MLX25) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	08/09/2007	99/99/9999						
21695-0649-12	J8498			11/12/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA		1 EA		1	11/12/2007	99/99/9999						
21695-0703-04	Q0170			3/14/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (1X120ML,FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	03/14/2008	99/99/9999						
21695-0721-25	J1940			3/20/2008	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	03/20/2008	99/99/9999						
21695-0765-48	J7506			6/9/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	NA	PO	EA		5 MG		2	06/09/2008	99/99/9999						
23360-0016-02	J2405			10/15/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SDV,5X2ML)	2 ML	VL	IJ	ML		1 MG		2	10/15/2008	99/99/9999						
23360-0016-20	J2405			10/15/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SDV,5X2ML); (2MG/ML)	20 ML	VL	IJ	ML		1 MG		2	10/15/2008	99/99/9999						
23490-1113-02	J7506			10/3/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	NA	PO	EA		5 MG		2	10/03/2006	99/99/9999						
23490-1113-03	J7506			9/21/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	09/21/2006	99/99/9999						
23490-1911-02	J7509			10/3/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	NA	PO	EA		4 MG		1	10/03/2006	99/99/9999						
23490-5011-01	J8499			10/11/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	120 ML	BO	PO	ML		1 EA		1	10/11/2007	99/99/9999						
23490-5012-01	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5012-02	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5012-03	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5012-04	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5013-01	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5013-02	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5013-03	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5013-04	J8499			10/11/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	10/11/2007	99/99/9999						
23490-5015-01	J8499			2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	02/07/2007	99/99/9999						
23490-5015-02	J8499			10/11/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	10/11/2007	99/99/9999						
23490-5020-01	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
23490-5020-01	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
23490-5020-01	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	99/99/9999						
23490-5020-01	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	99/99/9999						
23490-5020-02	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
23490-5020-02	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-5020-02		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
23490-5020-02	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
23490-5020-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
23490-5020-03	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
23490-5020-03		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
23490-5020-03	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
23490-5021-02		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (1X20ML) 0.5%	20	ML	BO	IH	ML	1	MG	5	01/01/2008	03/31/2008						
23490-5021-02	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (1X20ML) 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999						
23490-5110-09	J7500			4/30/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	90	EA	BO	PO	EA	50	MG	1	04/30/2007	99/99/9999						
23490-5186-02	J0595			4/9/2007	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	04/09/2007	99/99/9999						
23490-5404-01	J8540			2/7/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	02/07/2007	99/99/9999						
23490-5407-01	J8540			2/7/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	02/07/2007	99/99/9999						
23490-5407-02	J8540			11/30/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25	MG	16	11/30/2007	99/99/9999						
23490-5413-00	J1100			4/9/2007	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	04/09/2007	99/99/9999						
23490-5455-01	Q0163			11/30/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE (1X120ML) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	11/30/2007	99/99/9999						
23490-5457-00	Q0163			11/30/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	24	EA	BO	PO	EA	50	MG	0.5	11/30/2007	99/99/9999						
23490-5457-01	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	6	EA	BO	PO	EA	50	MG	0.5	02/07/2007	99/99/9999						
23490-5457-02	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	15	EA	BO	PO	EA	50	MG	0.5	02/07/2007	99/99/9999						
23490-5457-03	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/07/2007	99/99/9999						
23490-5457-04	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	02/07/2007	99/99/9999						
23490-5457-05	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	50	MG	0.5	02/07/2007	99/99/9999						
23490-5459-01	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	6	EA	BO	PO	EA	50	MG	1	02/07/2007	99/99/9999						
23490-5459-02	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	15	EA	BO	PO	EA	50	MG	1	02/07/2007	99/99/9999						
23490-5459-03	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	30	EA	BO	PO	EA	50	MG	1	02/07/2007	99/99/9999						
23490-5459-04	Q0163			2/7/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	60	EA	BO	PO	EA	50	MG	1	02/07/2007	99/99/9999						
23490-5497-02	J0170			4/30/2007	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HYDROCHLORIDE 1 MG/ML	1	ML	NA	IJ	ML	1	ML	1	04/30/2007	12/31/2010						
23490-5621-02	J1940			4/30/2007	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	04/30/2007	99/99/9999						
23490-5733-01	Q0177			2/7/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	02/07/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-5733-02		Q0177		2/7/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG		1	02/07/2007	99/99/9999					
23490-5761-01		J7644		4/9/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	04/09/2007	99/99/9999					
23490-5761-01	KO	J7644	KO	4/9/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	04/09/2007	99/99/9999					
23490-5792-04		J1885		4/9/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	NA	IJ	ML	15	MG		2	04/09/2007	99/99/9999					
23490-5854-01		J1055		2/7/2007	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG/ML	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150	MG		1	02/07/2007	99/99/9999					
23490-5889-00	None			11/30/2007	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	24	EA	BO	PO	EA	2.5	MG		1	11/30/2007	99/99/9999					
23490-5902-01		J7509		2/7/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG		1	02/07/2007	99/99/9999					
23490-5914-01		J2765		4/9/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE 5 MG/ML	2	ML	VL	IV	ML	10	MG		0.5	04/09/2007	99/99/9999					
23490-5932-01		J2250		4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 1 MG/ML	2	ML	VL	IJ	ML	1	MG		1	04/30/2007	99/99/9999					
23490-5933-01		J2250		4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	2	ML	VL	IJ	ML	1	MG		5	04/30/2007	99/99/9999					
23490-5933-02		J2250		4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML) 5 MG/ML	10	ML	VL	IJ	ML	1	MG		5	04/30/2007	99/99/9999					
23490-5955-01		J2300		4/9/2007	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE 10 MG/ML	10	ML	VL	IJ	ML	10	MG		1	04/09/2007	99/99/9999					
23490-6144-01		J7510		4/9/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG		0.6	04/09/2007	99/99/9999					
23490-6144-02		J7510		10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5	MG		0.6	10/11/2007	99/99/9999					
23490-6144-03		J7510		10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5	MG		0.6	10/11/2007	99/99/9999					
23490-6145-01		J7510		10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG		0.6	10/11/2007	99/99/9999					
23490-6145-02		J7510		10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5	MG		0.6	10/11/2007	99/99/9999					
23490-6145-03		J7510		10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5	MG		0.6	10/11/2007	99/99/9999					
23490-6157-01		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG		2	02/07/2007	99/99/9999					
23490-6157-02		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG		2	02/07/2007	99/99/9999					
23490-6157-03		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG		2	02/07/2007	99/99/9999					
23490-6157-04		J7506		4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	37	EA	BO	PO	EA	5	MG		2	04/09/2007	99/99/9999					
23490-6157-05		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG		2	02/07/2007	99/99/9999					
23490-6157-06		J7506		11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG		2	11/30/2007	99/99/9999					
23490-6157-07		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG		2	02/07/2007	99/99/9999					
23490-6157-08		J7506		4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG		2	04/09/2007	99/99/9999					
23490-6158-00		J7506		4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6	EA	BO	PO	EA	5	MG		4	04/09/2007	99/99/9999					
23490-6158-01		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG		4	02/07/2007	99/99/9999					
23490-6158-02		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG		4	02/07/2007	99/99/9999					
23490-6158-03		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG		4	02/07/2007	99/99/9999					
23490-6158-04		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG		4	02/07/2007	99/99/9999					
23490-6158-05		J7506		10/11/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG		4	10/11/2007	99/99/9999					
23490-6158-07		J7506		4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG		4	04/09/2007	99/99/9999					
23490-6158-08		J7506		4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG		4	04/09/2007	99/99/9999					
23490-6158-09		J7506		10/11/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90	EA	BO	PO	EA	5	MG		4	10/11/2007	99/99/9999					
23490-6159-01		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10	EA	BO	PO	EA	5	MG		1	02/07/2007	99/99/9999					
23490-6159-02		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG		1	02/07/2007	99/99/9999					
23490-6159-03		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG		1	02/07/2007	99/99/9999					
23490-6159-04		J7506		2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG		1	02/07/2007	99/99/9999					
23490-6159-05		J7506		11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	28	EA	BO	PO	EA	5	MG		1	11/30/2007	99/99/9999					
23490-6159-06		J7506		11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG		1	11/30/2007	99/99/9999					
23490-6174-01		J8498		2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA		1	02/07/2007	99/99/9999					
23490-6180-01		J8498		2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1	EA		1	02/07/2007	99/99/9999					
23490-6182-01		J8498		2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1	EA		1	02/07/2007	99/99/9999					
23490-6182-02		J8498		2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1	EA		1	02/07/2007	99/99/9999					
23490-6182-03		J8498		11/30/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BX	RC	EA	1	EA		1	11/30/2007	99/99/9999					
23490-6183-01		Q0170		2/7/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	25	MG		1	02/07/2007	99/99/9999					
23490-6183-02		Q0170		2/7/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25	MG		1	02/07/2007	99/99/9999					
23490-6183-03		Q0170		2/7/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25	MG		1	02/07/2007	99/99/9999					
23490-6183-04		Q0170		4/9/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25	MG		1	04/09/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-6183-06		Q0170		11/30/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25 MG		1	11/30/2007	99/99/9999						
23490-6183-07		Q0170		3/12/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25 MG		1	03/12/2008	99/99/9999						
23490-6183-08		Q0170		3/12/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	03/12/2008	99/99/9999						
23490-6187-01		Q0170		11/30/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (1X120ML) 6.25 MG/5 ML	120	ML	BO	PO	ML	25 MG		0.05	11/30/2007	99/99/9999						
23490-6343-01	J1080			2/7/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	10	ML	NA	IM	ML	200 MG		1	02/07/2007	99/99/9999						
23490-6509-03		Q0165		11/30/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	11/30/2007	99/99/9999						
23490-6512-01		Q0164		2/7/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	6	EA	BO	PO	EA	5 MG		1	02/07/2007	99/99/9999						
23490-6512-02		Q0164		2/7/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5 MG		1	02/07/2007	99/99/9999						
23490-6687-00	J1815			4/30/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN HUMAN REGULAR 100 U/ML	10	ML	NA	IJ	ML	5 U		20	04/30/2007	99/99/9999						
23490-6904-01		Q0144		11/12/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X15ML) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	11/12/2007	99/99/9999						
23490-6905-00		Q0144		4/9/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	04/09/2007	99/99/9999						
23490-6905-01		Q0144		10/11/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	10/11/2007	99/99/9999						
23490-6905-02		Q0144		10/11/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	10/11/2007	99/99/9999						
23490-7545-02	J3360			4/9/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	NA	IJ	ML	5 MG		1	04/09/2007	99/99/9999						
23490-7758-01		Q0144		2/7/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1 GM		0.5	02/07/2007	99/99/9999						
23490-7760-01		Q0144		2/7/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1 GM		0.25	02/07/2007	99/99/9999						
23490-7760-02		Q0144		4/9/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1 GM		0.25	04/09/2007	99/99/9999						
23490-7854-00	J7506			11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 8MG	PREDNISONE (1X120ML) 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	11/30/2007	99/99/9999						
23535-0608-61	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500 MG		2	01/01/2002	99/99/9999						
23535-0608-68	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1	EA	NA	NA	GM	500 MG		2	01/01/2002	99/99/9999						
24208-0347-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (STERILE) 0.5%	20	ML	BO	IH	ML	1 MG		5	01/01/2008	03/31/2008						
24208-0347-20	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (STERILE) 0.5%	20	ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999						
24208-0373-60	J7631			1/1/2002	1/1/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	01/01/2003						
24208-0373-60	KO J7631	KO		1/1/2002	1/1/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	01/01/2003						
24208-0373-62	J7631			1/1/2002	1/1/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	01/01/2003						
24208-0373-62	KO J7631	KO		1/1/2002	1/1/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	01/01/2003						
24208-0412-01	J7310			7/26/2005	99/99/9999	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	VITRASERT 4.5 MG	1	EA	BX	IO	EA	4.5 MG		1	07/26/2005	99/99/9999						
24208-0416-01	J3490			6/20/2005	12/31/2006	UNCLASSIFIED DRUGS	RETISERT (DIRECT SHIP ONLY) 0.59 MG	1	EA	PG	IO	EA	1 EA		1	06/20/2005	12/31/2006						
24208-0416-01	J7311			1/1/2007	99/99/9999	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	RETISERT (DIRECT SHIP ONLY) 0.59 MG	1	EA	PG	IO	EA	1 IMPLANT		1	01/01/2007	99/99/9999						
24385-0379-26		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999						
24385-0406-73		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP TABLETS 25 MG	16	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
24385-0431-26		Q0163		2/13/2002	7/8/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHTTIME SLEEP AID (CAPLET) 25 MG	24	EA	NA	PO	EA	50 MG		0.5	02/13/2002	07/08/2003						
24385-0431-26		Q0163		8/3/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHTTIME SLEEP AID (CAPLET) 25 MG	24	EA	NA	PO	EA	50 MG		0.5	08/03/2009	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
24385-0462-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
24385-0462-78		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
24385-0479-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
24385-0479-78		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
24385-0897-62		Q0163		1/1/2002	7/8/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (DYE-FREE,SOFTGEL) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	07/08/2003						
24385-0901-26		Q0163		1/1/2002	8/1/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (AF,BUBBLEGM) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/01/2002						
24430-1001-01		J3365		4/1/2007	4/6/2008	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	ABBOKINASE (PF) 250000 IU	1 EA	VL	IV	EA		250000 IU		1	04/01/2007	04/06/2008						
24430-1003-01		J3365		4/7/2008	8/26/2010	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	KINLYTIC (LYOPHILIZED) 250000 IU	1 EA	VL	IV	EA		250000 IU		1	04/07/2008	8/26/2010						
25208-0002-01		J3246		4/1/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MCG/ML	100 ML	PC	IV	ML		0.25 MG		0.2	04/01/2008	99/99/9999						
25208-0002-02		J3246		4/1/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X250ML) 0.05 MCG/ML	250 ML	PC	IV	ML		0.25 MG		0.2	04/01/2008	99/99/9999						
25332-0004-30		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	COBOLIN-M (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
25332-0010-05		J1100		1/1/2002	3/1/2006	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXASONE (VIAL) 4 MG/ML	5 ML	VL	IJ	ML		1 MG		4	01/01/2002	03/01/2006						
25332-0011-05		J1095		1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXASONE L.A. (VIAL) 8 MG/ML	5 ML	VL	IJ	ML		8 MG		1	01/01/2002	12/31/2002						
25332-0011-05		J1094		1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXASONE L.A. (VIAL) 8 MG/ML	5 ML	VL	IJ	ML		1 MG		8	01/01/2003	99/99/9999						
25332-0019-10		J1435		1/1/2002	3/1/2006	INJECTION, ESTRONE, PER 1 MG	ESTRONE (VIAL, AQUEOUS) 5 MG/ML	10 ML	VL	IM	ML		1 MG		5	01/01/2002	03/01/2006						
25332-0026-50		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 1%	50 ML	NA	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
25332-0026-50		J2001		1/1/2004	3/1/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 1%	50 ML	NA	EP	ML		10 MG		1	01/01/2004	03/01/2006						
25332-0027-50		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 2%	50 ML	NA	IJ	ML		50 ML		0.02	01/01/2002	12/31/2003						
25332-0027-50		J2001		1/1/2004	3/1/2006	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	50 ML	NA	IJ	ML		10 MG		2	01/01/2004	03/01/2006						
25332-0073-30		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	RODEX (VIAL) 100 MG/ML	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
25332-0073-30		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	RODEX (VIAL) 100 MG/ML	30 ML	VL	IJ	ML		100 MG		1	01/01/2004	99/99/9999						
25332-0078-10		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	DEPO-COBOLIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
25332-0088-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PRODROX (VIAL) 250 MG/ML	5 ML	VL	IM	ML		1 EA		1	01/01/2002	99/99/9999						
25332-0117-10		J1390		1/1/2002	12/31/2002	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	MENAVAL-20 (VIAL) 20 MG/ML	10 ML	VL	IM	ML		20 MG		1	01/01/2002	12/31/2002						
25682-0001-01		J3490		3/26/2007	12/31/2007	UNCLASSIFIED DRUGS	SOLIRIS (PF) 10 MG/ML	30 ML	VL	IV	ML		1 EA		1	03/26/2007	12/31/2007						
25682-0001-01		J1300		1/1/2008	99/99/9999	INJECTION, ECULIZUMAB, 10 MG	SOLIRIS (PF) 10 MG/ML	30 ML	VL	IV	ML		10 MG		1	01/01/2008	99/99/9999						
30103-0322-54		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DORMIN SLEEP AID 25 MG	32 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
30103-0722-54		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DORMIN SLEEP AID 25 MG	72 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
30170-0000-01		J7340		1/1/2002	12/31/2008	ELEMENTS, PER SQUARE CENTIMETER	ORCEL (36 SQUARE CM)	1 EA	NA	TP	EA		1 SQCM		36	01/01/2002	12/31/2008						
30170-0000-01		Q4100		1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	ORCEL (36 SQUARE CM)	1 EA	NA	TP	EA		36 SQCM		1	01/01/2009	99/99/9999						
30727-0314-80		J3420		1/1/2002	12/31/2002	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	COBAL 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	12/31/2002						
33261-0335-21		J7509		1/15/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	NA	PO	EA		4 MG		1	01/15/2008	99/99/9999						
33358-0009-25		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0010-15		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0010-28		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0010-30		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0010-60		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0011-25		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0011-30		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0011-35		J8499		7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0040-06		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	07/10/2007	99/99/9999						
33358-0041-10		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10 EA	BO	PO	EA		1 GM		0.5	07/10/2007	99/99/9999						
33358-0110-30		Q0163		7/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA		50 MG		0.5	07/10/2007	99/99/9999						
33358-0111-20		Q0163		7/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20 EA	BO	PO	EA		50 MG		1	07/10/2007	99/99/9999						
33358-0111-30		Q0163		7/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30 EA	BO	PO	EA		50 MG		1	07/10/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0182-20		Q0177		7/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAM 25 MG	20 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0182-30		Q0177		7/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAM 25 MG	30 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0241-21		J7509		7/10/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	07/10/2007	99/99/9999						
33358-0291-08		J7510		7/10/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	07/10/2007	99/99/9999						
33358-0292-12		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	12 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0292-15		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0292-21		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0292-30		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0292-78		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	78 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0293-20		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	07/10/2007	99/99/9999						
33358-0293-30		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	07/10/2007	99/99/9999						
33358-0293-40		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	07/10/2007	99/99/9999						
33358-0294-15		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	07/10/2007	99/99/9999						
33358-0294-20		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	07/10/2007	99/99/9999						
33358-0294-30		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	07/10/2007	99/99/9999						
33358-0294-40		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	BO	PO	EA		5 MG		4	07/10/2007	99/99/9999						
33358-0294-60		J7506		7/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG		4	07/10/2007	99/99/9999						
33358-0299-20		Q0164		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	20 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0299-30		Q0164		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	30 EA	BO	PO	EA		5 MG		1	07/10/2007	99/99/9999						
33358-0300-10		Q0165		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	10 EA	BO	PO	EA		10 MG		1	07/10/2007	99/99/9999						
33358-0300-20		Q0165		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	20 EA	BO	PO	EA		10 MG		1	07/10/2007	99/99/9999						
33358-0300-30		Q0165		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	07/10/2007	99/99/9999						
33358-0300-60		Q0165		7/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	60 EA	BO	PO	EA		10 MG		1	07/10/2007	99/99/9999						
33358-0301-02		J8498		7/10/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2 EA	BX	RC	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0301-12		J8498		7/10/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	07/10/2007	99/99/9999						
33358-0302-08		Q0170		7/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	8 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0302-10		Q0170		7/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0302-30		Q0170		7/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0302-60		Q0170		7/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	07/10/2007	99/99/9999						
33358-0313-01		J3415		7/10/2007	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	07/10/2007	99/99/9999						
33358-0352-10		Q0173		7/10/2007	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 250 MG	10 EA	NA	PO	EA		250 MG		1	07/10/2007	99/99/9999						
33358-0352-20		Q0173		7/10/2007	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 250 MG	20 EA	NA	PO	EA		250 MG		1	07/10/2007	99/99/9999						
33358-0367-01		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Package	1 EA	BX	PO	EA		1 GM		1	07/10/2007	99/99/9999						
33358-0367-03		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Package	1 EA	BX	PO	EA		1 GM		1	07/10/2007	99/99/9999						
33358-0368-04		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	07/10/2007	99/99/9999						
33358-0368-30		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM		0.25	07/10/2007	99/99/9999						
33358-0368-50		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM		0.25	07/10/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0369-02		Q0179		7/10/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	2 EA	BO	PO	EA		8 MG		0.5	07/10/2007	99/99/9999						
33358-0370-02		Q0179		7/10/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	2 EA	BO	PO	EA		8 MG		0.5	07/10/2007	99/99/9999						
33358-0418-30	Q0169			7/24/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	30 EA	BO	PO	EA		12.5 MG		1	07/24/2007	99/99/9999						
35356-0017-03	Q0144			9/14/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	BO	PO	EA		1 GM		0.5	09/14/2007	99/99/9999						
35356-0018-10	J1650			9/14/2007	7/2/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.4ML) 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	09/14/2007	7/2/2009						
35356-0019-10	J1650			9/14/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.6ML) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	09/14/2007	99/99/9999						
35356-0020-10	J1650			9/14/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.8ML) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	09/14/2007	99/99/9999						
35356-0034-01	Q4084			10/19/2007	12/31/2007	DOSE HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN GF 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	10/19/2007	12/31/2007						
35356-0034-01	J7322			1/1/2008	12/31/2008	DOSE HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN GF 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	01/01/2008	12/31/2008						
35356-0034-03	Q4084			10/19/2007	12/31/2007	DOSE HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN GF (3X2ML) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	10/19/2007	12/31/2007						
35356-0034-03	J7322			1/1/2008	7/2/2009	DOSE HYALURONAN OR DERIVATIVE, HYGALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN GF (3X2ML) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	01/01/2008	7/2/2009						
35356-0036-01	J7321			1/10/2008	7/2/2009	DOSE HYALURONAN OR DERIVATIVE, HYGALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SUPARTZ 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	01/10/2008	7/2/2009						
35356-0036-02	J7321			1/10/2008	99/99/9999	INJECTION, PER DOSE HYALURONAN OR DERIVATIVE, HYGALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SUPARTZ 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	01/10/2008	99/99/9999						
35356-0039-12	J8498			10/19/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12 EA	BO	RC	EA		1 EA		1	10/19/2007	99/99/9999						
35356-0044-15	Q0144			10/26/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	10/26/2007	99/99/9999						
35356-0058-10	J1070			11/9/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	11/09/2007	99/99/9999						
35356-0078-02	J1652			1/25/2008	7/2/2009	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.5ML) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	01/25/2008	7/2/2009						
35356-0078-10	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.5ML) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	01/25/2008	99/99/9999						
35356-0078-02	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.4ML) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0079-10	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.4ML) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0080-02	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.6ML) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0080-10	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.6ML) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0081-02	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.8ML) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0081-10	J1652			1/25/2008	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.8ML) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	01/25/2008	99/99/9999						
35356-0082-01	J3301			2/8/2008	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 10 MG/ML	5 ML	VL	IJ	ML		10 MG		1	02/08/2008	99/99/9999						
35356-0083-01	J1030			2/8/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE 40 MG/ML	5 ML	VL	IJ	ML		40 MG		1	02/08/2008	99/99/9999						
35356-0084-01	J0702			2/8/2008	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML		3 MG		1	02/08/2008	99/99/9999						
35356-0096-60	Q0176			2/29/2008	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA		8 MG		1	02/29/2008	99/99/9999						
35356-0098-90	Q0172			2/29/2008	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE 100 MG	90 EA	BO	PO	EA		25 MG		4	02/29/2008	99/99/9999						
35356-0102-00	J1817			3/7/2008	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (100X10ML) 100 U/ML	10 ML	VL	SC	ML		50 U		2	03/07/2008	99/99/9999						
35356-0124-30	J7644			3/13/2008	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	03/13/2008	99/99/9999						
35356-0124-30	KO J7644	KO		3/13/2008	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	03/13/2008	99/99/9999						
35356-0128-15	Q0144			3/13/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	03/13/2008	99/99/9999						
35356-0177-15	J0696			5/16/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X15ML) 1 GM	15 ML	NA	IJ	ML		250 MG		4	05/16/2008	99/99/9999						
35356-0178-05	J1040			5/16/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (1X5ML) 80 MG/ML	5 ML	NA	IJ	ML		80 MG		1	05/16/2008	99/99/9999						
35356-0180-50	J2001			5/16/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (1X50ML,LATEX-FREE) 2%	50 ML	NA	IJ	ML		10 MG		2	05/16/2008	99/99/9999						
35356-0181-30	A4216			5/16/2008	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (1X30ML,LATEX-FREE) 0.9%	30 ML	NA	IV	ML		10 ML		0.1	05/16/2008	99/99/9999						
35356-0194-21	J7509			5/16/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21 EA	NA	PO	EA		4 MG		1	05/16/2008	99/99/9999						
35356-0206-60	J1324			5/30/2008	99/99/9999	INJECTION, ENFUVIRTIDE, 1 MG	FUZEON 90 MG	1 EA	PG	SC	EA		1 MG		90	05/30/2008	99/99/9999						
35356-0219-01	J7321			6/5/2008	99/99/9999	DOSE HYALURONAN OR DERIVATIVE, HYGALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN 10 MG/ML	1 EA	VL	IJ	EA		1 DOSE		0.5	06/05/2008	99/99/9999						
35356-0325-00	Q0165			8/1/2008	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	1 EA	BO	PO	EA		10 MG		1	8/1/2008	99/99/9999						
35356-0359-30	J8540			8/8/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	1 EA	BO	PO	EA		0.3 MG		4	8/8/2008	99/99/9999						
37205-0120-73	Q0163			1/1/2002	9/9/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP AID MAXIMUM STRENGTH (LIQUICAP) 50 MG	16 EA	BX	PO	EA		50 MG		1	01/01/2002	9/9/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
37205-0270-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
37205-0270-78		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
37205-0277-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
37205-0277-78		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
37205-0565-26		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
37205-0565-34		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
38172-0020-20		J3490		1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	DERMAGRAFT (2"X3")	1	EA	EA	TP	EA	1	EA		1	01/01/2002	12/31/2002					
38172-0020-20		J7342		1/1/2003	7/9/2006	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	DERMAGRAFT (2"X3")	1	EA	EA	TP	EA	1	SQCM	38.71	01/01/2003	07/09/2006						
38423-0110-01		J1190		9/6/2007	99/99/9999	INJECTION, DEXAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (W/10 VIALS OF DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/06/2007	99/99/9999						
38739-0150-08		J7510		9/24/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	09/24/2007	99/99/9999						
38779-0006-03		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0006-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0006-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0008-01		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-04		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-05		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-08		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0008-09		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999						
38779-0011-01		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-03	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-04		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-04	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-05		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0011-05	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
38779-0014-01		J7636		1/1/2002	1/9/2010	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/9/2010						
38779-0014-01	KO	J7636	KO	1/1/2002	1/9/2010	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/9/2010						
38779-0014-04		J7636		1/1/2002	1/9/2010	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/9/2010						
38779-0014-04	KO	J7636	KO	1/1/2002	1/9/2010	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/9/2010						
38779-0014-05		J7636		1/1/2002	1/1/2009	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/1/2009						
38779-0014-05	KO	J7636	KO	1/1/2002	1/1/2009	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/1/2009						
38779-0014-08		J7636		4/22/2002	4/25/2002	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	04/22/2002	04/25/2002						
38779-0014-08	KO	J7636	KO	4/22/2002	4/25/2002	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	04/22/2002	04/25/2002						
38779-0015-01		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0015-04		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0015-05		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999						
38779-0017-01		J7624		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0017-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-03		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-03	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-04		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-04	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-06		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0017-06	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0025-01	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1 EA	BO	NA	GM		500 MG		2	01/01/2002	99/99/9999						
38779-0025-01	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1 EA	BO	NA	GM		500 MG		2	01/28/2005	99/99/9999						
38779-0025-04	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	01/01/2002	99/99/9999						
38779-0025-04	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	01/28/2005	99/99/9999						
38779-0025-05	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	01/01/2002	99/99/9999						
38779-0025-05	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	01/28/2005	99/99/9999						
38779-0025-09	J9190			1/1/2002	4/25/2002	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	01/01/2002	04/25/2002						
38779-0034-04	J2010			1/1/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	99/99/9999						
38779-0034-05	J2010			1/1/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	99/99/9999						
38779-0034-08	J2010			8/26/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	08/26/2002	99/99/9999						
38779-0035-03	J8610			1/1/2002	1/1/2004	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	01/01/2002	01/01/2004						
38779-0035-04	J8610			1/1/2002	1/1/2004	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	01/01/2002	01/01/2004						
38779-0035-06	J8610			1/1/2002	1/1/2004	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	01/01/2002	01/01/2004						
38779-0042-05	J2460			4/25/2002	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	04/25/2002	99/99/9999						
38779-0043-01	J2675			1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	09/26/2008	9/1/2010						
38779-0043-04	J2675			1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	9/1/2010	01/01/2002		04/25/2002		20	
38779-0043-05	J2675			1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	9/1/2010						
38779-0043-08	J2675			4/25/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	04/25/2002	9/1/2010						
38779-0043-09	J2675			1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	9/1/2010						
38779-0044-03	J7506			3/7/2002	4/25/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	03/07/2002	04/25/2002						
38779-0044-04	J7506			3/7/2002	4/25/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	03/07/2002	04/25/2002						
38779-0044-05	J7506			3/7/2002	4/25/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	03/07/2002	04/25/2002						
38779-0047-03	J3140			1/1/2002	10/9/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	10/09/2003						
38779-0047-04	J3140			1/1/2002	10/9/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	10/09/2003						
38779-0047-05	J3140			1/1/2002	1/1/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	01/01/2004						
38779-0047-08	J3140			4/30/2002	1/1/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	04/30/2002	01/01/2004						
38779-0047-09	J3140			4/30/2002	1/1/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	04/30/2002	01/01/2004						
38779-0051-01	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0051-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0051-03	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0051-03	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0051-04	J7684			4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	04/30/2002	99/99/9999						
38779-0051-04	KO	J7684	KO	4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	04/30/2002	99/99/9999						
38779-0051-05	J7684			4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	04/30/2002	99/99/9999						
38779-0051-05	KO	J7684	KO	4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	04/30/2002	99/99/9999						
38779-0054-03	J3150			1/1/2002	10/9/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	10/09/2003						
38779-0054-04	J3150			1/1/2002	10/9/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	10/09/2003						
38779-0054-05	J3150			1/1/2002	10/9/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	10/09/2003						
38779-0057-01	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG		20	09/26/2008	99/99/9999						
38779-0057-04	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999	01/01/2002		04/25/2002		20	
38779-0057-05	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0057-09	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0063-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0063-08	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	JR	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0063-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	JR	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0070-01	J1095			1/1/2002	4/25/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MONOHYDRATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		8 MG		125	01/01/2002	04/25/2002						
38779-0070-03	J1095			1/1/2002	4/25/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MONOHYDRATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		8 MG		125	01/01/2002	04/25/2002						
38779-0070-04	J1095			1/1/2002	4/25/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MONOHYDRATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		8 MG		125	01/01/2002	04/25/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0071-01	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-01	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-03	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-03	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-04	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-04	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0071-05	J7638			9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM		1 MG		1000	09/03/2002	99/99/9999						
38779-0071-05	KO J7638	KO		9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM		1 MG		1000	09/03/2002	99/99/9999						
38779-0071-08	J7638			9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM		1 MG		1000	09/03/2002	99/99/9999						
38779-0071-08	KO J7638	KO		9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM		1 MG		1000	09/03/2002	99/99/9999						
38779-0082-04	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 ML		4	01/01/2002	12/31/2003						
38779-0082-04	J2001			1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2004	9/1/2010						
38779-0082-05	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 ML		4	01/01/2002	12/31/2003						
38779-0082-05	J2001			1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2004	9/1/2010						
38779-0082-08	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 ML		4	01/01/2002	12/31/2003						
38779-0082-08	J2001			1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2004	9/1/2010						
38779-0082-09	J2000			8/26/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM		50 ML		4	08/26/2002	12/31/2003						
38779-0082-09	J2001			1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	01/01/2004	9/1/2010						
38779-0101-08	J3350			1/1/2002	1/10/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM		0.025	01/01/2002	1/10/2010						
38779-0101-09	J3350			1/1/2002	1/10/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM		0.025	01/01/2002	1/10/2010						
38779-0103-01	J7638			3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0103-01	KO J7638	KO		3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0103-03	J7638			3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0103-03	KO J7638	KO		3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0103-04	J7638			3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0103-04	KO J7638	KO		3/8/2002	4/25/2002	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	03/08/2002	04/25/2002						
38779-0104-03	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	99/99/9999						
38779-0104-03	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	99/99/9999						
38779-0104-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0123-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0123-08	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0123-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0126-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0126-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0126-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0126-06	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0141-03	J7509			1/1/2002	4/25/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	04/25/2002						
38779-0141-04	J7509			1/1/2002	4/25/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	04/25/2002						
38779-0141-06	J7509			1/1/2002	4/25/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	04/25/2002						
38779-0142-03	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	99/99/9999						
38779-0142-04	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	99/99/9999						
38779-0142-06	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		4 MG		250	01/01/2002	99/99/9999						
38779-0144-03	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		40 MG		25	01/01/2002	99/99/9999						
38779-0144-04	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		40 MG		25	01/01/2002	99/99/9999						
38779-0144-05	J1030			9/3/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		40 MG		25	09/03/2002	99/99/9999						
38779-0144-06	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		40 MG		25	01/01/2002	99/99/9999						
38779-0146-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0146-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0146-08	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
38779-0146-09	J3490			9/3/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	09/03/2002	99/99/9999						
38779-0150-01	J7510			1/1/2002	4/25/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P. MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	04/25/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0150-03	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0150-04	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0150-05	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0150-08	J7510			4/25/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (ANHYDROUS,MICRONIZED)	1 EA	NA	NA	GM	5 MG		200	04/25/2002	99/99/9999							
38779-0150-09	J7510			9/3/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	09/03/2002	99/99/9999							
38779-0151-03	J7510			3/8/2002	4/25/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE HYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	03/08/2002	04/25/2002							
38779-0151-05	J7510			3/8/2002	4/25/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE HYDROUS	1 EA	BO	NA	GM	5 MG		200	03/08/2002	04/25/2002							
38779-0154-03	J7506			3/7/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	03/07/2002	99/99/9999							
38779-0154-04	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0154-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0154-08	J7506			8/26/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	08/26/2002	99/99/9999							
38779-0154-09	J7506			8/26/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG		200	08/26/2002	99/99/9999							
38779-0163-03	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	50 MG		20	01/01/2002	9/1/2010							
38779-0163-04	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM	50 MG		20	01/01/2002	9/1/2010							
38779-0163-05	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	50 MG		20	01/01/2002	9/1/2010							
38779-0163-08	J3140			4/30/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM	50 MG		20	04/30/2002	9/1/2010							
38779-0163-09	J3140			4/30/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM	50 MG		20	04/30/2002	9/1/2010							
38779-0164-03	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0164-04	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0164-05	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0164-08	J1070			4/30/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG		10	04/30/2002	99/99/9999							
38779-0164-09	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0165-03	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0165-04	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0165-05	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999							
38779-0165-08	J3150			4/30/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG		10	04/30/2002	99/99/9999							
38779-0166-01	J3302			1/1/2002	5/12/2004	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	05/12/2004							
38779-0166-03	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0166-04	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0166-05	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM	5 MG		200	01/01/2002	99/99/9999							
38779-0171-01	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010							
38779-0171-01	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-04	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-04	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-05	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-05	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-08	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-08	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-09	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0171-09	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG		100	09/26/2008	1/10/2010	01/01/2002	03/29/2004	100				
38779-0173-01	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	10/01/2003	12/31/2005	01/01/2002	03/29/2004	100				
38779-0173-01	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999							
38779-0173-04	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	10/01/2003	12/31/2005	01/01/2002	03/29/2004	100				
38779-0173-04	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999							
38779-0173-05	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	10/01/2003	12/31/2005	01/01/2002	03/29/2004	100				
38779-0173-05	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999							
38779-0173-08	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	10/01/2003	12/31/2005	01/01/2002	03/29/2004	100				
38779-0173-08	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200	01/01/2006	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0180-04		Q0165		3/8/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	03/08/2002	99/99/9999						
38779-0180-05		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	99/99/9999						
38779-0180-08		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	99/99/9999						
38779-0183-03		J1800		1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0183-04		J1800		1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0183-05		J1800		1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0183-08		J1800		1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0184-04		J7619		1/1/2002	1/1/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0184-04	KO	J7619	KO	1/1/2002	1/1/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0184-05		J7619		1/1/2002	1/1/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0184-05	KO	J7619	KO	1/1/2002	1/1/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0184-08		J7619		1/1/2002	4/25/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	04/25/2002						
38779-0184-08	KO	J7619	KO	1/1/2002	4/25/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	04/25/2002						
38779-0185-04		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-04	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-04		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-04	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-05		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-05	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-05		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-05	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-08		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-08	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-08		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-08	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-09		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-09	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
38779-0185-09		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0185-09	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
38779-0189-03		J1320		1/1/2002	1/9/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	01/01/2002	1/9/2010						
38779-0189-04		J1320		1/1/2002	9/1/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	01/01/2002	9/1/2010						
38779-0189-05		J1320		1/1/2002	9/1/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	01/01/2002	9/1/2010						
38779-0191-03		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0191-04		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0191-05		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0191-06		J0285		11/27/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	11/27/2003	99/99/9999						
38779-0191-08		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0191-09		J0285		1/1/2002	1/10/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	1/10/2010						
38779-0194-03		J0515		1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0194-04		J0515		4/19/2002	1/10/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	04/19/2002	1/10/2010						
38779-0194-06		J0515		1/1/2002	1/10/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	1/10/2010						
38779-0195-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0195-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
38779-0195-03		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
38779-0195-03	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
38779-0195-06		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
38779-0195-06	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
38779-0197-04		J0945		1/1/2002	1/1/2004	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	01/01/2004								
38779-0197-05		J0945		1/1/2002	1/1/2004	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	01/01/2004								
38779-0198-00		J7626		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
38779-0198-00	KO	J7626	KO	1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
38779-0198-00		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-00	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-03		J7626		4/19/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	04/19/2002	12/31/2005								
38779-0198-03	KO	J7626	KO	4/19/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	04/19/2002	12/31/2005								
38779-0198-03		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-03	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-04		J7626		4/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	09/26/2008	99/99/9999								
38779-0198-04	KO	J7626	KO	4/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	09/26/2008	99/99/9999	04/19/2002		04/25/2002	2000				
38779-0198-05		J7626		6/2/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1 EA	NA	NA	GM	0.25 MG	2000	06/02/2003	12/31/2005	04/19/2002		04/25/2002	2000				
38779-0198-05	KO	J7626	KO	6/2/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1 EA	NA	NA	GM	0.25 MG	2000	06/02/2003	12/31/2005								
38779-0198-05		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1 EA	NA	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-05	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED, MICRONIZED)	1 EA	NA	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-06		J7626		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
38779-0198-06	KO	J7626	KO	1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
38779-0198-06		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0198-06	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
38779-0215-06		J1160		2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM	0.5 MG	2000	02/05/2002	99/99/9999								
38779-0215-06		J1160		2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM	0.5 MG	2000	02/05/2002	99/99/9999								
38779-0215-06		J1160		2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM	0.5 MG	2000	02/05/2002	99/99/9999								
38779-0216-04		J1165		1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	99/99/9999								
38779-0216-05		J1165		1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	99/99/9999								
38779-0216-08		J1165		1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	99/99/9999								
38779-0226-04		J1940		1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	01/01/2002	1/10/2010								
38779-0226-05		J1940		1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	01/01/2002	1/10/2010								
38779-0226-08		J1940		1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	01/01/2002	1/10/2010								
38779-0228-04		Q0178		1/1/2002	1/10/2010	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	1/10/2010								
38779-0228-05		Q0178		1/1/2002	1/10/2010	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	1/10/2010								
38779-0230-03		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	12/31/2006								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0230-03	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-03		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-03	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-04		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-04	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-04		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-04	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-05		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-05	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-05		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-05	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-06		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-06	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
38779-0230-06		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0230-06	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
38779-0246-03	KO	J3310	KO	3/18/2002	1/1/2004	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	03/18/2002	01/01/2004						
38779-0246-04		J3310		3/18/2002	1/1/2004	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	03/18/2002	01/01/2004						
38779-0246-04		J3310		9/3/2002	1/1/2004	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/03/2002	01/01/2004						
38779-0247-04		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0247-05		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
38779-0249-03		J7659		5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0249-03	KO	J7659	KO	5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0249-04		J7659		5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0249-04	KO	J7659	KO	5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0249-05		J7659		5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0249-05	KO	J7659	KO	5/6/2002	1/1/2004	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	05/06/2002	01/01/2004						
38779-0253-04		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-05		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-08		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0253-09		J2550		9/3/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL	1	EA	NA	GM	50	MG	20	09/03/2002	99/99/9999							
38779-0274-03		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0274-04		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0274-05		J3370		1/1/2002	4/25/2002	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	04/25/2002						
38779-0274-06		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
38779-0281-04		J1240		2/5/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	99/99/9999						
38779-0281-08		J1240		2/5/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	99/99/9999						
38779-0282-04		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-05		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-08		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
38779-0282-09		J1200		4/22/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	GM	50	MG	20	04/22/2002	99/99/9999							
38779-0295-03		J3490		1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	12/31/2005						
38779-0295-03		J0278		1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
38779-0295-04		J3490		1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	12/31/2005						
38779-0295-04		J0278		1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						
38779-0295-05		J3490		1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	12/31/2005						
38779-0295-05		J0278		1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999						

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	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
	38779-0298-04		J3410		4/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	04/30/2002	99/99/9999						
	38779-0298-05		J3410		4/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	04/30/2002	99/99/9999						
	38779-0301-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
	38779-0301-03		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-03	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
	38779-0301-04		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-04	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-05		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
	38779-0301-05		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-05	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-08		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
	38779-0301-08		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-08	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-09		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM		1 EA		1	01/01/2007	12/31/2007						
	38779-0301-09		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0301-09	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	01/01/2008	99/99/9999						
	38779-0303-03		J1110		1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
	38779-0303-04		J1110		2/5/2002	4/25/2002	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	02/05/2002	04/25/2002						
	38779-0303-06		J1110		1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
	38779-0305-04		J3000		4/1/2002	1/1/2004	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1 EA	BO	NA	GM		1 GM		1	04/01/2002	01/01/2004						
	38779-0305-05		J3000		4/1/2002	1/1/2004	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1 EA	BO	NA	GM		1 GM		1	04/01/2002	01/01/2004						
	38779-0305-08		J3000		4/1/2002	1/1/2004	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1 EA	BO	NA	GM		1 GM		1	04/01/2002	01/01/2004						
	38779-0305-09		J3000		4/1/2002	1/1/2004	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1 EA	BO	NA	GM		1 GM		1	04/01/2002	01/01/2004						
	38779-0310-04		J2675		3/29/2004	03/29/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	03/29/2004						
	38779-0310-05		J2675		1/1/2002	3/29/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	03/29/2004						
	38779-0310-09		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM		50 MG		20	09/26/2008	99/99/9999						
	38779-0312-03		J7501		1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	1/10/2010	01/01/2002	03/29/2004		20		
	38779-0312-04		J7501		1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	1/10/2010						
	38779-0312-06		J7501		1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2002	1/10/2010						
	38779-0319-01		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	12/31/2006						
	38779-0319-01	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	12/31/2006						
	38779-0319-01		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-01	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-03		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	12/31/2006						
	38779-0319-03	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2002	12/31/2006						
	38779-0319-03		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-03	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-04		J7682		5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	05/13/2002	12/31/2006						
	38779-0319-04	KO	J7682	KO	5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	05/13/2002	12/31/2006						
	38779-0319-04		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-04	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						
	38779-0319-05		J7682		5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	05/13/2002	12/31/2006						
	38779-0319-05	KO	J7682	KO	5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	05/13/2002	12/31/2006						
	38779-0319-05		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	01/01/2007	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0319-05	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-06		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	12/31/2006						
38779-0319-06	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	12/31/2006						
38779-0319-06		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0319-06	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
38779-0323-04	J0120			5/13/2002	1/1/2004	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE (U.S.P.)	1	EA	BO	NA	GM	250	MG		05/13/2002	01/01/2004						
38779-0323-05	J0120			5/13/2002	1/1/2004	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	05/13/2002	01/01/2004						
38779-0323-08	J0120			5/13/2002	1/1/2004	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	05/13/2002	01/01/2004						
38779-0324-03	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0324-04	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0324-06	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
38779-0330-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-03	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-04	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-05	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0330-06	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0337-00	J0640			1/1/2002	1/1/2004	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM HYDRATED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2004						
38779-0337-03	J0640			1/1/2002	1/1/2004	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM HYDRATED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2004						
38779-0337-04	J0640			1/1/2002	4/25/2002	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM HYDRATED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	04/25/2002						
38779-0337-06	J0640			1/1/2002	1/1/2004	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM HYDRATED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2004						
38779-0337-09	J0640			4/25/2002	1/1/2004	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM HYDRATED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	04/25/2002	01/01/2004						
38779-0364-01	J7622			2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-01	KO	J7622	KO	2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-03	J7622			2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-03	KO	J7622	KO	2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-06	J7622			2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0364-06	KO	J7622	KO	2/7/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999						
38779-0381-01	J7681			1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0381-01	KO	J7681	KO	1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0381-03	J7681			9/3/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/03/2002	1/10/2010						
38779-0381-03	KO	J7681	KO	9/3/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/03/2002	1/10/2010						
38779-0381-04	J7681			1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0381-04	KO	J7681	KO	1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0381-05	J7681			1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0381-05	KO	J7681	KO	1/1/2002	1/10/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2002	1/10/2010						
38779-0383-03	J0475			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-04	J0475			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-05	J0475			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0388-09	J0475			4/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/22/2002	99/99/9999						
38779-0393-03	J0520			1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0393-04	J0520			1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0393-05	J0520			4/19/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	04/19/2002	99/99/9999						
38779-0393-06	J0520			1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
38779-0400-00	J2690			1/1/2002	11/26/2003	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2002	11/26/2003						
38779-0400-04	J2690			1/1/2002	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2002	99/99/9999						
38779-0400-05	J2690			1/1/2002	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2002	99/99/9999						
38779-0400-08	J2690			1/1/2002	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2002	99/99/9999						
38779-0400-09	J2690			11/27/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	1	GM	1	11/27/2003	99/99/9999						
38779-0403-01	J2765			4/25/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/25/2002	99/99/9999						
38779-0403-04	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
38779-0403-05	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0405-01	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-01	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-03	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-03	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-04	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-04	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-05	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-05	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-06	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0405-06	KO J7638	KO		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
38779-0406-00	J7641			1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	1/10/2010						
38779-0406-00	KO J7641	KO		1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	1/10/2010						
38779-0406-03	J7641			4/23/2002	4/25/2002	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	04/23/2002	04/25/2002						
38779-0406-03	KO J7641	KO		4/23/2002	4/25/2002	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	04/23/2002	04/25/2002						
38779-0406-06	J7641			1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	1/10/2010						
38779-0406-06	KO J7641	KO		1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	1/10/2010						
38779-0406-09	J7641			4/26/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	04/26/2002	1/10/2010						
38779-0406-09	KO J7641	KO		4/26/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	04/26/2002	1/10/2010						
38779-0407-03	J0760			1/1/2002	1/1/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0407-06	J0760			1/1/2002	1/1/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	01/01/2004						
38779-0423-04	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0423-05	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
38779-0436-04	J7799			8/21/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	08/21/2002	1/10/2010						
38779-0436-05	J7799			8/21/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	08/21/2002	1/10/2010						
38779-0437-00	J1330			1/1/2002	1/1/2004	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	01/01/2002	01/01/2004						
38779-0437-01	J1330			4/23/2002	4/25/2002	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	04/23/2002	04/25/2002						
38779-0437-03	J1330			1/1/2002	1/1/2004	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	01/01/2002	01/01/2004						
38779-0437-06	J1330			1/1/2002	1/1/2004	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	01/01/2002	01/01/2004						
38779-0441-03	J1710			1/1/2002	1/1/2004	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	HYDROCORTISONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	01/01/2004						
38779-0441-06	J1710			1/1/2002	1/1/2004	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	HYDROCORTISONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	01/01/2004						
38779-0452-04	J2360			1/1/2002	3/29/2004	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	03/29/2004						
38779-0452-05	J2360			1/1/2002	3/29/2004	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	03/29/2004						
38779-0452-08	J2360			1/1/2002	3/29/2004	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	03/29/2004						
38779-0454-03	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	99/99/9999						
38779-0454-04	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	99/99/9999						
38779-0454-05	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	99/99/9999						
38779-0468-03	J3420			4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	04/25/2003	99/99/9999						
38779-0468-04	J3420			4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	04/25/2003	99/99/9999						
38779-0468-05	J3420			4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	04/25/2003	99/99/9999						
38779-0468-06	J3420			4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG		1000	04/25/2003	99/99/9999						
38779-0486-05	J0282			1/28/2002	1/1/2004	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL	1 EA	NA	NA	GM		30 MG		33.33333	01/28/2002	01/01/2004						
38779-0486-08	J0282			1/28/2002	1/1/2004	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL	1 EA	NA	NA	GM		30 MG		33.33333	01/28/2002	01/01/2004						
38779-0495-04	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
38779-0495-04	J7604			1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-04	KO J7604	KO		1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-05	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
38779-0495-05	J7604			1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-05	KO J7604	KO		1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-08	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
38779-0495-08	J7604			1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-08	KO J7604	KO		1/1/2008	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
38779-0495-09	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0495-09		J7604		1/1/2008	99/99/9999	ACETYL-CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
38779-0495-09	KO	J7604	KO	1/1/2008	99/99/9999	ACETYL-CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
38779-0501-00		J1790		1/1/2002	1/10/2010	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	1/10/2010					
38779-0501-06		J1790		1/1/2002	1/10/2010	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	1/10/2010					
38779-0506-03		J9096		1/1/2002	12/31/2010	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYCLOPHOSPHAMIDE (U.S.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	12/31/2010					
38779-0506-04		J9096		1/1/2002	12/31/2010	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYCLOPHOSPHAMIDE (U.S.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	12/31/2010					
38779-0506-05		J9096		1/1/2002	12/31/2010	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYCLOPHOSPHAMIDE (U.S.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	12/31/2010					
38779-0516-03		J2545		4/25/2002	1/1/2004	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (BP)	1	EA	BO	NA	GM	300	MG		3.33333	04/25/2002	01/01/2004					
38779-0516-06		J2545		4/25/2002	1/1/2004	FORM, PER 300 MG	PENTAMIDINE ISETHIONATE (BP)	1	EA	BO	NA	GM	300	MG		3.33333	04/25/2002	01/01/2004					
38779-0534-05		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	04/25/2002	99/99/9999					
38779-0534-08		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	04/25/2002	99/99/9999					
38779-0534-09		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA		1	04/25/2002	99/99/9999					
38779-0536-04		J2780		5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG		40	05/20/2002	99/99/9999					
38779-0536-05		J2780		5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG		40	05/20/2002	99/99/9999					
38779-0536-08		J2780		5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG		40	05/20/2002	99/99/9999					
38779-0536-09		J2780		5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG		40	05/20/2002	99/99/9999					
38779-0553-07		J9290		5/24/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1	EA	BO	NA	GM	20	MG		50	05/24/2002	12/31/2010					
38779-0553-09		J9290		5/29/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1	EA	BO	NA	GM	20	MG		50	05/29/2002	12/31/2010					
38779-0561-01		J0735		1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
38779-0561-03		J0735		1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
38779-0561-04		J0735		9/3/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG		1000	09/03/2002	99/99/9999					
38779-0561-06		J0735		1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
38779-0562-05		J0280		1/28/2002	1/1/2004	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	01/28/2002	01/01/2004					
38779-0562-08		J0280		1/28/2002	1/1/2004	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	01/28/2002	01/01/2004					
38779-0568-03		J0970		1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG		25	01/01/2002	12/31/2010					
38779-0568-04		J0970		1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG		25	01/01/2002	12/31/2010					
38779-0568-06		J0970		1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG		25	01/01/2002	12/31/2010					
38779-0571-05		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	09/26/2008	99/99/9999					
38779-0571-08		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	09/26/2008	99/99/9999					
38779-0599-01		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	99/99/9999					
38779-0599-08		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	99/99/9999					
38779-0599-09		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP-D-MANNITOL)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	99/99/9999					
38779-0632-04		J7699		1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	1/10/2010					
38779-0632-05		J7699		1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	1/10/2010					
38779-0632-08		J7699		1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	1/10/2010					
38779-0632-09		J7699		1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	1/10/2010					
38779-0652-06		J9000		4/24/2002	1/1/2004	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	04/24/2002	01/01/2004					
38779-0652-09		J9000		4/24/2002	1/1/2004	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	04/24/2002	01/01/2004					
38779-0655-04		J3490		8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	08/21/2002	99/99/9999					
38779-0655-05		J3490		8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	08/21/2002	99/99/9999					
38779-0655-08		J3490		8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	08/21/2002	99/99/9999					
38779-0660-03		J7516		2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG		4	02/06/2002	99/99/9999					
38779-0660-04		J7516		2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG		4	02/06/2002	99/99/9999					
38779-0660-05		J7516		2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG		4	02/06/2002	99/99/9999					
38779-0673-03		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2002	99/99/9999					
38779-0673-04		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2002	99/99/9999					
38779-0673-05		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2002	99/99/9999					
38779-0673-07		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2002	99/99/9999					
38779-0679-03		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	01/01/2002	99/99/9999					
38779-0679-04		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	01/01/2002	99/99/9999					
38779-0679-05		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	01/01/2002	99/99/9999					
38779-0716-03		J1980		4/30/2002	1/1/2004	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG		4000	04/30/2002	01/01/2004					
38779-0716-04		J1980		4/30/2002	1/1/2004	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG		4000	04/30/2002	01/01/2004					
38779-0722-03		J9360		5/9/2002	10/9/2003	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	05/09/2002	10/09/2003					
38779-0722-06		J9360		5/9/2002	1/1/2004	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	05/09/2002	01/01/2004					
38779-0722-09		J9360		5/9/2002	1/1/2004	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	05/09/2002	01/01/2004					
38779-0731-01		J1170		4/23/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG		250	04/23/2002	99/99/9999					
38779-0731-03		J1170		1/1/2002	99/99/9																		

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0873-04	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
38779-0873-05	J3490			4/25/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	04/25/2002	12/31/2003						
38779-0873-05	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
38779-0873-08	J3490			4/25/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	04/25/2002	12/31/2003						
38779-0873-08	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
38779-0873-09	J3490			4/25/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	04/25/2002	12/31/2003						
38779-0873-09	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
38779-0885-03	J1960			11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	11/22/2002	99/99/9999						
38779-0885-04	J1960			11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	11/22/2002	99/99/9999						
38779-0885-06	J1960			11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	11/22/2002	99/99/9999						
38779-0888-00	J3490			2/11/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	02/11/2002	12/31/2002						
38779-0888-00	J0592			1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG			10000	01/01/2003	99/99/9999						
38779-0888-06	J3490			2/11/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	02/11/2002	12/31/2002						
38779-0888-06	J0592			1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG			10000	01/01/2003	99/99/9999						
38779-0888-09	J3490			2/11/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	02/11/2002	12/31/2002						
38779-0888-09	J0592			1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG			10000	01/01/2003	99/99/9999						
38779-0891-03	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
38779-0891-04	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
38779-0891-05	J1435			8/21/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	08/21/2002	99/99/9999						
38779-0891-06	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
38779-0925-05	J3360			4/25/2002	1/10/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	04/25/2002	1/10/2010						
38779-0925-08	J3360			4/25/2002	1/10/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	04/25/2002	1/10/2010						
38779-0925-09	J3360			4/25/2002	1/10/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	04/25/2002	1/10/2010						
38779-0927-01	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0927-03	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0927-04	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0927-05	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0927-06	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0927-08	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG			500	01/01/2002	99/99/9999						
38779-0944-00	J0270			1/1/2002	4/25/2002	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	01/01/2002	04/25/2002						
38779-0944-07	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	01/01/2002	99/99/9999						
38779-0944-09	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	01/01/2002	99/99/9999						
38779-0963-03	J0151			4/22/2002	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE	1 EA	BO	NA	GM	90 MG			11.11111	04/22/2002	12/31/2003						
38779-0963-03	J0152			1/1/2004	3/29/2004	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270	ADENOSINE	1 EA	BO	NA	GM	30 MG			33.33333	01/01/2004	03/29/2004						
38779-0963-04	J0151			1/1/2002	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE	1 EA	BO	NA	GM	90 MG			11.11111	01/01/2002	12/31/2003						
38779-0963-04	J0152			1/1/2004	3/29/2004	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270	ADENOSINE	1 EA	BO	NA	GM	30 MG			33.33333	01/01/2004	03/29/2004						
38779-0989-04	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/28/2002	99/99/9999						
38779-0989-05	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/28/2002	99/99/9999						
38779-0989-08	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/28/2002	99/99/9999						
38779-0989-09	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/28/2002	99/99/9999						
38779-1073-05	J0706			1/28/2002	1/10/2010	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG			200	01/28/2002	1/10/2010						
38779-1073-08	J0706			1/28/2002	1/10/2010	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG			200	01/28/2002	1/10/2010						
38779-1203-03	J0770			2/7/2002	1/10/2010	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM	1 EA	BO	NA	GM	150 MG			6.66666	02/07/2002	1/10/2010						
38779-1203-06	J0770			2/7/2002	1/10/2010	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM	1 EA	BO	NA	GM	150 MG			6.66666	02/07/2002	1/10/2010						
38779-1239-04	J0500			2/6/2002	1/1/2004	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	02/06/2002	01/01/2004						
38779-1239-05	J0500			2/6/2002	1/1/2004	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	02/06/2002	01/01/2004						
38779-1239-08	J0500			2/6/2002	1/1/2004	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	02/06/2002	01/01/2004						
38779-1502-00	J2760			5/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999						
38779-1502-03	J2760			5/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	05/22/2002	99/99/9999						
38779-1502-06	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999						
38779-1502-09	J2760			5/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	05/22/2002	99/99/9999						
38779-1636-04	J0330			1/1/2002	1/1/2004	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	01/01/2004						
38779-1636-05	J0330			1/1/2002	1/1/2004	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	01/01/2004						
38779-1756-00	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG			10000	01/01/2002	99/99/9999						
38779-1756-03	J3010			4/23/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG			10000	04/23/2002	99/99/9999						
38779-1756-06	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG			10000	01/01/2002	99/99/9999						
38779-1756-09	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG			10000	01/01/2002	99/99/9999						
38779-1764-00	J3490			1/28/2002	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/28/2002	12/31/2006						
38779-1764-00	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1																	

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-1764-06	J3490			1/28/2002	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA				1	01/28/2002	12/31/2006					
38779-1764-06	J0364			1/1/2002	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, PER 100 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000				01/01/2007	99/99/9999					
38779-1766-03	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG				10	01/01/2002	99/99/9999					
38779-1766-04	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG				10	01/01/2002	99/99/9999					
38779-1766-05	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG				10	01/01/2002	99/99/9999					
38779-1816-05	J2810			5/1/2002	1/10/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	1 EA	BO	NA	GM	40 MG	25			05/01/2002	1/10/2010						
38779-1816-08	J2810			5/1/2002	1/10/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	1 EA	BO	NA	GM	40 MG	25			05/01/2002	1/10/2010						
38779-1821-01	J1250			4/25/2002	1/1/2004	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	250 MG	4			04/25/2002	01/01/2004						
38779-1821-03	J1250			4/25/2002	1/1/2004	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	250 MG	4			04/25/2002	01/01/2004						
38779-1821-06	J1250			4/25/2002	1/1/2004	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	250 MG	4			04/25/2002	01/01/2004						
38779-1901-03	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	99/99/9999						
38779-1901-04	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	99/99/9999						
38779-1901-05	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	99/99/9999						
38779-1905-01	J1095			4/25/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	8 MG	125			04/25/2002	12/31/2002						
38779-1905-01	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
38779-1905-03	J1095			4/25/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	8 MG	125			04/25/2002	12/31/2002						
38779-1905-03	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
38779-1905-04	J1095			4/25/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	8 MG	125			04/25/2002	12/31/2002						
38779-1905-04	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1 EA	NA	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
38779-1905-05	J1095			2/6/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	8 MG	125			02/06/2002	12/31/2002						
38779-1905-05	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
38779-1931-01	J1835			4/25/2002	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG	20			04/25/2002	99/99/9999						
38779-1943-05	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML	1			04/25/2002	99/99/9999						
38779-1943-08	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML	1			04/25/2002	99/99/9999						
38779-1943-09	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML	1			04/25/2002	99/99/9999						
38779-1968-07	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1 EA	BO	NA	GM	1 EA	1			01/01/2002	99/99/9999						
38779-1968-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1 EA	BO	NA	GM	1 EA	1			01/01/2002	99/99/9999						
38779-1981-01	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (XXX U/MG)	1 EA	NA	NA	GM	500 MG	2			04/25/2002	1/10/2010						
38779-1981-04	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (XXX U/MG)	1 EA	NA	NA	GM	500 MG	2			04/25/2002	1/10/2010						
38779-1981-05	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (XXX U/MG)	1 EA	NA	NA	GM	500 MG	2			04/25/2002	1/10/2010						
38779-1981-08	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (XXX U/MG)	1 EA	NA	NA	GM	500 MG	2			04/25/2002	1/10/2010						
38779-2062-04	J1245			4/25/2002	1/1/2004	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			04/25/2002	01/01/2004						
38779-2062-05	J1245			4/25/2002	1/1/2004	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			04/25/2002	01/01/2004						
38779-2062-08	J1245			4/25/2002	1/1/2004	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			04/25/2002	01/01/2004						
38779-2065-03	J7799			5/2/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL	1 EA	NA	NA	GM	1 EA	1			05/02/2002	1/10/2010						
38779-2065-06	J7799			5/2/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL	1 EA	NA	NA	GM	1 EA	1			05/02/2002	1/10/2010						
38779-2078-03	J2680			4/25/2002	1/1/2004	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	25 MG	40			04/25/2002	01/01/2004						
38779-2078-06	J2680			4/25/2002	1/1/2004	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	25 MG	40			04/25/2002	01/01/2004						
38779-2087-03	J7643			5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			05/02/2002	99/99/9999						
38779-2087-03	KO J7643	KO		5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			05/02/2002	99/99/9999						
38779-2087-06	J7643			5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			05/02/2002	99/99/9999						
38779-2087-06	KO J7643	KO		5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			05/02/2002	99/99/9999						
38779-2096-03	J0360			5/2/2002	1/1/2004	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50			05/02/2002	01/01/2004						
38779-2096-04	J0360			5/2/2002	1/1/2004	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50			05/02/2002	01/01/2004						
38779-2096-05	J0360			5/2/2002	1/1/2004	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50			05/02/2002	01/01/2004						
38779-2144-04	J2515			5/23/2002	10/9/2003	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			05/23/2002	10/09/2003						
38779-2144-05	J2515			5/23/2002	10/9/2003	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			05/23/2002	10/09/2003						
38779-2144-08	J2515			5/23/2002	10/9/2003	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			05/23/2002	10/09/2003						
38779-2165-03	J0780			4/25/2002	1/10/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			04/25/2002	1/10/2010						
38779-2165-06	J0780			4/25/2002	1/10/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			04/25/2002	1/10/2010						
38779-2196-03	J3250			4/25/2002	1/10/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			09/26/2008	1/10/2010						
38779-2196-04	J3250			4/25/2002	1/10/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			09/26/2008	1/10/2010	04/25/2002	03/29/2004		5		
38779-2196-05	J3250			4/25/2002	1/10/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			09/26/2008	1/10/2010	04/25/2002	03/29/2004		5		
38779-2363-05	J1956			10/25/2007	99/99/9999	INJECTION, LEVORFLOXACIN, 250 MG	LEVORFLOXACIN HEMIHYDRATE (1X100GM)	1 EA	BO	NA	GM	250 MG	4			10/25/2007	99/99/9999						
39822-0200-05	J3490			1/1/2002	10/10/2010	UNCLASSIFIED DRUGS	BACI-RX (U.S.P. 5 MMU MICRONIZED)	1 EA	BO	NA	EA	1 EA	1			01/01/2002	10/10/2010						
39822-0277-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE) 50000 U	1 EA	VL	IM	EA	1 EA	1			01/01/2002	99/99/9999						
39822-0277-07	J3490			11/16/2005	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE, USP, LATEX-FREE) 50000 U	1 EA	VL	IM	EA	1 EA	1			11/16/2005	99/99/9999						
39822-0277-09	J3490			2/1/2006	6/1/2009	UNCLASSIFIED DRUGS	AMERINET CHOICE BACIIM (STERILE) 50000 U	10 EA	VL	IM	EA	1 EA	1			02/01/2006	6/1/2009						
39822-0412-01	J7682			1/1/2002	12/31/																		

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
39822-0412-01		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2007	99/99/9999						
39822-0412-01	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2007	99/99/9999						
39822-0412-06		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2002	12/31/2006						
39822-0412-06	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2002	12/31/2006						
39822-0412-06		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2007	99/99/9999						
39822-0412-06	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	300 MG		4	01/01/2007	99/99/9999						
39822-0615-01		J0770		1/1/2002	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150 MG		1	01/01/2002	99/99/9999						
39822-0706-01		J3000		1/1/2002	9/30/2005	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (STERILE) 1 GM	1	EA	VL	IM	EA	1 GM		1	01/01/2002	09/30/2005						
39822-0706-02		J3000		1/1/2002	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (STERILE) 1 GM	1	EA	VL	IM	EA	1 GM		1	01/01/2002	99/99/9999						
39822-0710-01		J1451		12/14/2007	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15 MG	66.66666	12/14/2007	99/99/9999							
39822-1055-05		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (STERILE) 50 MG	1	EA	VL	IV	EA	50 MG		1	01/01/2002	99/99/9999						
39822-1055-07		J0285		3/20/2006	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	NOVAPLUS AMPHOTERICIN B 50 MG	1	EA	VL	IV	EA	50 MG		1	03/20/2006	99/99/9999						
39822-5090-01		J1700		1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	6/1/2010						
39822-5090-03		J1700		1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	6/1/2010						
39822-5090-05		J1700		1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25 MG		40	01/01/2002	6/1/2010						
39822-5090-09		J1700		1/1/2002	6/1/2005	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	DR	NA	GM	25 MG		40	01/01/2002	06/01/2005						
39822-5300-05		J7684		1/1/2002	6/1/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	6/1/2010						
39822-5300-05	KO	J7684	KO	1/1/2002	6/1/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	6/1/2010						
39822-6000-01		J2675		1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	5/18/2009						
39822-6000-03		J2675		1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	5/18/2009						
39822-6000-05		J2675		1/1/2002	11/22/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	11/22/2004						
39822-6000-07		J2675		1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	5/18/2009						
39822-6000-09		J2675		1/1/2002	1/1/2006	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	DR	NA	GM	50 MG		20	01/01/2002	01/01/2006						
39822-6100-01		J2675		1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	10/10/2010						
39822-6100-03		J2675		1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	10/10/2010						
39822-6100-05		J2675		1/1/2002	11/22/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	11/22/2004						
39822-6100-07		J2675		1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,WETTABLE)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	10/10/2010						
39822-6100-09		J2675		1/1/2002	1/1/2006	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1	EA	DR	NA	GM	50 MG		20	01/01/2002	01/01/2006						
41280-0220-59		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP FORMULA 25 MG	72	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
42023-0101-01		J0170		2/28/2008	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (1X30ML,MDV) 1 MG/ML	30	ML	VL	IJ	ML	1 ML		1	02/28/2008	12/31/2010						
42023-0110-01		J1380		12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (1X5ML,MULTIDOSE) 10 MG/ML	5	ML	VL	IM	ML	10 MG		1	12/10/2007	99/99/9999						
42023-0111-01		J1390		12/18/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	DELESTROGEN (1X5ML,MULTIDOSE) 20 MG/ML	5	ML	VL	IM	ML	20 MG		1	12/18/2007	12/31/2010						
42023-0112-01		J0970		3/31/2008	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	DELESTROGEN (1X5ML,MDV,USP) 40 MG/ML	5	ML	VL	IM	ML	40 MG		1	03/31/2008	12/31/2010						
42023-0116-01		J2590		2/29/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (1X10ML,MDV) 10 U/ML	10	ML	VL	IJ	ML	10 U		1	02/29/2008	99/99/9999						
42023-0116-25		J2590		2/1/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (25X1ML) 10 U/ML	1	ML	VL	IJ	ML	10 U		1	02/01/2008	99/99/9999						
42023-0118-01		J3250		8/1/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (MDV,1X20ML) 100 MG/ML	20	ML	VL	IM	ML	200 MG		0.5	08/01/2008	99/99/9999						
42023-0119-25		J3250		7/22/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (SDV, 25X2ML) 100 MG/ML	2	ML	VL	IM	ML	200 MG		1	7/22/2008	99/99/9999						
42023-0122-25		J0170		6/4/2008	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN CHLORIDE (25X1ML,SDV) 1 MG/ML	1	ML	VL	IJ	ML	1 ML		1	06/04/2008	12/31/2010						
43292-0556-31		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERTAB 25 MG	100	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
43292-0557-05		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALERCAP 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
43292-0557-19		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-TABS 25 MG	36	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43292-0557-65		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MAX. STR.) 50 MG	50	EA	NA	PO	EA	50 MG		1	01/01/2002	99/99/9999						
43292-0557-78		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP-TABS 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
44087-0004-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM 4 MG	1	EA	VL	SC	EA	1 MG		4	01/01/2002	99/99/9999						
44087-0005-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	01/01/2002	99/99/9999						
44087-0006-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 6 MG	1	EA	VL	SC	EA	1 MG		6	01/01/2002	99/99/9999						
44087-0022-03		J3490		3/13/2002	12/31/2002	UNCLASSIFIED DRUGS	REBIF (SRN,PREFILLED,27G,PF) 22 MCG/0.5 ML	0.5	ML	SR	SC	ML	1 EA		1	03/13/2002	12/31/2002						
44087-0022-03		Q3026		1/1/2003	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 22 MCG/0.5 ML	0.5	ML	SR	SC	ML	11 MCG		4	01/01/2003	99/99/9999						
44087-0044-03		J3490		3/13/2002	12/31/2002	UNCLASSIFIED DRUGS	REBIF (SRN,PREFILLED,27G,PF) 44 MCG/0.5 ML	0.5	ML	SR	SC	ML	1 EA		1	03/13/2002	12/31/2002						
44087-0044-03		Q3026		1/1/2003	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 44 MCG/0.5 ML	0.5	ML	SR	SC	ML	11 MCG		8	01/01/2003	99/99/9999						
44087-0088-04		J2941		10/15/2007	7/31/2009	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (W/DILUENT) 8.8 MG	1	EA	VL	SC	EA	1 MG		8.8	10/15/2007	7/31/2009						
44087-0250-01		J3490		1/1/2002	11/9/2003	UNCLASSIFIED DRUGS	OVIDREL (VIAL W/DILUENT) 0.25 MG	1	EA	VL	SC	EA	1 EA		1	01/01/2002	11/09/2003						
44087-1005-02		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	01/01/2002	99/99/9999						
44087-1080-01		J2941		10/22/2004	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN CLICK EASY CARTRIDGE (W/DILUENT) 8.8 MG	1	CT	VL	IJ	EA	1 MG		8.8	10/22/2004	99/99/9999						
44087-1080-02		J2941		10/22/2004	9/20/2006	INJECTION, SOMATROPIN, 1 MG	SAIZEN CLICK EASY CARTRIDGE (W/DILUENT) 8.8 MG	1	EA	CT	IJ	EA	1 MG		8.8	10/22/2004	09/20/2006						
44087-1088-01		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL W/DILUENT) 8.8 MG	1	EA	VL	IJ	EA	1 MG		8.8	01/01/2002	99/99/9999						
44087-1112-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2 NEEDLE,PEN) 450 IU/0.75 ML	0.75	ML	CR	SC	ML	1 EA		1	06/15/2004	99/99/9999						
44087-1113-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 300 IU/0.5 ML	0.5	ML	CR	SC	ML	1 EA		1	06/15/2004	99/99/9999						
44087-1114-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 900 IU/1.5 ML	1.5	ML	CR	SC	ML	1 EA		1	06/15/2004	99/99/9999						
44087-1150-01		J3490		11/10/2003	99/99/9999	UNCLASSIFIED DRUGS	OVIDREL (SRN,PREFILLED SYRINGE) 0.25 MCG/0.5 ML	0.5	ML	SR	SC	ML	1 EA		1	11/10/2003	99/99/9999						
44087-1200-01		J3490		1/1/2002	7/20/2005	UNCLASSIFIED DRUGS	GONAL-F (VIAL) 1200 IU	1	EA	VL	SC	EA	1 EA		1	01/01/2002	07/20/2005						
44087-1520-01		J9293		6/11/2003	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	10	ML	VL	IV	ML	5 MG		0.4	06/11/2003	99/99/9999						
44087-1525-01		J9293		6/11/2003	6/7/2007	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	12.5	ML	VL	IV	ML	5 MG		0.4	06/11/2003	06/07/2007						
44087-1530-01		J9293		6/11/2003	9/4/2007	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	15	ML	VL	IV	ML	5 MG		0.4	06/11/2003	09/04/2007						
44087-3388-07		J2941		4/7/2003	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZORBTIVE (MDV, VIALS W/ DILUENT) 8.8 MG	1	EA	VL	SC	EA	1 MG		8.8	04/07/2003	99/99/9999						
44087-4005-01		Q2014		1/1/2002	7/31/2003	INJECTION, SERMORELIN ACETATE, 0.5 MG	GEREF (VIAL) 0.5 MG	1	EA	VL	IJ	EA	0.5 MG		1	01/01/2002	07/31/2003						
44087-4010-01		Q2014		1/1/2002	6/7/2003	INJECTION, SERMORELIN ACETATE, 0.5 MG	GEREF (VIAL) 1 MG	1	EA	VL	IJ	EA	0.5 MG		2	01/01/2002	06/07/2003						
44087-4050-01		Q2014		1/1/2002	12/31/2005	INJECTION, SERMORELIN ACETATE, 0.5 MG	GEREF DIAGNOSTIC (AMP) 50 MCG	1	EA	VL	IJ	EA	0.5 MG		0.1	01/01/2002	12/31/2005						
44087-4050-01		Q0515		1/1/2006	8/1/2008	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	GEREF DIAGNOSTIC (AMP) 50 MCG	1	EA	VL	IJ	EA	1 MCG		50	01/01/2006	8/1/2008						
44087-6075-01		Q2018		1/1/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2002	12/31/2005						
44087-6075-01		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2006	99/99/9999						
44087-6075-03		Q2018		1/1/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2002	12/31/2005						
44087-6075-03		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2006	99/99/9999						
44087-6075-04		Q2018		1/1/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2002	12/31/2005						
44087-6075-04		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1	EA	NA	IM	EA	75 IU		1	01/01/2006	99/99/9999						
44087-6150-01		Q2018		1/1/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 150 IU	1	EA	NA	IM	EA	75 IU		2	01/01/2002	12/31/2005						
44087-6150-01		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 150 IU	1	EA	NA	IM	EA	75 IU		2	01/01/2006	99/99/9999						
44087-7075-01		Q2018		1/1/2002	2/14/2003	INJECTION, UROFOLLITROPIN, 75 IU	FERTINEX 75 IU	1	EA	VL	SC	EA	75 IU		1	01/01/2002	02/14/2003						
44087-7075-03		Q2018		1/1/2002	2/14/2003	INJECTION, UROFOLLITROPIN, 75 IU	FERTINEX 75 IU	1	EA	VL	SC	EA	75 IU		1	01/01/2002	02/14/2003						
44087-8010-03		J0725		1/1/2002	2/14/2004	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PROFASI 10000 IU	1	EA	VL	IM	EA	1000 USP Units		10	01/01/2002	02/14/2004						
44087-8822-01		Q3026		2/14/2005	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (TITRATION PACK,PF) 44 MCG/ML	4.2	ML	BX	SC	ML	11 MCG		4	02/14/2005	99/99/9999						
44087-9005-01		J3490		6/7/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1 EA		1	06/07/2004	99/99/9999						
44087-9005-06		J3490		6/7/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1 EA		1	06/07/2004	99/99/9999						
44087-9030-01		J3490		5/10/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (M.D.V.) 450 IU	1	EA	VL	SC	EA	1 EA		1	05/10/2004	99/99/9999						
44087-9070-01		J3490		5/7/2007	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1200 IU	1	EA	VL	SC	EA	1 EA		1	05/07/2007	99/99/9999						
44087-9075-01		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 75 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44087-9075-03		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 75 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44087-9075-04		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 75 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44087-9150-01		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 150 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44087-9375-01		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 37.5 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44087-9375-03		J3490		1/1/2002	7/5/2004	UNCLASSIFIED DRUGS	GONAL-F (AMP) 37.5 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	07/05/2004						
44206-0300-01		Q4089		7/1/2007	12/31/2007	OR INTRAVENOUS, IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC®) INTRAMUSCULAR INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100 IU		7.5	07/01/2007	12/31/2007						
44206-0300-01		J2791		1/1/2008	99/99/9999	OR INTRAVENOUS, IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC®) INTRAMUSCULAR INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100 IU		7.5	01/01/2008	99/99/9999						
44206-0300-10		Q4089		7/1/2007	12/31/2007	OR INTRAVENOUS, IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC®) INTRAMUSCULAR INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100 IU		7.5	07/01/2007	12/31/2007						
44206-0300-10		J2791		1/1/2008	99/99/9999	OR INTRAVENOUS, IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC®) INTRAMUSCULAR INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100 IU		7.5	01/01/2008	99/99/9999						
44206-0415-01		Q9941		4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	CARIMUNE NF (PF,NANOFILTERED) 1 GM	1	EA	VL	IV	EA	1 GM		1	04/01/2005	12/31/2005						
44206-0415-01		J1566		1/1/2006	3/31/2009	OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 1 GM	1	EA	VL	IV	EA	500 MG		2	01/01/2006	3/31/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
44206-0416-03	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	CARIMUNE NF (PF,NANOFILTERED) 3 GM	1	EA	VL	IV	EA	1	GM		3	04/01/2005	12/31/2005					
44206-0416-03	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 3 GM	1	EA	VL	IV	EA	500	MG		6	01/01/2006	99/99/9999					
44206-0417-06	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	CARIMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	1	GM		6	04/01/2005	12/31/2005					
44206-0417-06	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	500	MG		12	01/01/2006	99/99/9999					
44206-0418-12	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	CARIMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	1	GM		12	04/01/2005	12/31/2005					
44206-0418-12	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	CARIMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	500	MG		24	01/01/2006	99/99/9999					
44206-0436-05	Q4097			4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	50	ML	VL	IV	ML	500	MG		0.2	04/01/2008	12/31/2008					
44206-0436-05	J1459			1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	50	ML	VL	IV	ML	500	MG		0.2	01/01/2009	99/99/9999					
44206-0437-10	Q4097			4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	100	ML	VL	IV	ML	500	MG		0.2	4/1/2008	12/31/2008					
44206-0437-10	J1459			1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	100	ML	VL	IV	ML	500	MG		0.2	01/01/2009	99/99/9999					
44206-0438-20	Q4097			4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	200	ML	VL	IV	ML	500	MG		0.2	04/01/2008	12/31/2008					
44206-0438-20	J1459			1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	200	ML	VL	IV	ML	500	MG		0.2	01/01/2009	99/99/9999					
44206-0451-01	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5	ML	VL	SC	ML	1	EA		1	04/01/2010	12/31/2010					
44206-0451-01	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5	ML	VL	SC	ML	100	MG		2	01/01/2011	99/99/9999					
44206-0452-02	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	1	EA		1	04/01/2010	12/31/2010					
44206-0452-02	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	100	MG		2	01/01/2011	99/99/9999					
44206-0454-04	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	1	EA		1	04/01/2010	12/31/2010					
44206-0454-04	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	HIZENTRA (SINGLE-USE VIAL,PF) 20%	20	ML	VL	SC	ML	100	MG		2	01/01/2011	99/99/9999					
44206-0506-53	J1563			1/1/2002	8/1/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	CARIMUNE 3 GM	1	EA	VL	IV	EA	1	GM		3	01/01/2002	08/1/2004					
44206-0507-56	J1563			1/1/2002	8/12/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	CARIMUNE 6 GM	1	EA	PT	IV	EA	1	GM		6	01/01/2002	08/12/2004					
44206-0508-62	J1563			1/1/2002	8/27/2004	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	CARIMUNE 12 GM	1	EA	VL	IV	EA	1	GM		12	01/01/2002	08/27/2004					
44206-3101-01	J0850			2/20/2007	99/99/9999	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	CYTOGAM (PF)	50	ML	NA	IV	ML	1	EA		0.02	02/20/2007	99/99/9999					
45802-0127-14	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	8	MG		0.5	06/25/2007	99/99/9999					
45802-0127-65	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8	MG		0.5	06/25/2007	99/99/9999					
45802-0205-14	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	8	MG		1	06/25/2007	99/99/9999					
45802-0205-65	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8	MG		1	06/25/2007	99/99/9999					
45802-0303-21	J7506			12/12/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	21	EA	DP	PO	EA	5	MG		2	12/12/2007	99/99/9999					
45802-0303-67	J7506			12/12/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	48	EA	DP	PO	EA	5	MG		2	12/12/2007	99/99/9999					
45802-0733-21	J7506			12/12/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	21	EA	DP	PO	EA	5	MG		1	12/12/2007	99/99/9999					
45802-0733-67	J7506			12/12/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	48	EA	DP	PO	EA	5	MG		1	12/12/2007	99/99/9999					
45802-0758-30	K0416			6/30/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	MG		12.5	06/30/2003	12/31/2005					
45802-0758-30	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999					
45802-0759-30	K0416			6/30/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	MG		25	06/30/2003	12/31/2005					
45802-0759-30	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999					
46287-0015-01	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL (RASPBERRY) 50 MG/5 ML	473	ML	BO	PO	ML	100	MG		0.1	12/01/2004	05/31/2005					
46672-0606-16	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 50 MG/5 ML	480	ML	BO	PO	ML	100	MG		0.1	12/01/2004	05/31/2005					
47682-0182-32	Q0163			1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN (SF) 25 MG	12	EA	NA	PO	EA	50	MG		0.5	01/01/2007	99/99/9999					
47682-0182-47	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN (200X1.SF) 25 MG	200	EA	PG	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
47682-0182-64	Q0163			1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN (SF) 25 MG	24	EA	BX	PO	EA	50	MG		0.5	01/01/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47682-0847-87		Q0163		1/1/2007	6/1/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDI-FIRST DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	01/01/2007	6/1/2008						
47682-0858-87		Q0163		1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDI-FIRST DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	01/01/2007	99/99/9999						
48879-0001-01	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	WATER FOR INHALATION (AL7023)	3 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0001-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7023)	3 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0001-02	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	WATER FOR INHALATION (AL7025)	5 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0001-02	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7025)	5 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0002-01	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SALINE SOLUTION (AL7453) 0.45%	3 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0002-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7453) 0.45%	3 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0002-02	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SALINE SOLUTION (AL7455) 0.45%	5 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0002-02	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7455) 0.45%	5 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0003-01	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SALINE SOLUTION (AL7093) 0.9%	3 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0003-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7093) 0.9%	3 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0003-02	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SALINE SOLUTION (AL7095) 0.9%	5 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0003-02	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7095) 0.9%	5 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
48879-0003-07	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SALINE SOLUTION (AL4015) 0.9%	15 ML	PC	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
48879-0003-07	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL4015) 0.9%	15 ML	PC	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
49072-0145-30	J3420			1/1/2002	11/1/2002	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	01/01/2002	11/01/2002						
49072-0291-30	J1644			1/1/2002	11/1/2002	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	IJ	ML		1000 U		1	01/01/2002	11/01/2002						
49072-0297-10	J1644			1/1/2002	11/1/2002	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10 ML	VL	IJ	ML		1000 U		5	01/01/2002	11/01/2002						
49072-0299-05	J1644			1/1/2002	11/1/2004	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	4 ML	VL	IJ	ML		1000 U		10	01/01/2002	11/01/2004						
49072-0433-05	J1212			1/1/2002	11/1/2002	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (M.D.V.) 50%	50 ML	VL	IL	ML		50 %		0.02	01/01/2002	11/01/2002						
49072-0475-50	J3475			1/1/2002	11/1/2002	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50 ML	VL	IJ	ML		500 MG		1	01/01/2002	11/01/2002						
49072-0571-30	J3480			1/1/2002	12/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (M.D.V.) 2 MEQ/ML	30 ML	VL	IV	ML		2 MEQ		1	01/01/2002	12/1/2007						
49072-0669-30	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
49072-0669-30	A4216			1/1/2004	12/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	12/1/2007						
49072-0704-20	J0610			1/1/2002	11/1/2002	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		10 ML		0.1	01/01/2002	11/01/2002						
49072-0704-50	J0610			1/1/2002	11/1/2002	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	50 ML	VL	IV	ML		10 ML		0.1	01/01/2002	11/01/2002						
49072-0807-30	A4712			1/1/2002	11/1/2002	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML		10 ML		0.1	01/01/2002	11/01/2002						
49281-0545-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ACTHIB (SDV W/DIL, TAX INCL,PF) 10 MCG	1 EA	VL	IM	EA		1 EA		1	01/01/2002	99/99/9999						
49281-0880-01	J9031			1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION	THERACYS (S.D.V. W/DILUENT,PF) 81 MG	1 EA	VL	IL	EA		1 INSTILLATION		1	01/01/2002	99/99/9999						
49348-0044-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
49348-0044-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
49348-0045-34	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
49348-0204-34	Q0163			1/1/2002	3/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL CLEAR (AF,SF,DYE-FREE) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2002	03/31/2002						
49348-0205-37	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY CHILDREN'S (AF,CHEMRRY) 12.5 MG/5 ML	236 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
49348-0282-08	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY 25 MG	48 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
49348-0564-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	VALU-DRYL ALLERGY 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
49452-0001-01	J7799			2/5/2002	9/30/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	02/05/2002	09/30/2003						
49452-0001-01	Q4075			10/1/2003	1/1/2004	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	01/01/2004						
49452-0001-02	J7799			2/5/2002	9/30/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	02/05/2002	09/30/2003						
49452-0001-02	Q4075			10/1/2003	11/15/2004	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	11/15/2004						
49452-0001-03	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	12/31/2005						
49452-0001-03	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2006	99/99/9999						
49452-0001-04	Q4075			1/1/2004	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2004	12/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-0001-04		J0189		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/24/2006	99/99/9999						
49452-0001-05		C4075		1/1/2004	11/15/2004	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	01/01/2004	11/15/2004						
49452-0006-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0006-01		J7632		1/1/2008	3/15/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	3/15/2008						
49452-0006-01	KO	J7632	KO	1/1/2008	3/15/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG	1 EA	100	01/01/2008	3/15/2008						
49452-0006-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0006-02		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
49452-0006-02	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG	1 EA	100	01/01/2008	99/99/9999						
49452-0006-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0006-03	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG	1 EA	100	01/01/2008	99/99/9999						
49452-0006-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0006-04	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
49452-0011-01		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0011-02		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0011-03		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0023-01		J0285		1/24/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/24/2002	99/99/9999						
49452-0023-02		J0285		1/24/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/24/2002	99/99/9999						
49452-0023-03		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/01/2002	99/99/9999						
49452-0027-02		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	01/01/2002	99/99/9999						
49452-0027-03		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	30 MG		33.33333	01/01/2002	99/99/9999						
49452-0027-04		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	01/01/2002	99/99/9999						
49452-0028-01		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0028-02		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0028-03		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0028-04		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0029-01		J1170		1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	01/01/2002	99/99/9999						
49452-0029-02		J1170		1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	01/01/2002	99/99/9999						
49452-0029-03		J1170		1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	01/01/2002	99/99/9999						
49452-0029-04		J1170		11/15/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	11/15/2004	99/99/9999						
49452-0031-01		J2175		1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0031-02		J2175		3/15/2008	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0031-03		J2175		1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	01/01/2002	99/99/9999						
49452-0032-01		J3010		1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	01/01/2002	99/99/9999						
49452-0032-02		J3010		1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	01/01/2002	99/99/9999						
49452-0073-01		J0270		1/1/2002	2/5/2002	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	01/01/2002	02/05/2002						
49452-0073-02		J0270		2/5/2002	4/1/2005	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	02/05/2002	04/01/2005						
49452-0073-03		J0270		2/5/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	11/15/2004	99/99/9999						
49452-0073-04		J0270		11/15/2004	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	11/15/2004	99/99/9999						
49452-0097-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0097-01		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-01	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0097-02		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-02	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0097-03		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-03	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
49452-0097-04		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-04	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM ACETYLCSYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2008	99/99/9999						
49452-0097-05		J7608		1/1/2002	1/1/2002	DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM		1	01/01/2002	01/17/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-0097-05	KO	J7608	KO	1/1/2002	1/17/2002	DOSE FORM, PER GRAM	ACETYL-CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG																
49452-0105-01		J1212		1/1/2002	1/31/2002	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	N-ACETYL-L-CYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM			1	01/01/2002	01/17/2002						
49452-0105-02		J1212		1/1/2002	1/31/2002	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	500 ML	BO	NA	ML	50 %			0.02	01/01/2002	01/31/2002						
49452-0225-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	DIMETHYL SULFOXIDE (U.S.P.)	4000 ML	BO	NA	ML	50 %			0.02	01/01/2002	01/31/2002						
49452-0225-01	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0225-01		J7609		1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0225-01	KO	J7609	KO	1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0225-03		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0225-03	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0225-03		J7609		1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0225-03	KO	J7609	KO	1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0226-01		J7619		1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0226-01	KO	J7619	KO	1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0226-02		J7619		1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0226-02	KO	J7619	KO	1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0226-03		J7619		1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0226-03	KO	J7619	KO	1/1/2002	11/14/2004	PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	1 EA	JR	NA	GM	1 MG			1000	01/01/2002	11/14/2004						
49452-0227-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-01	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-01		J7609		1/1/2007	3/15/2007	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	3/15/2007						
49452-0227-01	KO	J7609	KO	1/1/2007	3/15/2007	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	3/15/2007						
49452-0227-02		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-02	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-02		J7609		1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0227-02	KO	J7609	KO	1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0227-03		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-03	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
49452-0227-03		J7609		1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0227-03	KO	J7609	KO	1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
49452-0399-01		J3490		2/5/2002	1/1/2003	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	02/05/2002	01/01/2003						
49452-0399-02		J3490		2/5/2002	1/1/2003	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	02/05/2002	01/01/2003						
49452-0409-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999						
49452-0409-02		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999						
49452-0409-03		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999						
49452-0409-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	99/99/9999						
49452-0430-01		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLINE, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	99/99/9999						
49452-0430-02		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLINE, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	99/99/9999						
49452-0430-03		J0280		1/1/2002	1/2/2002	INJECTION, AMINOPHYLLINE, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	01/02/2002						
49452-0430-06		J0280		1/1/2002	3/14/2008	INJECTION, AMINOPHYLLINE, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	3/14/2008						
49452-0460-01		J1320		1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
49452-0460-02		J1320		1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
49452-0460-03		J1320		1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
49452-0601-01		J0300		1/25/2002	1/1/2003	INJECTION, AMOBARBITAL, UP TO 125 MG	AMOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	125 MG			8	01/25/2002	01/01/2003						
49452-0601-02		J0300		1/25/2002	1/1/2003	INJECTION, AMOBARBITAL, UP TO 125 MG	AMOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	125 MG			8	01/25/2002	01/01/2003						
49452-0606-03		J0285		1/1/2002	1/24/2002	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	01/24/2002						
49452-0735-01		J9017		11/15/2004	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	BO	NA	GM	1 MG			1000	11/15/2004	99/99/9999						
49452-0735-02		J9017		11/15/2004	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	BO	NA	GM	1 MG			1000	11/15/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description		NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1		CF	Start Date #1	End Date #1		Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-0770-01		J7636			1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0770-01	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0770-02		J7636			1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0770-02	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0770-03		J7636			1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0770-03	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0780-01		J7636			1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0780-01	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0780-02		J7636			1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0780-02	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0780-03	CO	J7636	KO		1/1/2002	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0782-03	J7501				1/1/2002	1/3/2002	AZATHIOPRINE, PARENTERAL, 100 MG		AZATHIOPRINE (U.S.P.)	1	EA	JR	NA	GM	100	MG		10	01/01/2002	01/03/2002							
49452-0783-01	J7501				1/24/2001	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG		AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/24/2002	99/99/9999							
49452-0783-02	J7501				1/24/2002	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG		AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/24/2002	99/99/9999							
49452-0783-03	J7501				1/1/2002	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG		AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2002	99/99/9999							
49452-0800-01	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BACITRACIN (MICRNZD, U.S.P./SMU)	1	EA	BO	NA	EA	1	EA		1	01/01/2002	99/99/9999							
49452-0801-01	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BACITRACIN (U.S.P. STERILE)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999							
49452-0802-01	J7622				1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-01	CO	J7622	KO		1/1/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-02	J7622				1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-02	CO	J7622	KO		1/1/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-03	J7622				1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-03	CO	J7622	KO		1/1/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0802-03	J7622				1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0807-01	J0475				1/1/2002	11/15/2004	INJECTION, BACLOFEN, 10 MG		BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-0807-02	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG		BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999							
49452-0807-03	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG		BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999							
49452-0807-04	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG		BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999							
49452-0876-01	J7622				1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-01	CO	J7622	KO		1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-02	J7622				1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-02	CO	J7622	KO		1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	J7622				1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	CO	J7622	KO		1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	J7622				1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	CO	J7622	KO		1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	J7622				1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0876-03	CO	J7622	KO		1/1/2002	1/8/2002	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BECLOMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	01/08/2002							
49452-0970-01	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999							
49452-0970-02	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999							
49452-0970-03	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BENZOCANE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999							
49452-1016-01	J0515				1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG		BENZTROPINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1016-02	J0515				1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG		BENZTROPINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1016-03	J0515				1/1/2005	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG		BENZTROPINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2005	99/99/9999							
49452-1070-04	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1070-04	CO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1070-05	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1070-05	CO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1070-06	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1070-06	CO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM		BETAMETHASONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999							
49452-1072-02	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999							
49452-1072-03	J3490				1/8/2002	99/99/9999	UNCLASSIFIED DRUGS		BETAMETHASONE ACETATE MICRONIZED (U																		

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-1075-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1075-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1075-02		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1075-02	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1075-03		J7624		1/1/2004	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	01/01/2004	99/99/9999								
49452-1075-03	KO	J7624	KO	1/1/2004	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	01/01/2004	99/99/9999								
49452-1075-04		J7624		1/1/2002	11/15/2004	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	11/15/2004								
49452-1075-04	KO	J7624	KO	1/1/2002	11/15/2004	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	11/15/2004								
49452-1077-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1077-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1077-02		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1077-02	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-1077-03		J7624		1/1/2002	11/15/2004	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	11/15/2004								
49452-1077-03	KO	J7624	KO	1/1/2002	11/15/2004	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	11/15/2004								
49452-1077-04		J7624		1/1/2004	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2004	99/99/9999								
49452-1077-04	KO	J7624	KO	1/1/2004	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2004	99/99/9999								
49452-1083-01		J0520		1/1/2002	3/15/2008	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	3/15/2008								
49452-1083-02		J0520		1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-1083-03		J0520		1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-1291-01		J7626		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-01	KO	J7626	KO	1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-01		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1291-01	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1291-02		J7626		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-02	KO	J7626	KO	1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-02		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1291-02	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1291-03		J7626		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-03	KO	J7626	KO	1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.25 MG	2000	01/01/2002	12/31/2005								
49452-1291-03		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1291-03	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP, MICRONIZED)	1 EA	BO	NA	GM	0.5 MG	2000	01/01/2006	99/99/9999								
49452-1304-01		J3490		1/1/2002	1/8/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	01/01/2002	01/08/2002								
49452-1304-02		J3490		1/1/2002	1/8/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	01/01/2002	01/08/2002								
49452-1309-01		J0945		1/1/2002	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	99/99/9999								
49452-1309-02		J0945		1/1/2002	1/8/2002	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	01/08/2002								
49452-1309-04		J0945		1/1/2002	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	99/99/9999								
49452-1309-05		J0945		1/1/2002	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	99/99/9999								
49452-1317-01		J3490		1/1/2003	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2003	12/31/2003								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-1317-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2004	99/99/9999						
49452-1317-02	J3490			1/1/2003	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			01/01/2003	12/31/2003						
49452-1317-02	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2004	99/99/9999						
49452-1330-01	J0706			1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	7/7/2007						
49452-1330-02	J0706			1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	7/7/2007						
49452-1330-03	J0706			1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200			01/01/2002	7/7/2007						
49452-1775-01	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM	1 GM	1			01/01/2002	99/99/9999						
49452-1775-02	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM	1 GM	1			01/01/2002	99/99/9999						
49452-1775-03	J1955			1/1/2004	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM	1 GM	1			01/01/2004	99/99/9999						
49452-1776-01	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	1 EA	BO	NA	GM	1 GM	1			01/01/2002	99/99/9999						
49452-1776-02	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	1 EA	BO	NA	GM	1 GM	1			01/01/2002	99/99/9999						
49452-1990-01	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			01/01/2002	99/99/9999						
49452-1990-02	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			01/01/2002	99/99/9999						
49452-1990-03	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			01/01/2002	99/99/9999						
49452-2078-01	J9060			1/30/2002	3/15/2008	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	CISPLATIN (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			01/30/2002	3/15/2008						
49452-2147-01	J0735			1/1/2002	11/15/2004	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	11/15/2004						
49452-2147-02	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2147-03	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2147-04	J0735			11/15/2004	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			11/15/2004	99/99/9999						
49452-2210-01	J0760			1/1/2002	11/15/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	11/15/2004						
49452-2210-02	J0760			1/1/2002	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2210-03	J0760			1/1/2002	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2339-01	J7631			2/4/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/04/2002	11/14/2004						
49452-2339-01	KO J7631	KO		2/4/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/04/2002	11/14/2004						
49452-2339-02	J7631			2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2339-02	KO J7631	KO		2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2339-03	J7631			2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2339-03	KO J7631	KO		2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2339-04	J7631			2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2339-04	KO J7631	KO		2/14/2002	11/14/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			02/14/2002	11/14/2004						
49452-2400-01	J3420			1/1/2002	11/15/2004	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			01/01/2002	11/15/2004						
49452-2400-02	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			01/01/2002	99/99/9999						
49452-2400-03	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			01/01/2002	99/99/9999						
49452-2400-04	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			01/01/2002	99/99/9999						
49452-2437-01	J9000			1/30/2002	1/1/2003	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			01/30/2002	01/01/2003						
49452-2460-01	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	8 MG	125			01/01/2002	12/31/2002						
49452-2460-01	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
49452-2460-02	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	8 MG	125			01/01/2002	12/31/2002						
49452-2460-02	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
49452-2460-03	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	8 MG	125			01/01/2002	12/31/2002						
49452-2460-03	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
49452-2465-01	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-01	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-02	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-02	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-03	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-03	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-04	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2465-04	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2470-01	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2470-01	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2470-02	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2470-02	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						
49452-2470-03	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-2470-03	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
49452-2470-04		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
49452-2470-04	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
49452-2540-01	J3360			1/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1	EA	BO	NA	GM	5	MG	200	01/01/2003	99/99/9999						
49452-2540-02	J3360			1/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1	EA	BO	NA	GM	5	MG	200	01/01/2003	99/99/9999						
49452-2540-03	J3360			1/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1	EA	BO	NA	GM	5	MG	200	01/01/2003	99/99/9999						
49452-2541-01	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	01/01/2003						
49452-2541-02	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
49452-2541-03	J1730			1/1/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999						
49452-2584-01	J0500			1/31/2002	11/15/2004	INJECTION, DICLOMINE HCL, UP TO 20 MG	DICLOMINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/31/2002	11/15/2004						
49452-2584-02	J0500			1/31/2002	11/15/2004	INJECTION, DICLOMINE HCL, UP TO 20 MG	DICLOMINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/31/2002	11/15/2004						
49452-2588-01	J1212			1/31/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	500	ML	BO	NA	ML	50	%	0.02	01/31/2002	99/99/9999						
49452-2588-02	J1212			1/31/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	4000	ML	BO	NA	ML	50	%	0.02	01/31/2002	99/99/9999						
49452-2588-04	J1212			1/31/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	100	ML	BO	NA	ML	50	%	0.02	01/31/2002	99/99/9999						
49452-2612-01	J1160			1/1/2002	11/15/2004	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2002	11/15/2004						
49452-2612-02	J1160			1/1/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2002	99/99/9999						
49452-2615-01	J1240			1/28/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/28/2002	99/99/9999						
49452-2615-02	J1240			1/28/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/28/2002	99/99/9999						
49452-2615-03	J1240			1/28/2002	1/1/2003	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/28/2002	01/01/2003						
49452-2616-01	J1110			1/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/31/2002	99/99/9999						
49452-2616-02	J1110			1/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/31/2002	99/99/9999						
49452-2616-03	J1110			1/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/31/2002	99/99/9999						
49452-2640-01	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
49452-2640-02	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
49452-2641-03	J1245			1/1/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2003	99/99/9999						
49452-2641-04	J1245			1/1/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2003	99/99/9999						
49452-2641-05	J1245			1/1/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2003	99/99/9999						
49452-2641-06	J1245			1/1/2003	11/15/2004	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2003	11/15/2004						
49452-2696-01	J1790			1/1/2002	3/15/2008	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	3/15/2008						
49452-2696-02	J1790			1/1/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999						
49452-2697-01	J0600			1/1/2002	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	1	EA	BO	NA	GM	1000	MG	1	01/01/2002	99/99/9999						
49452-2697-02	J0600			1/1/2002	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	1	EA	BO	NA	GM	1000	MG	1	01/01/2002	99/99/9999						
49452-2697-03	J0600			1/1/2002	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.)	1	EA	BO	NA	GM	1000	MG	1	01/01/2002	99/99/9999						
49452-2700-03	J3520			1/1/2002	1/11/2002	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	01/11/2002						
49452-2702-01	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/11/2002	99/99/9999						
49452-2702-02	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/11/2002	99/99/9999						
49452-2702-03	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999						
49452-2740-01	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
49452-2745-01	J7799			1/25/2002	1/1/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/25/2002	01/01/2003						
49452-2745-02	J7799			1/25/2002	1/1/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/25/2002	01/01/2003						
49452-2762-01	J1330			1/1/2002	11/15/2004	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	0.2	MG	5000	01/01/2002	11/15/2004						
49452-2762-02	J1330			1/1/2002	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	0.2	MG	5000	01/01/2002	99/99/9999						
49452-2762-03	J1330			1/1/2002	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	0.2	MG	5000	01/01/2002	99/99/9999						
49452-2791-01	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	12/31/2010						
49452-2791-02	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	12/31/2010						
49452-2791-03	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	12/31/2010						
49452-2795-01	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
49452-2795-02	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
49452-2795-03	J1435			1/1/2002	11/14/2004	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/14/2004						
49452-2795-04	J1435			11/15/2004	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/15/2004	99/99/9999						
49452-3038-02	J3490			1/31/2002	3/15/2008	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/31/2002	3/15/2008						
49452-3038-03	J3490			1/31/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/31/2002	99/99/9999						
49452-3038-04	J3490			1/31/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/31/2002	99/99/9999						
49452-3038-05	J3490			1/31/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/31/2002	99/99/9999						
49452-3151-01	J1450			1/1/2003	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	01/01/2003	3/15/2008						
49452-3151-02	J1450			1/1/2003	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	01/01/2003	3/15/2008						
49452-3151-03	J1450			11/15/2004	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	11/15/2004	3/15/2008						
49452-3162-01	J76																						

03-05-2011 NDC-NCPCS XWalk

NDC	NDC Mod	NCPCS	NCPCS Mod	Relationship Start Date	Relationship End Date	NCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPCS Amount #1	NCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-3175-02	QR	J9190	QR	1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/01/2002	99/99/9999					
49452-3175-02	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/28/2005	99/99/9999					
49452-3175-03		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/01/2002	99/99/9999					
49452-3175-03	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/28/2005	99/99/9999					
49452-3175-04		J9190		1/1/2004	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/01/2004	99/99/9999					
49452-3175-04	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG				2	01/28/2005	99/99/9999					
49452-3222-01		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG				50	01/01/2002	99/99/9999					
49452-3222-02		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG				50	01/01/2002	99/99/9999					
49452-3222-03		J1940		1/1/2004	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG				50	01/01/2004	99/99/9999					
49452-3261-01		J7699		1/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P., CRYSTALLINE)	1 EA	BO	NA	GM	1 EA				1	3/15/2007	99/99/9999					
49452-3261-02		J7699		1/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P., CRYSTALLINE)	1 EA	BO	NA	GM	1 EA				1	3/15/2007	99/99/9999	01/01/2002	01/01/2003		1	
49452-3261-03		J7699		1/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P., CRYSTALLINE)	1 EA	BO	NA	GM	1 EA				1	3/15/2007	99/99/9999	01/01/2002	01/01/2003		1	
49452-3358-01		J7643		1/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2003	99/99/9999	01/01/2002	01/01/2003		1	
49452-3358-01	KO	J7643	KO	1/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2003	99/99/9999					
49452-3358-02		J7643		1/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2003	99/99/9999					
49452-3358-02	KO	J7643	KO	1/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2003	99/99/9999					
49452-3446-01		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG				200	01/01/2002	99/99/9999					
49452-3446-02		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG				200	01/01/2002	99/99/9999					
49452-3450-01		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (U.S.P., 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U				160	01/01/2002	99/99/9999					
49452-3450-02		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP, 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U				160	01/01/2002	99/99/9999					
49452-3450-03		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP, 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U				160	01/01/2002	99/99/9999					
49452-3543-01		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG				40	01/01/2003	12/31/2006					
49452-3543-01		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA				1	01/01/2007	99/99/9999					
49452-3543-02		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG				40	01/01/2003	12/31/2006					
49452-3543-02		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA				1	01/01/2007	99/99/9999					
49452-3544-01		J0360		2/4/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	02/04/2002	99/99/9999					
49452-3544-02		J0360		2/4/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	02/04/2002	99/99/9999					
49452-3544-03		J0360		4/1/2005	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	04/01/2005	99/99/9999					
49452-3545-01		J0360		1/1/2002	2/4/2002	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	01/01/2002	02/04/2002					
49452-3545-02		J0360		1/1/2002	2/4/2002	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	01/01/2002	02/04/2002					
49452-3545-03		J0360		2/4/2002	3/15/2008	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG				50	02/04/2002	3/15/2008					
49452-3590-01		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3590-02		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3590-03		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3590-04		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3590-05		J1700		1/1/2002	1/11/2002	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	01/11/2002					
49452-3590-06		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3596-01		J1710		1/1/2002	1/1/2003	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	HYDROCORTISONE SODIUM PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	50 MG				20	01/01/2002	01/01/2003					
49452-3596-02		J1710		1/1/2002	1/1/2003	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	HYDROCORTISONE SODIUM PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	50 MG				20	01/01/2002	01/01/2003					
49452-3652-01		J3410		1/1/2002	1/16/2002	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	01/16/2002					
49452-3652-02		J3410		1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3652-03		J3410		1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG				40	01/01/2002	99/99/9999					
49452-3656-01		J1980		1/1/2002	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	0.25 MG				4000	01/01/2002	99/99/9999					
49452-3656-02		J1980		1/1/2002	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	0.25 MG				4000	01/01/2002	99/99/9999					
49452-3659-01		Q0178		1/10/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P./N.F.)	1 EA	BO	NA	GM	50 MG				20	01/10/2002	99/99/9999					
49452-3659-02		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P./N.F.)	1 EA	BO	NA	GM	50 MG				20	01/01/2002	99/99/9999					
49452-3791-02		J7644		1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P., E.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2002	12/31/2006					
49452-3791-02	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P., E.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2002	12/31/2006					
49452-3791-02		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P., E.P.)	1 EA	BO	NA	GM	1 MG				1000	01/01/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-3791-02	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
49452-3791-03		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
49452-3791-03	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
49452-3791-03		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
49452-3791-03	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
49452-3791-04		J7644		1/1/2002	11/15/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	11/15/2004						
49452-3791-04	KO	J7644	KO	1/1/2002	11/15/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	11/15/2004						
49452-3845-01		J1835		1/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	01/01/2003	99/99/9999						
49452-3845-02		J1835		1/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	01/01/2003	99/99/9999						
49452-3845-03		J1835		1/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	01/01/2003	99/99/9999						
49452-3845-04		J1835		1/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	01/01/2003	99/99/9999						
49452-3850-01		J7659		1/1/2002	11/15/2004	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/15/2004						
49452-3850-01	KO	J7659	KO	1/1/2002	11/15/2004	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/15/2004						
49452-3850-02		J7659		1/1/2002	11/15/2004	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/15/2004						
49452-3850-02	KO	J7659	KO	1/1/2002	11/15/2004	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/15/2004						
49452-3850-03		J7659		1/1/2002	1/1/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2003						
49452-3850-03	KO	J7659	KO	1/1/2002	1/1/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2003						
49452-3885-01		J1840		1/29/2002	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	11/15/2004	99/99/9999						
49452-3885-02		J1840		1/29/2002	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	11/15/2004	99/99/9999						
49452-3885-03		J1840		1/29/2002	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	11/15/2004	99/99/9999						
49452-3919-01		J1885		1/1/2003	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1	EA	BO	NA	GM	15	MG	66.66666	01/01/2003	99/99/9999						
49452-3919-02		J1885		1/1/2003	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1	EA	BO	NA	GM	15	MG	66.66666	01/01/2003	99/99/9999						
49452-3919-03		J1885		1/1/2003	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1	EA	BO	NA	GM	15	MG	66.66666	01/01/2003	99/99/9999						
49452-3919-05		J1885		1/1/2003	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1	EA	BO	NA	GM	15	MG	66.66666	01/01/2003	99/99/9999						
49452-3956-01		J2060		1/1/2002	1/16/2002	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	01/16/2002						
49452-3956-02		J2060		1/1/2002	1/16/2002	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	01/16/2002						
49452-3956-03		J2060		1/1/2002	1/16/2002	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	01/16/2002						
49452-3956-04		J2060		1/1/2002	1/16/2002	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	01/16/2002						
49452-4036-01		J0640		1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
49452-4036-02		J0640		1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999						
49452-4036-04		J0640		1/16/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/16/2002	99/99/9999						
49452-4050-01		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
49452-4050-01		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
49452-4050-02		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
49452-4050-02		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
49452-4050-03		J2000		1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
49452-4050-03		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
49452-4140-01		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	99/99/9999						
49452-4140-02		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	99/99/9999						
49452-4140-03		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	99/99/9999						
49452-4140-04		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	JR	NA	GM	2	MG	500	01/01/2002	99/99/9999						
49452-4300-01		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
49452-4300-02		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
49452-4300-03		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999						
49452-4380-01		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999						
49452-4380-02		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-4380-03	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	99/99/9999						
49452-4381-02	J2150			1/1/2002	11/14/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	11/14/2004						
49452-4381-03	J2150			1/1/2002	11/14/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	11/14/2004						
49452-4381-04	J2150			1/1/2002	11/14/2004	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2002	11/14/2004						
49452-4410-01	J3430			1/1/2002	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-4410-02	J3430			1/1/2002	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-4553-01	J1230			1/31/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG			100	01/31/2002	99/99/9999						
49452-4553-02	J1230			1/31/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG			100	01/31/2002	99/99/9999						
49452-4553-03	J1230			11/15/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG			100	11/15/2004	99/99/9999						
49452-4555-01	J7669			1/1/2002	1/16/2002	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	01/16/2002						
49452-4555-01	KO	J7669	KO	1/1/2002	1/16/2002	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	01/16/2002						
49452-4555-02	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-02	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-02	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4555-02	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4555-03	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-03	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-03	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4555-03	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4555-05	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-05	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	12/31/2006						
49452-4555-05	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4555-05	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
49452-4600-01	J8610			1/1/2002	3/4/2002	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	01/01/2002	03/04/2002						
49452-4600-02	J8610			1/1/2002	3/4/2002	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	01/01/2002	03/04/2002						
49452-4600-03	J8610			1/1/2002	3/4/2002	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	01/01/2002	03/04/2002						
49452-4601-01	J8610			3/4/2002	1/1/2003	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	03/04/2002	01/01/2003						
49452-4601-02	J8610			3/4/2002	1/1/2003	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	03/04/2002	01/01/2003						
49452-4601-03	J8610			3/4/2002	1/1/2003	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	03/04/2002	01/01/2003						
49452-4601-04	J8610			3/4/2002	1/1/2003	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	03/04/2002	01/01/2003						
49452-4686-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG			250	01/01/2002	99/99/9999						
49452-4686-02	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG			250	01/01/2002	99/99/9999						
49452-4686-03	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG			250	01/01/2002	99/99/9999						
49452-4688-01	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-4688-02	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-4688-03	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-4715-01	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	99/99/9999						
49452-4715-02	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	99/99/9999						
49452-4715-03	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	99/99/9999						
49452-4726-01	J3490			3/19/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	03/19/2002	99/99/9999						
49452-4726-02	J3490			3/19/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	03/19/2002	99/99/9999						
49452-4726-03	J3490			3/19/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	03/19/2002	99/99/9999						
49452-4785-01	J9290			1/28/2002	11/15/2004	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/28/2002	11/15/2004						
49452-4785-02	J9290			11/15/2004	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	11/15/2004	12/31/2010						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-4800-01	J2300			1/29/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	01/29/2002	99/99/9999								
49452-4800-02	J2300			1/29/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	01/29/2002	99/99/9999								
49452-4800-03	J2300			1/29/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	01/29/2002	99/99/9999								
49452-4836-01	J2310			4/16/2002	12/31/2004	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	04/16/2002	12/31/2004								
49452-4836-02	J2310			4/15/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	04/15/2002	99/99/9999								
49452-4836-03	J2310			4/16/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000	04/16/2002	99/99/9999								
49452-4836-04	J2310			4/16/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	04/16/2002	99/99/9999								
49452-4838-03	J2321			1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	01/01/2003	12/31/2010								
49452-4838-04	J2321			1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	01/01/2003	12/31/2010								
49452-4838-05	J2321			1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	01/01/2003	12/31/2010								
49452-4936-01	J2360			5/15/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	05/15/2002	99/99/9999								
49452-4936-02	J2360			5/15/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	05/15/2002	99/99/9999								
49452-5000-01	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	01/01/2002	99/99/9999								
49452-5000-02	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	01/01/2002	99/99/9999								
49452-5000-03	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	01/01/2002	99/99/9999								
49452-5073-01	J2515			1/1/2002	1/8/2002	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	01/08/2002								
49452-5073-02	J2515			1/1/2002	1/8/2002	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	01/08/2002								
49452-5073-03	J2515			1/1/2002	1/8/2002	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	01/08/2002								
49452-5130-01	J3310			1/29/2002	1/1/2003	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/29/2002	01/01/2003								
49452-5130-02	J3310			1/29/2002	1/1/2003	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/29/2002	01/01/2003								
49452-5130-03	J3310			1/29/2002	1/1/2003	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/29/2002	01/01/2003								
49452-5200-03	J2560			1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	120 MG	8.33333	01/01/2002	99/99/9999								
49452-5217-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5217-02	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5217-03	J2760			1/1/2002	1/17/2002	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	01/17/2002								
49452-5217-04	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5217-05	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5252-01	J2760			1/1/2002	1/17/2002	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	01/17/2002								
49452-5252-02	J2760			1/1/2002	1/17/2002	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	01/17/2002								
49452-5252-04	J2760			1/1/2002	1/17/2002	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	01/17/2002								
49452-5290-01	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	99/99/9999								
49452-5290-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	99/99/9999								
49452-5290-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	99/99/9999								
49452-5344-01	J1165			3/7/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	03/07/2002	99/99/9999								
49452-5344-02	J1165			3/7/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	03/07/2002	99/99/9999								
49452-5344-03	J1165			3/7/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	03/07/2002	99/99/9999								
49452-5390-01	J3430			1/1/2002	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-5390-02	J3430			1/1/2002	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-5390-03	J3430			1/1/2002	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-5770-01	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5770-02	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5770-03	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5780-01	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5780-02	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5780-03	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	2 MEQ	6.71141	01/01/2002	99/99/9999								
49452-5971-01	J2730			1/1/2003	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2003	99/99/9999								
49452-5971-02	J2730			1/1/2003	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2003	99/99/9999								
49452-5971-03	J2730			1/1/2003	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2003	99/99/9999								
49452-5980-01	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5980-02	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-5980-03	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-6000-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-6000-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-6000-03	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-6030-01	J2690			1/1/2002	3/1/2002	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL	1 EA	BO	NA	GM	1 GM	1	01/01/2002	03/01/2002								
49452-6030-02	J2690			1/1/2002	3/1/2002	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (USP)	1 EA	BO	NA	GM	1 GM	1	01/01/2002	03/01/2002								
49452-6030-03	J2690			1/1/2002	3/1/2002	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (USP)	1 EA	BO	NA	GM	1 GM	1	01/01/2002	03/01/2002								
49452-6031-01	J2690			3/1/20																			

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-6053-03	Q0165			2/13/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	1	EA	BO	NA	GM	10	MG		100	02/13/2002	99/99/9999					
49452-6053-05	Q0165			4/1/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	04/01/2005	99/99/9999					
49452-6059-04	Q0165			2/13/2002	3/15/2008	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	02/13/2002	3/15/2008					
49452-6060-01	J2675			1/1/2002	11/15/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	11/15/2004					
49452-6060-02	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	3/15/2008					
49452-6060-03	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	3/15/2008					
49452-6060-04	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	3/15/2008					
49452-6060-05	J2675			1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	01/18/2002					
49452-6060-06	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	01/01/2002	3/15/2008					
49452-6061-01	J2675			1/1/2002	11/15/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	01/01/2002	11/15/2004					
49452-6061-02	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	3/15/2007	99/99/9999					
49452-6061-03	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	3/15/2007	99/99/9999	01/01/2002	11/15/2004		20	
49452-6061-04	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	3/15/2007	99/99/9999	01/01/2002	11/15/2004		20	
49452-6061-05	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50	MG		20	3/15/2007	99/99/9999	01/01/2002	11/15/2004		20	
49452-6070-01	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	3/15/2008					
49452-6070-02	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6070-03	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6070-04	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6070-05	J2675			1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	01/18/2002					
49452-6070-06	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6080-01	J2675			1/1/2002	11/15/2004	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	11/15/2004					
49452-6080-02	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6080-03	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6080-04	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6080-05	J2675			1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	NA	NA	GM	50	MG		20	01/01/2002	01/18/2002					
49452-6080-06	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1	EA	BO	NA	GM	50	MG		20	01/01/2002	99/99/9999					
49452-6087-01	J2550			2/28/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	02/28/2002	99/99/9999					
49452-6087-02	J2550			2/28/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	02/28/2002	99/99/9999					
49452-6087-04	J2550			2/28/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	02/28/2002	99/99/9999					
49452-6089-01	J1800			2/5/2002	11/14/2004	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	02/05/2002	11/14/2004					
49452-6089-02	J1800			11/15/2004	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	11/15/2004	99/99/9999					
49452-6089-03	J1800			11/15/2004	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	11/15/2004	99/99/9999					
49452-6089-04	J1800			11/15/2004	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	11/15/2004	99/99/9999					
49452-6109-01	J2720			1/1/2003	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2003	99/99/9999					
49452-6109-02	J2720			1/1/2003	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2003	99/99/9999					
49452-6109-03	J2720			1/1/2003	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2003	99/99/9999					
49452-6140-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	12/31/2003					
49452-6140-01	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2004	99/99/9999					
49452-6140-02	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	12/31/2003					
49452-6140-02	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2004	99/99/9999					
49452-6140-03	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	12/31/2003					
49452-6140-03	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	01/01/2004	99/99/9999					
49452-6212-01	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	3/15/2008					
49452-6212-04	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	3/15/2008					
49452-6212-05	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	3/15/2008					
49452-6212-06	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	3/15/2008					
49452-6222-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999					
49452-6222-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999					
49452-6222-06	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999					
49452-6273-01	J2780			1/1/2002	1/18/2002	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	01/18/2002					
49452-6273-02	J2780			1/1/2002	1/18/2002	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	01/18/2002					
49452-6273-03	J2780			1/1/2002	1/18/2002	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	01/18/2002					
49452-6273-04	J2780			1/1/2002	1/18/2002	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	01/18/2002					
49452-7320-01	J3000			1/1/2002	1/1/2003	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	01/01/2003					
49452-7320-02	J3000			1/1/2002	1/1/2003	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	01/01/2003					
49452-7320-03	J3000			1/1/2002	1/1/2003	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	01/01/2003					
49452-7395-01	J0330			1/1/2002	11/15/2004	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	20										

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-7395-03	J0330			1/1/2002	11/15/2004	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE DIHYDRATE (U.S.P., N.F.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	11/15/2004						
49452-7631-01	J7681			5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7631-01	KO J7681	KO		5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7631-02	J7681			5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7631-02	KO J7681	KO		5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7631-05	J7681			5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7631-05	KO J7681	KO		5/9/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	05/09/2002	99/99/9999						
49452-7649-01	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG			5	01/01/2003	3/15/2008						
49452-7649-02	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG			5	01/01/2003	3/15/2008						
49452-7649-03	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG			5	01/01/2003	3/15/2008						
49452-7650-01	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7650-02	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7650-03	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7652-01	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7652-02	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7652-03	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
49452-7653-01	J3140			1/1/2003	11/15/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2003	11/15/2004						
49452-7653-02	J3140			1/1/2003	11/15/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2003	11/15/2004						
49452-7653-03	J3140			1/1/2003	11/15/2004	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2003	11/15/2004						
49452-7660-01	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
49452-7660-02	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
49452-7670-01	J3150			1/1/2002	1/1/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG			10	01/01/2002	01/01/2003						
49452-7670-02	J3150			1/1/2002	1/1/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG			10	01/01/2002	01/01/2003						
49452-7670-03	J3150			1/1/2002	1/1/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG			10	01/01/2002	01/01/2003						
49452-7699-01	J0120			1/1/2002	1/1/2003	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE	1 EA	NA	GM	250 MG				4	01/01/2002	01/01/2003						
49452-7699-02	J0120			1/1/2002	1/1/2003	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE	1 EA	NA	GM	250 MG				4	01/01/2002	01/01/2003						
49452-7720-01	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-7720-02	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-7720-03	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	99/99/9999						
49452-7823-01	J7682			11/15/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	11/15/2004	12/31/2006						
49452-7823-01	KO J7682	KO		11/15/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	11/15/2004	12/31/2006						
49452-7823-01	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	01/01/2007	99/99/9999						
49452-7823-01	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	01/01/2007	99/99/9999						
49452-7823-02	J7682			11/15/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	11/15/2004	12/31/2006						
49452-7823-02	KO J7682	KO		11/15/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	11/15/2004	12/31/2006						
49452-7823-02	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	01/01/2007	99/99/9999						
49452-7823-02	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG			3.33333	01/01/2007	99/99/9999						
49452-7890-01	J7684			1/1/2002	1/1/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	01/01/2003						
49452-7890-01	KO J7684	KO		1/1/2002	1/1/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	01/01/2003						
49452-7890-02	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7890-02	KO J7684	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7890-03	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7890-03	KO J7684	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7900-01	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7900-01	KO J7684	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7900-02	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
49452-7900-02	KO J7684	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-7900-03		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-7900-03	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-7900-04		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-7900-04	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000	01/01/2002	99/99/9999								
49452-7910-01		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-7910-02		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-7910-03		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-7910-04		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	99/99/9999								
49452-7924-02		J3250		1/1/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	01/01/2003	99/99/9999								
49452-7924-02		J3250		1/1/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	01/01/2003	99/99/9999								
49452-7924-03		J3250		1/1/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	01/01/2003	99/99/9999								
49452-8070-01		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	1 EA	BO	NA	GM	40 GM	0.025	01/01/2002	99/99/9999								
49452-8070-02		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	1 EA	BO	NA	GM	40 GM	0.025	01/01/2002	99/99/9999								
49452-8070-03		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,J.P.)	1 EA	BO	NA	GM	40 GM	0.025	01/01/2002	99/99/9999								
49452-8095-01		J3370		1/1/2002	1/1/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	01/01/2002	01/01/2003								
49452-8095-02		J3370		1/1/2002	1/1/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	01/01/2002	01/01/2003								
49452-8112-01		J9360		1/1/2002	1/1/2003	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8112-02		J9360		1/1/2002	1/1/2003	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8112-03		J9360		1/1/2002	1/1/2003	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8114-01		J9370		1/1/2002	1/1/2003	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8114-02		J9370		1/1/2002	1/1/2003	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8114-04		J9370		1/1/2002	1/1/2003	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	01/01/2003								
49452-8253-01		J3490		1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	01/01/2002	12/31/2002								
49452-8253-01		J0592		1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000	01/01/2003	99/99/9999								
49452-8253-02		J3490		1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	01/01/2002	12/31/2002								
49452-8253-02		J0592		1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000	01/01/2003	99/99/9999								
49452-8253-03		J3490		1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	01/01/2002	12/31/2002								
49452-8253-03		J0592		1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000	01/01/2003	99/99/9999								
49452-8253-04		J0592		1/1/2004	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG	10000	01/01/2004	99/99/9999								
49452-8808-01		J2675		1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	01/18/2002								
49452-8808-02		J2675		1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	01/18/2002								
49452-8808-03		J2675		1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	01/18/2002								
49452-8808-04		J2675		1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	01/18/2002								
49452-8808-05		J2675		1/1/2002	1/18/2002	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	01/18/2002								
49452-9201-01		J1960		11/14/2004	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	11/14/2004	99/99/9999								
49452-9201-02		J1960		1/1/2003	11/14/2004	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	01/01/2003	11/14/2004								
49452-9201-03		J1960		1/1/2003	11/14/2004	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	01/01/2003	11/14/2004								
49452-9201-05		J1960		11/15/2004	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	11/15/2004	99/99/9999								
49452-9201-06		J1960		11/15/2004	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	11/15/2004	99/99/9999								
49483-0061-01		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ANTIHISTAMINE 25 MG	100 EA	BO	PO	EA	50 MG	0.5	01/01/2002	99/99/9999								
49483-0061-10		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG	ANTIHISTAMINE 25 MG	1000 EA	BO	PO	EA	50 MG	0.5	01/01/2002	99/99/9999								
49502-0105-01		J7618		1/1/2002	7/1/2003	(ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML	1 MG	5	01/01/2002	07/01/2003								
49502-0181-04		J7608		1/1/2002	3/31/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	4 ML	VL	IH	ML	1 GM	0.1	01/01/2002	03/31/2002								
49502-0181-04	KO	J7608	KO	1/1/2002	3/31/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	4 ML	VL	IH	ML	1 GM	0.1	01/01/2002	03/31/2002								
49502-0181-10		J7608		1/1/2002	3/31/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML	1 GM	0.1	01/01/2002	03/31/2002								
49502-0181-10	KO	J7608	KO	1/1/2002	3/31/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML	1 GM	0.1	01/01/2002	03/31/2002								
49502-0181-30		J7608		1/1/2002	3/31/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML	1 GM	0.1	01/01/2002	03/31/2002								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0181-30	KO	J7608	KO	1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	01/01/2002	03/31/2002						
49502-0182-00		J7608		1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	100	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-00	KO	J7608	KO	1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	100	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-04		J7608		1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	4	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-04	KO	J7608	KO	1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	4	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-10		J7608		1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-10	KO	J7608	KO	1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-30		J7608		1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0182-30	KO	J7608	KO	1/1/2002	3/31/2002	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	03/31/2002						
49502-0501-20		A4216		1/1/2004	12/31/2005	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	ACETYLCYSTEINE 20% SODIUM CHLORIDE (NEBU-SOL/MTR DOSE DSPNS) 0.9%	120	ML	EA	IH	ML	10	ML	0.1	01/01/2004	12/31/2005						
49502-0501-20		A4218		1/1/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	DOSE DSPNS) 0.9%	120	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
49502-0605-61	KO	Q4099	KO	4/1/2008	12/31/2008	FORMOTEROL FUMARATE, INH	PERFORMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	04/01/2008	12/31/2008						
49502-0605-61	KO	J7606	KO	1/1/2009	99/99/9999	PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	PERFORMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/01/2009	99/99/9999						
49502-0640-15		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE 3%	15	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0640-15		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 3%	15	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
49502-0641-15		J7699		1/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	SODIUM CHLORIDE (PF) 10%	15	ML	PC	IH	ML	1	EA	1	01/01/2002	99/99/9999						
49502-0672-30		J7616		1/1/2005	12/31/2006	ALBUTEROL, UP TO 5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	5	MG	0.16666	01/01/2005	12/31/2005						
49502-0672-30		J7620		1/1/2006	99/99/9999	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.33333	01/01/2006	99/99/9999						
49502-0672-31		J7616		1/1/2005	12/31/2005	ALBUTEROL, UP TO 5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	5	MG	0.16666	01/01/2005	12/31/2005						
49502-0672-31		J7620		1/1/2006	1/29/2006	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.33333	01/01/2006	01/29/2006						
49502-0672-60		J7616		1/1/2005	12/31/2005	ALBUTEROL, UP TO 5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	5	MG	0.16666	01/01/2005	12/31/2005						
49502-0672-60		J7620		1/1/2006	99/99/9999	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	2.5	MG	0.33333	01/01/2006	99/99/9999						
49502-0676-03		J7669		1/1/2002	1/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	01/01/2002	01/31/2004						
49502-0676-03	KO	J7669	KO	1/1/2002	1/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	01/01/2002	01/31/2004						
49502-0676-24		J7669		2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	02/01/2004	06/03/2008						
49502-0676-24	KO	J7669	KO	2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	02/01/2004	06/03/2008						
49502-0678-03		J7669		1/1/2002	1/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	01/01/2002	01/31/2004						
49502-0678-03	KO	J7669	KO	1/1/2002	1/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	01/01/2002	01/31/2004						
49502-0678-24		J7669		2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	02/01/2004	06/03/2008						
49502-0678-24	KO	J7669	KO	2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	02/01/2004	06/03/2008						
49502-0685-03		J7644		1/1/2002	12/16/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1	MG	0.2	01/01/2002	12/16/2003						
49502-0685-03	KO	J7644	KO	1/1/2002	12/16/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1	MG	0.2	01/01/2002	12/16/2003						
49502-0685-24		J7644		12/17/2003	4/19/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/17/2003	04/19/2006						
49502-0685-24	KO	J7644	KO	12/17/2003	4/19/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/17/2003	04/19/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0685-26		J7644		4/20/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (2.5X25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	04/20/2006	99/99/9999						
49502-0685-26	KO	J7644	KO	4/20/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (2.5X25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	04/20/2006	99/99/9999						
49502-0685-29		J7644		12/17/2003	7/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	12/17/2003	07/31/2006						
49502-0685-29	KO	J7644	KO	12/17/2003	7/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	12/17/2003	07/31/2006						
49502-0685-30		J7644		1/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SINGLE-PAK) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2005	99/99/9999						
49502-0685-30	KO	J7644	KO	1/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SINGLE-PAK) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2005	99/99/9999						
49502-0685-31		J7644		6/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	06/01/2005	99/99/9999						
49502-0685-31	KO	J7644	KO	6/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	06/01/2005	99/99/9999						
49502-0685-33		J7644		1/1/2002	12/16/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1 MG		0.2	01/01/2002	12/16/2003						
49502-0685-33	KO	J7644	KO	1/1/2002	12/16/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1 MG		0.2	01/01/2002	12/16/2003						
49502-0685-60		J7644		1/1/2002	1/31/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1 MG		0.2	01/01/2002	01/31/2004						
49502-0685-60	KO	J7644	KO	1/1/2002	1/31/2004	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	VL	IH	ML	1 MG		0.2	01/01/2002	01/31/2004						
49502-0685-61		J7644		2/1/2004	5/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2004	05/31/2006						
49502-0685-61	KO	J7644	KO	2/1/2004	5/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2004	05/31/2006						
49502-0685-62		J7644		6/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	06/01/2005	99/99/9999						
49502-0685-62	KO	J7644	KO	6/1/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	06/01/2005	99/99/9999						
49502-0689-02		J7631		1/1/2002	2/29/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	02/29/2004						
49502-0689-02	KO	J7631	KO	1/1/2002	2/29/2004	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	02/29/2004						
49502-0689-12		J7631		1/1/2002	12/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	12/31/2003						
49502-0689-12	KO	J7631	KO	1/1/2002	12/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	12/31/2003						
49502-0689-61		J7631		3/1/2004	2/6/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	03/01/2004	02/06/2008						
49502-0689-61	KO	J7631	KO	3/1/2004	2/6/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	03/01/2004	02/06/2008						
49502-0692-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNE (PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	01/01/2008	03/31/2008						
49502-0692-03	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNE (PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	01/01/2008	03/31/2008						
49502-0692-03		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNE (PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	04/01/2008	99/99/9999						
49502-0692-03	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNE (PF) 0.021%	3	ML	PC	IH	ML	1 MG		0.21	04/01/2008	99/99/9999						
49502-0693-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						
49502-0693-03	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNE (PF) 0.042%	3	ML	PC	IH	ML	1 MG		0.42	01/01/2008	03/31/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0693-03		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
49502-0693-03	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999						
49502-0697-03		J7619		1/1/2002	12/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	12/31/2003						
49502-0697-03	KO	J7619	KO	1/1/2002	12/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	12/31/2003						
49502-0697-24		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-24	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-24		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-24	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-29		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-29	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-29		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-29	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-30		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-30	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-30		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-30	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-33		J7619		1/1/2002	12/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	12/31/2003						
49502-0697-33	KO	J7619	KO	1/1/2002	12/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	12/31/2003						
49502-0697-60		J7619		1/1/2002	2/29/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	02/29/2004						
49502-0697-60	KO	J7619	KO	1/1/2002	2/29/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	01/01/2002	02/29/2004						
49502-0697-61		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-61	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/01/2008	03/31/2008						
49502-0697-61		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0697-61	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999						
49502-0810-03		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	WATER FOR INHALATION (PF)	3	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0810-03	A4216			1/1/2006	12/15/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (PF)	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	12/15/2006						
49502-0810-05		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	WATER FOR INHALATION (PF)	5	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0810-05	A4216			1/1/2006	12/15/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (PF)	5	ML	PC	IH	ML	10	ML	0.1	01/01/2006	12/15/2006						
49502-0820-03		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (PF) 0.45%	3	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0820-03	A4216			1/1/2006	4/19/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.45%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	04/19/2007						
49502-0820-05		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (PF) 0.45%	5	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0820-05	A4216			1/1/2006	4/19/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.45%	5	ML	PC	IH	ML	10	ML	0.1	01/01/2006	04/19/2007						
49502-0830-03		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						
49502-0830-03	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999						
49502-0830-05		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE 0.9%	5	ML	PC	IH	ML	5	ML	0.2	01/01/2002	12/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0830-05	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	5 ML	PC	IH	ML		10 ML			0.1	01/01/2006	99/99/9999					
49502-0830-50	J7051			1/1/2006	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	15 ML	PC	IH	ML		5 ML			0.2	01/01/2002	12/31/2005					
49502-0830-50	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	15 ML	PC	IH	ML		10 ML			0.1	01/01/2006	99/99/9999					
49614-0143-56	Q0163			1/1/2002	9/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDI-SLEEP MAXIMUM STRENGTH (SOFTGEL) 50 MG	16 EA	BX	PO	EA		50 MG			1	01/01/2002	09/01/2004					
49614-0146-62	Q0163			10/13/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDICINE SHOPPE NITE TIME SLEEP (MINI-CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG			0.5	10/13/2003	99/99/9999					
49614-0379-26	Q0163			1/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	THE MEDICINE SHOPPE MEDI-PHEDRYL (MAY CAUSE DROWSINESS,AF) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG			0.05	01/01/2004	99/99/9999					
49669-1612-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 5% (2.5GM VIAL W/ADMIN SET) 50 MG/ML	50 ML	VL	IV	ML		1 GM			0.05	01/01/2002	07/24/2003					
49669-1613-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 5% (6 GM/VIAL W/ADMIN SET) 50 MG/ML	100 ML	VL	IV	ML		1 GM			0.05	01/01/2002	07/24/2003					
49669-1614-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 5% (10 GM/VIAL W/ADMIN SET) 50 MG/ML	200 ML	VL	IV	ML		1 GM			0.05	01/01/2002	07/24/2003					
49669-1622-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 10% (5 GM/VIAL W/ADMIN SET) 100 MG/ML	50 ML	VL	IV	ML		1 GM			0.1	01/01/2002	07/24/2003					
49669-1623-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 10% (10 GM/VIAL W/ADMIN SET) 100 MG/ML	100 ML	VL	IV	ML		1 GM			0.1	01/01/2002	07/24/2003					
49669-1624-01	J1563			1/1/2002	7/24/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	VENOGLLOBULIN-S 10% (20 GM/VIAL W/ADMIN SET) 100 MG/ML	200 ML	VL	IV	ML		1 GM			0.1	01/01/2002	07/24/2003					
49669-3200-02	J7194			1/1/2002	7/24/2003	FACTOR IX, COMPLEX, PER I.U.	PROFILNINE SD (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	01/01/2002	07/24/2003					
49669-3200-03	J7194			1/1/2002	7/24/2003	FACTOR IX, COMPLEX, PER I.U.	PROFILNINE SD (APPROX 1000-1500IU/VIAL) 1 IU	1250 IU	VL	IV	EA		1 IU			1	01/01/2002	07/24/2003					
49669-3600-02	J7193			1/1/2002	7/24/2003	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	ALPHANINE SD (250-1500 FIX I.U/VIAL) 1 IU	850 IU	VL	IV	EA		1 IU			1	01/01/2002	07/24/2003					
49669-4600-01	J3590			1/1/2003	7/24/2003	UNCLASSIFIED BIOLOGICS	ALPHANATE (250-500 FVIII IU/5ML) 1 IU	500 IU	VL	IV	EA		1 EA			1	01/01/2003	07/24/2003					
49669-4600-02	J3590			1/1/2003	6/21/2004	UNCLASSIFIED BIOLOGICS	ALPHANATE (1000-1500 FVIII IU/10ML) 1 IU	1500 IU	VL	IV	EA		1 EA			1	01/01/2003	06/21/2004					
49669-5800-01	J0256			2/27/2003	2/12/2006	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST (APPRX 500MG VIAL,PF) 1 MG	500 MG	VL	IV	EA		10 MG			0.1	02/27/2003	02/12/2006					
49669-5800-02	J0256			2/27/2003	2/12/2006	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	ARALAST (APPRX 1000MG VIAL,PF) 1 MG	1000 MG	VL	IV	EA		10 MG			0.1	02/27/2003	02/12/2006					
49884-0289-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
49884-0290-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
49884-0290-04	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	250 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
49884-0290-05	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
49884-0368-26	J9218			4/27/2006	1/22/2009	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (14-DAY ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA		1 MG			14	04/27/2006	1/22/2009					
49884-0490-59	J7509			1/1/2002	3/2/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG			1	01/01/2002	03/02/2007					
49884-0549-01	Q0164			1/1/2002	3/2/2007	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG			1	01/01/2002	03/02/2007					
49884-0550-01	Q0165			1/1/2002	3/2/2007	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG			1	01/01/2002	03/02/2007					
49884-0565-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	1/22/2009					
49884-0566-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	1/22/2009					
49884-0567-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	1/22/2009					
49884-0673-14	Q0201			12/29/2005	12/31/2005	ORAL, CABERGOLINE, 0.5 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA		0.5 MG			1	12/29/2005	12/31/2005					
49884-0673-14	J8515			1/1/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA		0.25 MG			2	01/01/2006	99/99/9999					
49884-0724-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
49884-0753-05	J8999			1/26/2006	9/12/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA		1 EA			1	01/26/2006	9/12/2008					
49884-0753-13	J8999			1/26/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA			1	01/26/2006	99/99/9999					
49884-0907-38	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240 ML	BO	PO	ML		1 EA			1	01/01/2002	99/99/9999					
49884-0907-61	J8999			5/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480 ML	BO	PO	ML		1 EA			1	05/01/2004	99/99/9999					
49884-0922-02	J8999			2/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60 EA	BO	PO	EA		1 EA			1	02/09/2004	99/99/9999					
49884-0922-04	J8999			11/18/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	250 EA	BO	PO	EA		1 EA			1	11/18/2004	99/99/9999					
49999-0003-00	Q0163			8/12/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG			0.5	08/12/2004	99/99/9999					
49999-0003-06	Q0163			7/11/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6 EA	BO	PO	EA		50 MG			0.5	07/11/2002	99/99/9999					
49999-0003-15	Q0163			7/11/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG			0.5	07/11/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
49999-0003-20		Q0163		2/24/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50 MG		0.5	02/24/2005	99/99/9999							
49999-0003-21		Q0163		10/15/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50 MG		0.5	10/15/2004	99/99/9999							
49999-0003-24		Q0163		8/8/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	08/08/2002	99/99/9999							
49999-0003-30		Q0163		7/11/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	07/11/2002	99/99/9999							
49999-0003-40		Q0163		8/8/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	08/08/2002	99/99/9999							
49999-0003-60	Q0163			6/2/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	06/02/2005	99/99/9999							
49999-0008-00	J7506			12/1/2003	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG			1	12/01/2003	99/99/9999						
49999-0008-05	J7506			5/16/2008	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	5	EA	NA	PO	EA	5 MG			1	05/16/2008	99/99/9999						
49999-0008-20	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG			1	07/16/2002	99/99/9999						
49999-0008-30	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG			1	07/06/2004	99/99/9999						
49999-0008-40	J7506			1/27/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5 MG			1	01/27/2006	99/99/9999						
49999-0008-55	J7506			8/28/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	55	EA	BO	PO	EA	5 MG			1	08/28/2002	99/99/9999						
49999-0028-05	J7506			3/13/2008	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	5	EA	BO	PO	EA	5 MG			2	03/13/2008	99/99/9999						
49999-0028-12	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5 MG			2	07/16/2002	99/99/9999						
49999-0028-14	J7506			1/27/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5 MG			2	01/27/2006	99/99/9999						
49999-0028-15	J7506			7/11/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG			2	07/11/2002	99/99/9999						
49999-0028-20	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG			2	07/16/2002	99/99/9999						
49999-0028-21	J7506			8/8/2008	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG			2	8/8/2008	99/99/9999						
49999-0028-28	J7506			7/1/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG			2	07/01/2005	99/99/9999						
49999-0028-30	J7506			7/11/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG			2	07/11/2002	99/99/9999						
49999-0028-40	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG			2	07/16/2002	99/99/9999						
49999-0028-48	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	48	EA	BO	PO	EA	5 MG			2	07/06/2004	99/99/9999						
49999-0028-50	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG			2	07/16/2002	99/99/9999						
49999-0028-60	J7506			3/30/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG			2	03/30/2005	99/99/9999						
49999-0028-90	J7506			3/30/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	90	EA	BO	PO	EA	5 MG			2	03/30/2005	99/99/9999						
49999-0036-12		Q0178		10/15/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	12	EA	BO	PO	EA	50 MG		2	10/15/2004	99/99/9999							
49999-0036-60		Q0178		7/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	60	EA	BO	PO	EA	50 MG		2	07/01/2002	99/99/9999							
49999-0059-06	Q0181			8/5/2002	12/31/2005	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	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	1 EA		1	08/05/2002	12/31/2005							
49999-0059-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25 MG		16	01/01/2006	99/99/9999							
49999-0086-00	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999							
49999-0086-25	J8499			7/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	07/29/2002	99/99/9999							
49999-0086-30	J8499			7/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	07/13/2005	99/99/9999							
49999-0086-90	J8499			7/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1 EA		1	07/13/2005	99/99/9999							
49999-0090-05	Q0170			4/15/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	25 MG		1	04/15/2005	99/99/9999							
49999-0090-10	Q0170			6/5/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG		1	06/05/2002	99/99/9999							
49999-0090-12	Q0170			5/7/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25 MG		1	05/07/2003	99/99/9999							
49999-0090-15	Q0170			12/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25 MG		1	12/01/2003	99/99/9999							
49999-0090-20	Q0170			10/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG		1	10/15/2003	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0090-30		Q0170		4/15/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	04/15/2005	99/99/9999						
49999-0090-60		Q0170		2/10/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	02/10/2004	99/99/9999						
49999-0091-04		Q0163		5/7/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	4 EA	BO	PO	EA		50 MG		1	05/07/2003	99/99/9999						
49999-0091-15		Q0163		3/26/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	03/26/2003	99/99/9999						
49999-0091-20		Q0163		9/3/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	09/03/2002	99/99/9999						
49999-0091-30		Q0163		5/7/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	05/07/2003	99/99/9999						
49999-0091-60	Q0163			5/7/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	05/07/2003	99/99/9999						
49999-0096-04	Q0144			1/27/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	01/27/2006	99/99/9999						
49999-0096-06	Q0144			8/8/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	08/08/2002	99/99/9999						
49999-0110-00	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	07/06/2004	99/99/9999						
49999-0110-06	J7506			8/27/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	6 EA	BO	PO	EA		5 MG		4	08/27/2002	99/99/9999						
49999-0110-07	J7506			4/6/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	7 EA	BO	PO	EA		5 MG		4	04/06/2005	99/99/9999						
49999-0110-10	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	07/06/2004	99/99/9999						
49999-0110-12	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	12 EA	BO	PO	EA		5 MG		4	07/06/2004	99/99/9999						
49999-0110-14	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	14 EA	BO	PO	EA		5 MG		4	07/06/2004	99/99/9999						
49999-0110-15	J7506			3/27/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	03/27/2006	99/99/9999						
49999-0110-18	J7506			10/15/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	10/15/2004	99/99/9999						
49999-0110-20	J7506			7/11/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	07/11/2002	99/99/9999						
49999-0110-21	J7506			2/24/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	02/24/2005	99/99/9999						
49999-0110-30	J7506			3/26/2003	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	03/26/2003	99/99/9999						
49999-0153-21	J7509			9/3/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	09/03/2002	99/99/9999						
49999-0231-35	J8499			6/2/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA			06/02/2005	99/99/9999						
49999-0247-04	Q0163			5/7/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	HYDRAMINE 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	05/07/2003	99/99/9999						
49999-0260-15	Q0144			7/1/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	07/01/2003	99/99/9999						
49999-0262-04	Q0170			7/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	07/01/2003	99/99/9999						
49999-0290-30	Q0170			12/1/2003	1/1/2006	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	NA	PO	EA		25 MG		1	12/01/2003	1/1/2006						
49999-0298-10	G9035			12/1/2004	5/31/2005	OSELTAMIVIR PHOSPHATE, ORAL, BRAND, PER 75 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	TAMIFLU 75 MG	10 EA	BO	PO	EA		75 MG		1	12/01/2004	05/31/2005						
49999-0324-15	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	15 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
49999-0324-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
49999-0335-08	J7510			2/10/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	02/10/2004	99/99/9999						
49999-0335-24	J7510			5/10/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	05/10/2004	99/99/9999						
49999-0339-12	K0416			2/10/2004	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 MG		12.5	02/10/2004	05/23/2005						
49999-0339-12	J8498			9/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 EA		1	09/01/2006	99/99/9999						
49999-0340-12	K0416			2/10/2004	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 MG		25	02/10/2004	12/31/2005						
49999-0340-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA		1	01/01/2006	99/99/9999						
49999-0344-25	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
49999-0344-25	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
49999-0344-25	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	04/01/2008	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0344-25	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83	04/01/2008	99/99/9999								
49999-0380-24		None		6/9/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	24 EA	DP	PO	EA	2.5 MG	1	06/09/2004	99/99/9999								
49999-0385-10	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10 EA	BO	PO	EA	1 EA	1	06/09/2004	99/99/9999								
49999-0385-15	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	BO	PO	EA	1 EA	1	06/09/2004	99/99/9999								
49999-0385-25	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA	1	06/09/2004	99/99/9999								
49999-0385-40	J8499			6/2/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA	1	06/02/2005	99/99/9999								
49999-0390-21	J7506			6/9/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	STERAPRED 5 MG	21 EA	DP	PO	EA	5 MG	1	06/09/2004	99/99/9999								
49999-0416-02	J1885			7/6/2004	7/2/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML	15 MG	2	07/06/2004	7/2/2009								
49999-0425-05	J3590			7/6/2004	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V., 312 IU/ML)	5 ML	VL	IM	ML	1 EA	1	07/06/2004	99/99/9999								
49999-0434-25	J1100			4/25/2008	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X1ML) 4 MG/ML	1 ML	VL	IJ	ML	1 MG	4	04/25/2008	99/99/9999								
49999-0437-03	J7506			8/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3 EA	BO	PO	EA	5 MG	10	08/12/2004	99/99/9999								
49999-0525-10	J1200			1/25/2008	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE 50 MG/ML	1 ML	VL	IJ	ML	50 MG	1	01/25/2008	99/99/9999								
49999-0582-15	Q0144			1/27/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	01/27/2006	99/99/9999								
49999-0586-01	J0696			2/24/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	IJ	EA	250 MG	4	02/24/2005	99/99/9999								
49999-0586-10	J0696			2/24/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	IJ	EA	250 MG	4	02/24/2005	99/99/9999								
49999-0594-30	Q0170			6/6/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PHENERGAN 25 MG	30 EA	BO	PO	EA	25 MG	1	06/06/2005	99/99/9999							
49999-0594-90	Q0170			5/23/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PHENERGAN 25 MG	90 EA	BO	PO	EA	25 MG	1	05/23/2005	99/99/9999							
49999-0671-50	J2001			5/16/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (1X50ML) 1%	50 ML	NA	EP	ML	10 MG	1	05/16/2008	99/99/9999								
49999-0783-30	Q0179			1/11/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAM (CAPLET) 8 MG	30 EA	BO	PO	EA	8 MG	1	01/11/2006	99/99/9999							
49999-0786-06	Q0144			1/11/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA	1 GM	0.25	01/11/2006	99/99/9999								
49999-0902-20	Q0169			1/11/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 12.5 MG	20 EA	BO	PO	EA	12.5 MG	1	01/11/2007	99/99/9999							
49999-0929-01	J7510			4/20/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML	5 MG	0.2	04/20/2007	99/99/9999								
49999-0936-00	J7517			12/21/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100 EA	BO	PO	EA	250 MG	1	12/21/2007	99/99/9999								
49999-0936-30	J7517			4/30/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	30 EA	BO	PO	EA	250 MG	1	04/30/2007	99/99/9999								
49999-0937-30	J7517			4/30/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 500 MG	30 EA	BO	PO	EA	250 MG	2	04/30/2007	99/99/9999								
49999-0986-30	J8999			6/14/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO	EA	1 EA	1	06/14/2007	99/99/9999								
49999-0993-10	J1815			6/14/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U	20	06/14/2007	99/99/9999								
49999-0994-10	J1815			6/14/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML	5 U	20	06/14/2007	99/99/9999								
50111-0767-28	Q0144			7/6/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM	0.04	07/06/2006	99/99/9999								
50111-0787-10	Q0144			12/15/2005	1/21/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA	1 GM	0.25	12/15/2005	1/21/2010								
50111-0787-52	Q0144			8/10/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 250 MG	50 EA	BX	PO	EA	1 GM	0.25	08/10/2006	99/99/9999								
50111-0787-66	Q0144			12/15/2005	10/26/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3,FILM-COATED) 250 MG	18 EA	DP	PO	EA	1 GM	0.25	12/15/2005	10/26/2010								
50111-0788-10	Q0144			12/15/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30 EA	BO	PO	EA	1 GM	0.5	12/15/2005	99/99/9999								
50111-0788-52	Q0144			8/10/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 500 MG	50 EA	BX	PO	EA	1 GM	0.5	08/10/2006	99/99/9999								
50111-0788-67	Q0144			12/15/2005	12/8/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9 EA	DP	PO	EA	1 GM	0.5	12/15/2005	12/8/2010								
50111-0789-10	Q0144			12/15/2005	12/8/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	BO	PO	EA	1 GM	0.6	12/15/2005	12/8/2010								
50111-0791-20	Q0144			7/6/2006	12/14/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	07/06/2006	12/14/2010								
50111-0792-22	Q0144			7/6/2006	12/20/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04	07/06/2006	12/20/2010								
50111-0793-20	Q0144			7/6/2006	12/20/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	07/06/2006	12/20/2010								
50111-0794-78	J0456			7/25/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (USP) 500 MG	10 EA	VL	IV	EA	500 MG	1	07/25/2007	99/99/9999								
50111-0819-42	Q0179			11/27/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 4 MG/5 ML	50 ML	BO	PO	ML	8 MG	0.1	11/27/2006	99/99/9999							
50111-0885-42	J7502			1/25/2002	12/22/2008	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG/ML	50 ML	BO	PO	ML	100 MG	1	01/25/2002	12/22/2008								
50111-0909-43	J7515			1/1/2002	12/22/2008	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30 EA	BX	PO	EA	25 MG	1	01/01/2002	12/22/2008								
50111-0920-43	J7502			1/1/2002	12/22/2008	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30 EA	BX	PO	EA	100 MG	1	01/01/2002	12/22/2008								
50111-0945-43	Q0179			12/26/2006	7/2/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (3X10,STRAWBERRY) 4 MG	30 EA	BX	PO	EA	8 MG	0.5	12/26/2006	7/2/2008							
50111-0946-43	Q0179			12/26/2006	7/2/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (STRAWBERRY) 8 MG	30 EA	BX	PO	EA	8 MG	1	12/26/2006	7/2/2008								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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																	
50111-0946-69		Q0179		12/26/2006	7/2/2008	HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10 EA	BX	PO	EA		8 MG		1	12/26/2006	7/2/2008						
50111-0965-76	J9045			2/1/2005	12/22/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 50 MG	1 EA	VL	IV	EA		50 MG		1	02/01/2005	12/22/2008						
50111-0966-76	J9045			2/1/2005	12/22/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 150 MG	1 EA	VL	IV	EA		50 MG		3	02/01/2005	12/22/2008						
50111-0967-76	J9045			2/1/2005	10/15/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 450 MG	1 EA	VL	IV	EA		50 MG		9	02/01/2005	10/15/2009						
50242-0015-64	J2940			1/1/2002	10/15/2003	INJECTION, SOMATREM, 1 MG	PROTROPIN (VIAL) 5 MG	1 EA	VL	IJ	EA		1 MG		5	01/01/2002	10/15/2003						
50242-0016-65	J2940			1/1/2002	10/30/2004	INJECTION, SOMATREM, 1 MG	PROTROPIN (VIAL) 10 MG	1 EA	VL	IJ	EA		1 MG		10	01/01/2002	10/30/2004						
50242-0018-21	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL W/DILUENT) 10 MG	1 EA	VL	SC	EA		1 MG		10	01/01/2002	99/99/9999						
50242-0019-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 5 MG	1 EA	VL	SC	EA		1 MG		5	01/01/2002	99/99/9999						
50242-0020-20	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 10 MG	1 EA	VL	SC	EA		1 MG		10	01/01/2002	99/99/9999						
50242-0020-67	J2941			1/1/2002	5/9/2002	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 10 MG	1 EA	VL	SC	EA		1 MG		10	01/01/2002	05/09/2002						
50242-0022-20	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ (VIAL CARTON) 5 MG/ML	2 ML	VL	SC	ML		1 MG		5	01/01/2002	99/99/9999						
50242-0026-08	J2941			1/1/2002	5/9/2002	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ (VIAL CARTON) 5 MG/ML	2 ML	VL	SC	ML		1 MG		5	01/01/2002	05/09/2002						
50242-0028-49	J2940			1/1/2002	10/15/2003	INJECTION, SOMATREM, 1 MG	PROTROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	IJ	EA		1 MG		5	01/01/2002	10/15/2003						
50242-0030-50	J2940			1/1/2002	10/30/2004	INJECTION, SOMATREM, 1 MG	PROTROPIN (VIAL W/DILUENT) 10 MG	1 EA	VL	IJ	EA		1 MG		10	01/01/2002	10/30/2004						
50242-0032-35	J2941			1/1/2002	6/23/2005	INJECTION, SOMATROPIN, 1 MG	NDLS,PF) 13.5 MG	1 EA	BX	SC	EA		1 MG		13.5	01/01/2002	06/23/2005						
50242-0034-41	J2941			1/1/2002	6/23/2005	INJECTION, SOMATROPIN, 1 MG	NUTROPIN DEPOT (VIAL/DILUENT/3 NDLS,PF) 18 MG	1 EA	BX	SC	EA		1 MG		18	01/01/2002	06/23/2005						
50242-0034-50	J2941			1/1/2002	5/9/2002	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL W/DILUENT) 10 MG	1 EA	VL	SC	EA		1 MG		10	01/01/2002	05/09/2002						
50242-0036-54	J2941			1/1/2002	6/30/2005	INJECTION, SOMATROPIN, 1 MG	NUTROPIN DEPOT (VIAL/DILUENT/3 NDLS,PF) 22.5 MG	1 EA	BX	SC	EA		1 MG		22.5	01/01/2002	06/30/2005						
50242-0038-61	J3100			1/1/2002	12/31/2008	INJECTION, TENECTEPLASE, 50MG	TNKASE (VIAL W/DILUENT,SRN,PADS) 50 MG	1 EA	BX	IV	EA		50 MG		1	01/01/2002	12/31/2008						
50242-0038-61	J3101			1/1/2009	99/99/9999	INJECTION, TENECTEPLASE, 1 MG	TNKASE (VIAL W/DILUENT,SRN,PADS) 50 MG	1 EA	BX	IV	EA		1 MG		50	01/01/2009	99/99/9999						
50242-0040-62	J3590			6/20/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	XOLAIR 150 MG	1 EA	VL	SC	EA		1 EA		1	06/20/2003	12/31/2004						
50242-0040-62	J2357			1/1/2005	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1 EA	VL	SC	EA		5 MG		30	01/01/2005	99/99/9999						
50242-0041-63	J2997			1/18/2007	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (INNER) 2 MG	1 EA	VL	IV	EA		1 MG		2	01/18/2007	99/99/9999						
50242-0041-64	J2997			1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (VIAL) 2 MG	1 EA	VL	IV	EA		1 MG		2	01/01/2002	99/99/9999						
50242-0041-65	J2997			2/18/2003	3/8/2006	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (NOVAPLUS,VIAL) 2 MG	1 EA	VL	IV	EA		1 MG		2	02/18/2003	03/08/2006						
50242-0042-01	J7799			10/29/2004	10/30/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	XOLAIR (PF) 75 MG	1 EA	VL	SC	EA		1 EA		1	10/29/2004	10/30/2004						
50242-0043-14	J2941			5/10/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN CARTRIDGE 5 MG/ML	2 ML	CT	SC	ML		1 MG		5	05/10/2002	99/99/9999						
50242-0044-13	J2997			1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 50 MG	1 EA	VL	IV	EA		1 MG		50	01/01/2002	99/99/9999						
50242-0051-21	J9310			1/1/2002	99/99/9999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V., PF) 10 MG/ML	10 ML	VL	IV	ML		100 MG		0.1	01/01/2002	99/99/9999						
50242-0053-06	J9310			1/1/2002	99/99/9999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V., PF) 10 MG/ML	50 ML	VL	IV	ML		100 MG		0.1	01/01/2002	99/99/9999						
50242-0058-01	J3490			10/27/2003	6/8/2009	UNCLASSIFIED DRUGS	RAPTIVA 125 MG	1 EA	DP	SC	EA		1 EA		1	10/27/2003	6/8/2009						
50242-0058-04	J3490			10/27/2003	6/8/2009	UNCLASSIFIED DRUGS	MG	1 EA	DP	SC	EA		1 EA		1	10/27/2003	6/8/2009						
50242-0060-01	J9999			2/26/2004	12/31/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	AVASTIN (PF) 25 MG/ML	4 ML	VL	IV	ML		1 EA		1	02/26/2004	12/31/2004						
50242-0060-01	J9035			1/1/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4 ML	VL	IV	ML		10 MG		2.5	01/01/2005	99/99/9999						
50242-0060-01	QR J9035	QR		1/28/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4 ML	VL	IV	ML		10 MG		2.5	01/28/2005	99/99/9999						
50242-0060-02	J9999			2/26/2004	10/7/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		1 EA		1	02/26/2004	10/07/2004						
50242-0061-01	J9999			10/8/2004	12/31/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		1 EA		1	10/08/2004	12/31/2004						
50242-0061-01	J9035			1/1/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		10 MG		2.5	01/01/2005	99/99/9999						
50242-0061-01	QR J9035	QR		1/28/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		10 MG		2.5	01/28/2005	99/99/9999						
50242-0072-03	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	01/01/2002	99/99/9999						
50242-0073-01	J2941			1/28/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN (1X2ML) 10 MG/ML	2 ML	CT	SC	ML		1 MG		10	01/28/2008	99/99/9999						
50242-0080-01	J3490			6/30/2006	12/31/2007	UNCLASSIFIED DRUGS	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05 ML	VL	IO	ML		1 EA		1	06/30/2006	12/31/2007						
50242-0080-01	J2778			1/1/2008	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05 ML	VL	IO	ML		0.1 MG		1	01/01/2008	99/99/9999						
50242-0085-27	J2997			1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 100 MG	1 EA	VL	IV	EA		1 MG		100	01/01/2002	99/99/9999						
50242-0100-39	J7639			1/1/2002	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG		1	01/01/2002	99/99/9999						
50242-0100-39	KO J7639	KO		1/1/2002	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG		1	01/01/2002	99/99/9999						
50242-0100-40	J7639			1/1/2002	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG		1	01/01/2002	99/99/9999						
50242-0100-40	KO J7639	KO		1/1/2002	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG		1	01/01/2002	99/99/9999						
50242-0134-60	J9355			1/1/2002	8/31/2003	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (M.D.V., W/DILUENT) 440 MG	1 EA	VL	IV	EA		10 MG		44	01/01/2002	08/31/2003						
50242-0134-68	J9355			9/1/2003	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (M.D.V., W/DILUENT 20ML) 440 MG	1 EA	VL	IV	EA		10 MG		44	09/01/2003	99/99/9999						
50332-0132-08	Q0163			6/1/2007	9/1/2010	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HISTAPRIN (CAPLET) 25 MG	200 EA	NA	PO	EA		50 MG		0.5	06/01/2007	9/1/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50383-0040-04	J7510			1/22/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	01/22/2003	99/99/9999						
50383-0042-24	J7510			3/24/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	03/24/2003	99/99/9999						
50383-0042-48	J7510			3/17/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	03/17/2003	99/99/9999						
50383-0177-08	J7510			3/21/2005	11/12/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	03/21/2005	11/12/2008						
50383-0578-16	Q0163			1/1/2002	9/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE CHILDRENS (AF) 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	01/01/2002	09/01/2005						
50383-0741-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2008	03/31/2008						
50383-0741-20	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	04/01/2008	99/99/9999						
50383-0742-25	J7613			1/1/2005	6/30/2007	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	01/01/2005	06/30/2007						
50383-0742-25	KO J7613	KO		1/1/2005	6/30/2007	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	01/01/2005	06/30/2007						
50383-0742-25	Q4094			7/1/2007	7/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	07/01/2007	07/31/2007						
50383-0742-25	KO Q4094	KO		7/1/2007	7/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	07/01/2007	07/31/2007						
50383-0801-16	Q0170			3/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	473 ML	BO	PO	ML		25 MG		0.05	03/01/2004	99/99/9999						
50383-0807-16	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 50 MG/5 ML	473 ML	BO	PO	ML		100 MG		0.1	12/01/2004	05/31/2005						
50383-0810-16	J8499			6/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (BANANA) 200 MG/5 ML	473 ML	BO	PO	ML		1 EA		1	06/13/2005	99/99/9999						
50419-0002-33	J2820			10/23/2003	3/9/2009	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (VIAL) 250 MCG	1 EA	VL	IV	EA		50 MCG		5	10/23/2003	3/9/2009						
50419-0050-30	J2820			10/23/2003	3/9/2009	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (M.D.V.) 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	05/19/2008	3/9/2009						
50419-0150-57	Q2021			1/1/2002	12/31/2005	INJECTION, LEPIRUDIN, 50 MG	REFLUDAN (VIAL) 50 MG	1 EA	VL	IV	EA		50 MG		1	01/01/2002	12/31/2005	10/23/2003	03/31/2007		10		
50419-0150-57	J1945			1/1/2006	99/99/9999	INJECTION, LEPIRUDIN, 50 MG	REFLUDAN (VIAL) 50 MG	1 EA	VL	IV	EA		50 MG		1	01/01/2006	99/99/9999						
50419-0355-10	J9999			1/1/2002	12/31/2002	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	CAMPATH (AMP) 10 MG/ML	3 ML	AM	IV	ML		1 EA		1	01/01/2002	12/31/2002						
50419-0355-10	J9010			1/1/2003	9/30/2005	INJECTION, ALEMTUZUMAB, 10 MG	CAMPATH (AMP) 10 MG/ML	3 ML	AM	IV	ML		10 MG		1	01/01/2003	09/30/2005						
50419-0355-12	J9999			1/1/2002	4/1/2002	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	CAMPATH (AMP,3X4) 10 MG/ML	3 ML	AM	IV	ML		1 EA		1	01/01/2002	04/01/2002						
50419-0357-03	J9010			1/28/2005	3/9/2010	INJECTION, ALEMTUZUMAB, 10 MG	CAMPATH (CLEAR GLASS VIAL,PF) 30 MG/ML	1 ML	VL	IV	ML		10 MG		3	01/28/2005	3/9/2010						
50419-0421-01	J7302			1/1/2002	99/99/9999	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	MIRENA 52 MG	1 EA	BX	IU	EA		52 MG		1	01/01/2002	99/99/9999						
50419-0511-06	J9185			1/1/2002	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARA 50 MG	1 EA	VL	IV	EA		50 MG		1	01/01/2002	99/99/9999						
50419-0521-03	J1830			1/2/2002	8/20/2002	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED	BETASERON (W/DEXTROSE) 0.3 MG	1 EA	NA	SC	EA		0.25 MG		1.2	01/02/2002	08/20/2002						
50419-0521-15	J1830			1/1/2002	8/20/2002	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED	BETASERON (W/DEXTROSE) 0.3 MG	1 EA	VL	SC	EA		0.25 MG		1.2	01/01/2002	08/20/2002						
50419-0523-15	J1830			4/2/2002	1/18/2004	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED	BETASERON (W/MANNITOL) 0.3 MG	1 EA	VL	SC	EA		0.25 MG		1.2	04/02/2002	01/18/2004						
50419-0523-25	J1830			1/22/2004	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED	BETASERON (15 BLISTER UNITS,PF) 0.3 MG-0.54%	15 EA	VL	MR	EA		0.25 MG		18	01/02/2004	99/99/9999						
50419-0595-01	J2820			6/29/2007	1/23/2008	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	06/29/2007	01/23/2008						
50419-0595-05	J2820			1/30/2006	1/23/2008	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (5X1ML, M.D.V.) 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	01/30/2006	01/23/2008						
50419-0810-01	J7308			1/1/2002	9/1/2002	DOSAGE FORM (354 MG)	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA		354 MG		1	01/01/2002	09/01/2002						
50419-0810-06	J7308			1/1/2002	9/1/2002	DOSAGE FORM (354 MG)	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA		354 MG		1	01/01/2002	09/01/2002						
50458-0298-01	J1835			1/1/2002	10/12/2007	INJECTION, ITRACONAZOLE, 50 MG	SPORANOX (AMP,0.9% NACL,INFUS SET) 10 MG/ML-0.9%	1 EA	BX	IV	EA		50 MG		5	01/01/2002	10/12/2007						
50458-0306-11	J3490			10/30/2003	12/31/2004	UNCLASSIFIED DRUGS	RISPERDAL CONSTA 25 MG	1 EA	VL	IM	EA		1 EA		1	10/30/2003	12/31/2004						
50458-0306-11	J2794			1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 25 MG	1 EA	VL	IM	EA		0.5 MG		50	01/01/2005	99/99/9999						
50458-0307-11	J3490			10/30/2003	12/31/2004	UNCLASSIFIED DRUGS	RISPERDAL CONSTA 37.5 MG	1 EA	VL	IM	EA		1 EA		1	10/30/2003	12/31/2004						
50458-0307-11	J2794			1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 37.5 MG	1 EA	VL	IM	EA		0.5 MG		75	01/01/2005	99/99/9999						
50458-0308-11	J3490			10/30/2003	12/31/2004	UNCLASSIFIED DRUGS	RISPERDAL CONSTA 50 MG	1 EA	VL	IM	EA		1 EA		1	10/30/2003	12/31/2004						
50458-0308-11	J2794			1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 50 MG	1 EA	VL	IM	EA		0.5 MG		100	01/01/2005	99/99/9999						
50458-0309-11	J2794			4/23/2007	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 12.5 MG	1 EA	VL	IM	EA		0.5 MG		25	04/23/2007	99/99/9999						
50486-0078-22	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	BRONCHO SALINE 0.9%	90 ML	BO	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
50486-0078-22	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	90 ML	BO	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
50486-0078-23	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
50486-0078-23	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50486-0616-16		Q0163		12/4/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEPINAL 50 MG	16 EA	NA	PO	EA		50 MG		1	12/04/2002	99/99/9999						
50486-0616-32		Q0163		12/4/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEPINAL 50 MG	32 EA	NA	PO	EA		50 MG		1	12/04/2002	99/99/9999						
50580-0512-24		Q0163		1/1/2002	9/29/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY ALLERGY (CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	09/29/2004						
50580-0512-48		Q0163		1/1/2002	9/29/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY ALLERGY (CAPLET) 25 MG	48 EA	BX	PO	EA		50 MG		0.5	01/01/2002	09/29/2004						
50580-0843-10		Q0163		3/26/2004	2/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	03/26/2004	2/1/2009						
50580-0843-10		Q0163		2/2/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	2/2/2009	99/99/9999						
50580-0843-13		Q0163		4/8/2004	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	130 EA	BO	PO	EA		50 MG		0.5	04/08/2004	10/25/2008						
50580-0843-24		Q0163		1/1/2002	2/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	01/01/2002	2/1/2009						
50580-0843-24		Q0163		2/2/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	02/02/2009	99/99/9999						
50580-0843-25		Q0163		7/8/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (2500X2,CAPLET) 25 MG	2500 EA	PT	PO	EA		50 MG		0.5	07/08/2002	10/25/2008						
50580-0843-48		Q0163		1/1/2002	2/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	48 EA	BO	PO	EA		50 MG		0.5	01/01/2002	2/1/2009						
50580-0843-48		Q0163		2/2/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	48 EA	BO	PO	EA		50 MG		0.5	02/02/2009	99/99/9999						
50580-0843-72		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	72 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
50962-0453-60		J8499		1/1/2002	12/1/2002	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (5X10) 200 MG/5 ML	5 ML	VL	PO	ML		1 EA		1	01/01/2002	12/01/2002						
50962-0650-01		J7051		1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (INHALATION) 0.9%	1 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
50962-0650-01		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INHALATION) 0.9%	1 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
51079-0022-17		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	1 EA	BX	PO	EA		5 MG		4	01/01/2002	99/99/9999						
51079-0022-19		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 20 MG	25 EA	BX	PO	EA		5 MG		4	01/01/2002	99/99/9999						
51079-0022-20		J7506		1/1/2002	3/15/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100 EA	BX	PO	EA		5 MG		4	01/01/2002	03/15/2002						
51079-0032-17		J7506		1/1/2002	6/1/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1 EA	BX	PO	EA		5 MG		1	01/01/2002	6/1/2010						
51079-0032-19		J7506		1/1/2002	6/1/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 5 MG	25 EA	BX	PO	EA		5 MG		1	01/01/2002	6/1/2010						
51079-0032-20		J7506		1/1/2002	3/15/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 5 MG	100 EA	BX	PO	EA		5 MG		1	01/01/2002	03/15/2002						
51079-0033-17		J7506		1/1/2002	2/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1 EA	BX	PO	EA		5 MG		2	01/01/2002	2/15/2010						
51079-0033-19		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 10 MG	25 EA	BX	PO	EA		5 MG		2	01/01/2002	99/99/9999						
51079-0033-20		J7506		1/1/2002	3/15/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100 EA	BX	PO	EA		5 MG		2	01/01/2002	03/15/2002						
51079-0066-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (USP) 50 MG	1 EA	BX	PO	EA		50 MG		1	01/01/2002	99/99/9999						
51079-0066-19		Q0163		1/1/2002	1/15/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (ROBOT READY 25X1) 50 MG	25 EA	BX	PO	EA		50 MG		1	01/01/2002	01/15/2008						
51079-0066-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0077-01		Q0177		11/26/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (USP) 25 MG	1 EA	NA	PO	EA		25 MG		1	11/26/2007	99/99/9999						
51079-0077-20		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 25 MG	100 EA	BX	PO	EA		25 MG		1	11/26/2007	99/99/9999						
51079-0078-01		Q0178		11/26/2007	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (USP) 50 MG	1 EA	NA	PO	EA		50 MG		1	11/26/2007	99/99/9999	1/1/2002	4/1/2002	1			
51079-0078-20		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	11/26/2007	99/99/9999	1/1/2002	4/1/2002	1			
51079-0434-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 20 MG	1 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999	1/1/2002	4/1/2002	1			
51079-0434-20	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						
51079-0435-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	1 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						
51079-0435-19	J8999			1/1/2002	6/2/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (ROBOT READY 25X1) 40 MG	25 EA	BX	PO	EA		1 EA		1	01/01/2002	06/02/2008						
51079-0435-20	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	99/99/9999						
51079-0472-01		Q0166		3/3/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	1 EA	BX	PO	EA		1 MG		1	03/03/2008	99/99/9999						
51079-0472-05		Q0166		3/3/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2CARDSX10,FILM-COATED) 1 MG	20 EA	BX	PO	EA		1 MG		1	03/03/2008	99/99/9999						
51079-0481-01	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (USP) 100 MG	1 EA	BX	PO	EA		100 MG		1	12/01/2004	05/31/2005						
51079-0481-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (10X10) 100 MG	100 EA	BX	PO	EA		100 MG		1	12/01/2004	05/31/2005						
51079-0524-01		Q0179		7/9/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1 EA	BX	PO	EA		8 MG		0.5	07/09/2007	99/99/9999						
51079-0524-20		Q0179		7/9/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 4 MG	100 EA	BX	PO	EA		8 MG		0.5	07/09/2007	99/99/9999						
51079-0525-01		Q0179		7/9/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	1 EA	BX	PO	EA		8 MG		1	07/09/2007	99/99/9999						
51079-0525-20		Q0179		7/9/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 8 MG	100 EA	BX	PO	EA		8 MG		1	07/09/2007	99/99/9999						
51079-0541-01		Q0164		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (USP) 5 MG	1 EA	BX	PO	EA		5 MG		1	01/01/2002	99/99/9999						
51079-0541-19		Q0164		1/1/2002	10/15/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (ROBOT READY 25X1) 5 MG	25 EA	BX	PO	EA		5 MG		1	01/01/2002	10/15/2006						
51079-0541-20		Q0164		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (10X10) 5 MG	100 EA	BX	PO	EA		5 MG		1	01/01/2002	99/99/9999						
51079-0542-01		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (USP) 10 MG	1 EA	BX	PO	EA		10 MG		1	01/01/2002	99/99/9999						
51079-0542-19		Q0165		1/1/2002	8/1/2006	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (ROBOT READY 25X1) 10 MG	25 EA	BX	PO	EA		10 MG		1	01/01/2002	08/01/2006						
51079-0542-20		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (10X10) 10 MG	100 EA	BX	PO	EA		10 MG		1	01/01/2002	99/99/9999						
51079-0591-01	Q0144			6/25/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	1 EA	BX	PO	EA		1 GM		0.25	06/25/2007	99/99/9999						
51079-0591-20	Q0144			6/25/2007	11/7/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100 EA	BX	PO	EA		1 GM		0.25	06/25/2007	11/7/2010						
51079-0670-01	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	1 EA	BX	PO	EA		2.5 MG		1	01/01/1994	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0670-05	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (2X10) 2.5 MG	20 EA	BX	PO	EA		2.5 MG		1	01/01/1994	99/99/9999						
51079-0876-01	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	1 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0876-20	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 200 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0877-01	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	1 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0877-20	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 400 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0878-01	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	1 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0878-20	J8499			1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 800 MG	100 EA	BX	PO	EA		1 EA		1	01/01/2002	6/1/2010						
51079-0895-01	Q0170			2/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1 EA	BX	PO	EA		25 MG		1	02/01/2007	99/99/9999						
51079-0895-20	Q0170			3/14/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (10X10) 25 MG	100 EA	BX	PO	EA		25 MG		1	02/01/2007	99/99/9999	3/14/2005	5/24/2005	1			
51079-0961-01	J9265			1/1/2002	10/15/2004	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	01/01/2002	10/15/2004						
51079-0962-01	J9265			1/1/2002	12/1/2005	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	01/01/2002	12/01/2005						
51079-0963-01	J9265			1/1/2002	12/1/2005	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	01/01/2002	12/01/2005						
51079-0965-05	None			10/29/2001	10/10/2008	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTERPACK, 2X10) 50 MG	20 EA	BX	PO	EA		50 MG		1	10/29/2001	10/10/2008						
51079-0967-01	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MINITAB,MINITAB) 25 MG	1 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
51079-0967-17	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MINITAB,MINITAB) 25 MG	1 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
51079-0967-19	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MINITAB) 25 MG	25 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
51079-0967-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10,MINITAB) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
51079-0967-98	Q0163			1/1/2002	9/1/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (MINITAB; EM-SCRIPT, 15X4) 25 MG	60 EA	BX	PO	EA		50 MG		0.5	01/01/2002	09/01/2003						
51285-0301-02	J7509			1/1/2002	2/12/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	02/12/2002						
51285-0301-21	J7509			1/1/2002	4/4/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	04/04/2002						
51285-0366-01	None			3/9/2006	99/99/9999	METHOTREXATE, 5 MG	TREXALL (FILM-COATED) 5 MG	30 EA	BO	PO	EA		5 MG		1	03/09/2006	99/99/9999						
51285-0367-01	None			3/9/2006	99/99/9999	METHOTREXATE, 7.5 MG	TREXALL (FILM-COATED) 7.5 MG	30 EA	BO	PO	EA		7.5 MG		1	03/09/2006	99/99/9999						
51285-0368-01	None			12/1/2005	99/99/9999	METHOTREXATE, 10 MG	TREXALL (FILM-COATED) 10 MG	30 EA	BO	PO	EA		10 MG		1	12/01/2005	99/99/9999						
51285-0369-01	None			12/1/2005	99/99/9999	METHOTREXATE, 15 MG	TREXALL (FILM-COATED) 15 MG	30 EA	BO	PO	EA		15 MG		1	12/01/2005	99/99/9999						
51285-0522-04	Q0165			1/1/2002	7/10/2002	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	500 EA	BO	PO	EA		10 MG		1	01/01/2002	07/10/2002						
51479-0011-03	J7629			1/1/2002	5/31/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM, BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TORNALATE 0.2%	30 ML	BO	IH	ML		1 MG		2	01/01/2002	05/31/2002						
51479-0011-03	KO J7629	KO		1/1/2002	5/31/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM, BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TORNALATE 0.2%	30 ML	BO	IH	ML		1 MG		2	01/01/2002	05/31/2002						
51479-0011-06	J7629			1/1/2002	5/31/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM, BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TORNALATE 0.2%	60 ML	BO	IH	ML		1 MG		2	01/01/2002	05/31/2002						
51479-0011-06	KO J7629	KO		1/1/2002	5/31/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM, BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TORNALATE 0.2%	60 ML	BO	IH	ML		1 MG		2	01/01/2002	05/31/2002						
51479-0040-05	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 500 MG	1 EA	VL	IJ	EA		1 EA		1	09/30/2005	01/01/2007						
51479-0041-10	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM 1 GM	1 EA	VL	IJ	EA		1 EA		1	09/30/2005	01/01/2007						
51479-0041-15	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 EA		1	09/30/2005	3/31/2010						
51479-0042-10	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM 2 GM	1 EA	VL	IJ	EA		1 EA		1	09/30/2005	01/01/2007						
51479-0042-15	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 2 GM	1 EA	VL	IJ	EA		1 EA		1	09/30/2005	3/31/2010						
51479-0048-01	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (GALAXY P.C.,24X50ML) 1 GM/50 ML	50 ML	PC	IJ	ML		1 EA		1	09/30/2005	3/31/2010						
51479-0049-01	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (GALAXY P.C.,24X50ML) 2 GM/50 ML	50 ML	FC	IJ	ML		1 EA		1	09/30/2005	3/31/2010						
51479-0050-05	J3490			1/1/2002	5/6/2002	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 500 MG	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	05/06/2002						
51479-0051-10	J3490			1/1/2002	5/6/2002	UNCLASSIFIED DRUGS	AZACTAM (BOTTLE) 1 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	05/06/2002						
51479-0051-15	J3490			1/1/2002	5/6/2002	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	05/06/2002						
51479-0052-10	J3490			1/1/2002	5/6/2002	UNCLASSIFIED DRUGS	AZACTAM (BOTTLE) 2 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	05/06/2002						
51479-0052-30	J3490			1/1/2002	5/6/2002	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 2 GM	1 EA	VL	IJ	EA		1 EA		1	01/01/2002	05/06/2002						
51479-0053-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME 500 MG	1 EA	NA	IJ	EA		500 MG		1	11/08/2002	9/30/2010						
51479-0053-10	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME 500 MG	1 EA	VL	IJ	EA		500 MG		1	11/08/2002	9/30/2010						
51479-0054-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	11/08/2002	9/30/2010						
51479-0054-02	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 1 GM	1 EA	NA	IJ	EA		500 MG		2	11/08/2002	9/30/2010						
51479-0054-03	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	11/08/2002	9/30/2010						
51479-0054-10	J0692			1/1/2002	1/1/2007	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	01/01/2002	01/01/2007						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51479-0054-20	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE,ADD-VANTAGE) 1 GM	1	EA	VL	U	EA	500 MG			2	01/01/2002	9/30/2010					
51479-0054-30	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 1 GM	1	EA	VL	U	EA	500 MG			2	01/01/2002	9/30/2010					
51479-0055-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 2 GM	1	EA	NA	U	EA	500 MG			4	11/08/2002	9/30/2010					
51479-0055-02	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 2 GM	1	EA	VL	U	EA	500 MG			4	11/08/2002	9/30/2010					
51479-0055-03	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 2 GM	1	EA	VL	U	EA	500 MG			4	11/08/2002	9/30/2010					
51479-0055-10	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 2 GM	1	EA	VL	U	EA	500 MG			4	01/01/2002	9/30/2010					
51479-0055-20	J0692			1/1/2002	1/1/2007	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 2 GM	1	EA	VL	U	EA	500 MG			4	01/01/2002	01/01/2007					
51479-0055-30	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 2 GM	1	EA	VL	U	EA	500 MG			4	01/01/2002	9/30/2010					
51552-0005-01	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0005-03	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0005-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0005-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	JR	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0005-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0005-10	J2675			1/1/2002	8/31/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003					
51552-0005-25	J2675			1/1/2002	8/31/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003					
51552-0006-01	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0006-03	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0006-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0006-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0006-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999					
51552-0006-10	J2675			1/1/2002	8/31/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003					
51552-0006-25	J2675			1/1/2002	8/31/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1	EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003					
51552-0021-01	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	01/01/2002	99/99/9999					
51552-0021-02	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-03	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-04	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-05	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	09/01/2003	99/99/9999					
51552-0021-10	J1700			1/1/2002	8/31/2003	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	01/01/2002	08/31/2003					
51552-0021-25	J1700			1/1/2002	8/31/2003	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	01/01/2002	08/31/2003					
51552-0021-99	J1700			1/1/2002	8/31/2003	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25 MG			40	01/01/2002	08/31/2003					
51552-0024-01	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	8 MG			125	01/01/2002	12/31/2002					
51552-0024-01	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2003	99/99/9999					
51552-0024-02	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-03	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-04	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0024-05	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	8 MG			125	01/01/2002	12/31/2002					
51552-0024-05	J1094			1/1/2003	8/31/2003	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2003	08/31/2003					
51552-0024-10	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	8 MG			125	01/01/2002	12/31/2002					
51552-0024-10	J1094			1/1/2003	8/31/2003	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2003	08/31/2003					
51552-0024-25	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	8 MG			125	01/01/2002	12/31/2002					
51552-0024-25	J1094			1/1/2003	8/31/2003	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG			1000	01/01/2003	08/31/2003					
51552-0025-01	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999					
51552-0025-01	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999					
51552-0025-02	J7638			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-02	KO J7638	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-03	J7638			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-03	KO J7638	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-04	J7638			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-04	KO J7638	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999					
51552-0025-05	J7638			1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0025-05	KO J7638	KO		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0025-10	J7638			1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0025-10	KO J7638	KO		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0025-25	J7638			1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0025-25	KO J7638	KO		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003					
51552-0026-02	J7510			9/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999					
51552-0026-04	J7510			9/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999					

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0028-04	J7506			9/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0028-05	J7506			9/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0028-25	J7506			1/1/2002	8/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						
51552-0028-99	J7506			1/1/2002	8/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						
51552-0029-01	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	99/99/9999						
51552-0029-02	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	JR	NA	GM	50 MG			20	09/01/2003	99/99/9999						
51552-0029-04	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999						
51552-0029-05	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003						
51552-0029-07	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	09/01/2003	99/99/9999						
51552-0029-10	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003						
51552-0029-25	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	01/01/2002	08/31/2003						
51552-0030-01	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
51552-0030-02	J3150			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0030-03	J3150			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	08/31/2003						
51552-0030-04	J3150			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0030-05	J3150			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0030-06	J3150			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	08/31/2003						
51552-0030-08	J3150			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0030-09	J3150			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0030-25	J3150			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG			10	01/01/2002	08/31/2003						
51552-0030-99	J3150			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG			10	01/01/2002	08/31/2003						
51552-0033-01	J7684			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0033-01	KO J7684	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0033-02	J7684			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-02	KO J7684	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-03	J7684			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-03	KO J7684	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-05	J7684			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-05	KO J7684	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0033-10	J7684			1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0033-10	KO J7684	KO		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0033-99	J7684			1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0033-99	KO J7684	KO		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0038-03	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-04	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-05	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-06	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2003	99/99/9999						
51552-0038-10	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	08/31/2003						
51552-0038-25	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	08/31/2003						
51552-0038-50	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	08/31/2003						
51552-0038-99	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	08/31/2003						
51552-0042-01	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0042-01	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0044-01	J7619			1/1/2002	8/31/2003	PER 0.5 MG (LEVALBUTEROL) ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0044-01	KO J7619	KO		1/1/2002	8/31/2003	PER 0.5 MG (LEVALBUTEROL) ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0044-02	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
51552-0044-02	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
51552-0044-02	J7609			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
51552-0044-02	KO J7609	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0044-04		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-04	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-04		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-04	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-05		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-05	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-05		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-05	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-06		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-06	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-06		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-06	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-07		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-07	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
51552-0044-07		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-07	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51552-0044-10		J7619		1/1/2002	9/1/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2002	09/01/2003						
51552-0044-10	KO	J7619	KO	1/1/2002	9/1/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2002	09/01/2003						
51552-0044-25		J7619		1/1/2002	8/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2002	08/31/2003						
51552-0044-25	KO	J7619	KO	1/1/2002	8/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2002	08/31/2003						
51552-0057-04	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	01/01/2002	99/99/9999						
51552-0057-05	J3350			1/1/2002	8/31/2003	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	01/01/2002	08/31/2003						
51552-0057-06	J3350			9/1/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	09/01/2003	99/99/9999						
51552-0057-08	J3350			9/1/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	09/01/2003	99/99/9999						
51552-0057-16	J3350			1/1/2002	8/31/2003	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM		0.025	01/01/2002	08/31/2003						
51552-0061-06	J3480			9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.,N.F.)	1 EA	BO	NA	GM		2 MEQ		6.71141	09/01/2003	99/99/9999						
51552-0061-16	J3480			1/1/2002	8/31/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.,N.F.)	1 EA	BO	NA	GM		2 MEQ		6.71141	01/01/2002	08/31/2003						
51552-0064-01		J7624		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
51552-0064-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
51552-0064-02		J7624		9/1/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1 EA	BO	NA	GM		1 MG		1000	09/01/2003	99/99/9999						
51552-0064-02	KO	J7624	KO	9/1/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1 EA	BO	NA	GM		1 MG		1000	09/01/2003	99/99/9999						
51552-0064-05		J7624		1/1/2002	8/31/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	08/31/2003						
51552-0064-05	KO	J7624	KO	1/1/2002	8/31/2003	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	08/31/2003						
51552-0074-05		Q0165		9/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	09/01/2003	99/99/9999						
51552-0074-09		Q0165		9/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	09/01/2003	99/99/9999						
51552-0074-20		Q0165		1/1/2002	8/31/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	08/31/2003						
51552-0074-99		Q0165		1/1/2002	8/31/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	08/31/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0079-02		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-02	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-02		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-02	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-04		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-04	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-04		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-04	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-05		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-05	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-05		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-05	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-07		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-07	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	09/01/2003	12/31/2006						
51552-0079-07		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-07	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51552-0079-10		J7669		1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0079-10	KO	J7669	KO	1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0079-25		J7669		1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0079-25	KO	J7669	KO	1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0079-99		J7669		1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0079-99	KO	J7669	KO	1/1/2002	8/31/2003	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0104-02		J1070		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	100 MG			10	09/01/2003	99/99/9999						
51552-0104-05		J1070		1/1/2002	8/31/2003	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	08/31/2003						
51552-0106-01		J2000		1/1/2002	8/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	08/31/2003						
51552-0106-04		J2000		9/1/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 ML			4	09/01/2003	12/31/2003						
51552-0106-04		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
51552-0106-05		J2000		9/1/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 ML			4	09/01/2003	12/31/2003						
51552-0106-05		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	10 MG			100	01/01/2004	99/99/9999						
51552-0106-06		J2000		9/1/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 ML			4	09/01/2003	12/31/2003						
51552-0106-06		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
51552-0106-09		J2000		9/1/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 ML			100	01/01/2004	99/99/9999						
51552-0106-09		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	09/01/2003	12/31/2003						
51552-0106-25		J2000		1/1/2002	8/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 ML			4	01/01/2002	08/31/2003						
51552-0106-99		J2000		1/1/2002	8/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 ML			4	01/01/2002	08/31/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0124-02	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0124-04	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0124-05	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0124-06	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0124-25	J1200			1/1/2002	8/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0124-50	J1200			1/1/2002	8/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0124-99	J1200			1/1/2002	8/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0130-01	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.,N.F.)	1 EA	NA	NA	GM	1 EA	1	01/01/2002	08/31/2003								
51552-0130-02	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	09/01/2003	99/99/9999								
51552-0130-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	99/99/9999								
51552-0130-06	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	09/01/2003	99/99/9999								
51552-0130-16	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.,N.F.)	1 EA	NA	NA	GM	1 EA	1	01/01/2002	08/31/2003								
51552-0139-01	J3230			1/1/2002	8/31/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0139-04	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0139-05	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0139-07	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0139-25	J3230			1/1/2002	8/31/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0139-99	J3230			1/1/2002	8/31/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0141-02	J1980			9/1/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.25 MG	4000	09/01/2003	99/99/9999								
51552-0141-04	J1980			9/1/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.25 MG	4000	09/01/2003	99/99/9999								
51552-0141-05	J1980			1/1/2002	8/31/2003	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.25 MG	4000	01/01/2002	08/31/2003								
51552-0141-25	J1980			1/1/2002	8/31/2003	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.25 MG	4000	01/01/2002	08/31/2003								
51552-0147-01	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	99/99/9999								
51552-0147-02	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0147-04	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0147-05	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0147-25	J2550			1/1/2002	8/31/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0147-99	J2550			1/1/2002	8/31/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	50 MG	20	01/01/2002	08/31/2003								
51552-0149-04	J3490			9/1/2003	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	1 EA	1	09/01/2003	12/31/2003								
51552-0149-04	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM	100 MG	10	01/01/2004	99/99/9999								
51552-0149-05	J3490			9/1/2003	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	09/01/2003	12/31/2003								
51552-0149-05	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	100 MG	10	01/01/2004	99/99/9999								
51552-0149-25	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	08/31/2003								
51552-0149-99	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 EA	1	01/01/2002	08/31/2003								
51552-0156-02	J7636			9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0156-02	KO J7636	KO		9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0156-04	J7636			9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0156-04	KO J7636	KO		9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0156-05	J7636			1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	08/31/2003								
51552-0156-05	KO J7636	KO		1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	08/31/2003								
51552-0156-25	J7636			1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	08/31/2003								
51552-0156-25	KO J7636	KO		1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	1 MG	1000	01/01/2002	08/31/2003								
51552-0178-05	J0706			9/1/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	09/01/2003	99/99/9999								
51552-0178-06	J0706			9/1/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	09/01/2003	99/99/9999								
51552-0178-16	J0706			1/1/2002	8/31/2003	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	08/31/2003								
51552-0178-99	J0706			1/1/2002	8/31/2003	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	01/01/2002	08/31/2003								
51552-0180-03	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	09/01/2003	99/99/9999								
51552-0180-04	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	09/01/2003	99/99/9999								
51552-0180-05	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	09/01/2003	99/99/9999								
51552-0180-10	J2765			1/1/2002	8/31/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	08/31/2003								
51552-0180-25	J2765			1/1/2002	8/31/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	08/31/2003								
51552-0180-99	J2765			1/1/2002	8/31/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	01/01/2002	08/31/2003								
51552-0188-01	J1330			1/1/2002	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.2 MG	5000	01/01/2002	99/99/9999								
51552-0188-05	J1330			9/1/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	VL	NA	GM	0.2 MG	5000	09/01/2003	99/99/9999								
51552-0188-07	J1330			9/1/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.2 MG	5000	09/01/2003	99/99/9999								
51552-0188-10	J1330			1/1/2002	8/31/2003	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.2 MG	5000	01/01/2002	08/31/2003								
51552-0188-99	J1330			1/1/2002	8/31/2003	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM	0.2 MG	5000	01/01/2002	08/31/2003								
51552-0201-01	J7608																						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0201-05		J7604		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
51552-0201-05	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
51552-0201-07		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME, ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA		1	01/01/2007	12/31/2007					
51552-0201-07		J7604		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
51552-0201-07	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2008	99/99/9999					
51552-0201-25		J7608		1/1/2002	8/31/2003	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	08/31/2003					
51552-0201-25	KO	J7608	KO	1/1/2002	8/31/2003	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	08/31/2003					
51552-0201-99		J7608		1/1/2002	8/31/2003	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	08/31/2003					
51552-0201-99	KO	J7608	KO	1/1/2002	8/31/2003	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM		1	01/01/2002	08/31/2003					
51552-0232-02		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0232-04		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0232-05		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA		1	09/01/2003	99/99/9999					
51552-0232-25		J7799		1/1/2002	8/31/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	1	EA		1	01/01/2002	08/31/2003					
51552-0232-99		J7799		1/1/2002	8/31/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	08/31/2003					
51552-0233-01		J1110		1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
51552-0233-02		J1110		9/1/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG		1000	09/01/2003	99/99/9999					
51552-0233-05		J1110		1/1/2002	8/31/2003	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	08/31/2003					
51552-0278-01		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	99/99/9999					
51552-0278-02		J3302		9/1/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG		200	09/01/2003	99/99/9999					
51552-0278-03		J3302		9/1/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG		200	09/01/2003	99/99/9999					
51552-0278-05		J3302		1/1/2002	8/31/2003	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	08/31/2003					
51552-0278-10		J3302		1/1/2002	8/31/2003	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	08/31/2003					
51552-0304-00		J0285		1/1/2002	8/31/2003	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG		200	01/01/2002	08/31/2003					
51552-0304-01		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-02		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-03		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-04		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X25MG)	1	EA	BO	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-05		J0285		1/1/2002	8/31/2003	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-06		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X500MG)	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-07		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999	1/1/2002	8/31/2003	20		
51552-0304-09		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	09/01/2003	99/99/9999					
51552-0304-10		J0285		1/1/2002	8/31/2003	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	01/01/2002	08/31/2003					
51552-0304-50		J0285		1/1/2002	8/31/2003	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG		20	01/01/2002	08/31/2003					
51552-0313-05		J0280		9/1/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	JR	NA	GM	250	MG		4	09/01/2003	99/99/9999					
51552-0313-06		J0280		9/1/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	09/01/2003	99/99/9999					
51552-0313-16		J0280		1/1/2002	8/31/2003	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG		4	01/01/2002	08/31/2003					
51552-0313-99		J0280		1/1/2002	8/31/2003	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG		4	01/01/2002	08/31/2003					
51552-0324-05		J3480		1/1/2002	8/31/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	01/01/2002	08/31/2003					
51552-0324-06		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	09/01/2003	99/99/9999					
51552-0324-08		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	09/01/2003	99/99/9999					
51552-0324-09		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	09/01/2003	99/99/9999					
51552-0324-16		J3480		1/1/2002	8/31/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	01/01/2002	08/31/2003					
51552-0324-25		J3480		1/1/2002	8/31/2003	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ		6.71141	01/01/2002	08/31/2003					
51552-0380-01		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	09/01/2003	99/99/9999					
51552-0380-05		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	09/01/2003	99/99/9999					
51552-0380-06		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	09/01/2003	99/99/9999					
51552-0380-08		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML		0.08	09/01/2003	99/99/9999					
51552-0380-09		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML		0.08	09/01/2003	99/99/9999					
51552-0380-16		J2150		1/1/2002	8/31/2003	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	08/31/2003					
51552-0380-25		J2150		1/1/2002	8/31/2003	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	08/31/2003					
51552-0380-80		J2150		1/1/2002	8/31/2003	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	08/31/2003					
51552-0380-99		J2150		1/1/2002	8/31/2003	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML		0.08	01/01/2002	08/31/2003					
51552-0393-01		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	12/31/2006					
51552-0393-01	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	12/31/2006					
51552-0393-01		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2007	99/99/9999					
51552-0393-01	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2007	99/99/9999					
51552-0393-02</																							

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0393-02	KO	J7644	KO	9/1/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	12/31/2006						
51552-0393-02		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-02	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-04		J7644		9/1/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	12/31/2006						
51552-0393-04	KO	J7644	KO	9/1/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	12/31/2006						
51552-0393-04		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-04	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-05		J7644		9/1/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	12/31/2006						
51552-0393-05	KO	J7644	KO	9/1/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	12/31/2006						
51552-0393-05		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-05	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2007	99/99/9999						
51552-0393-25		J7644		1/1/2002	8/31/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/31/2003						
51552-0393-25	KO	J7644	KO	1/1/2002	8/31/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/31/2003						
51552-0393-99		J7644		1/1/2002	8/31/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/31/2003						
51552-0393-99	KO	J7644	KO	1/1/2002	8/31/2003	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1 MG		1000	01/01/2002	08/31/2003						
51552-0397-04		J2690		9/1/2003	2/29/2008	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL	1	EA	NA	NA	GM	1 GM		1	09/01/2003	02/29/2008						
51552-0397-05		J2690		9/1/2003	2/29/2008	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL	1	EA	VL	NA	GM	1 GM		1	09/01/2003	02/29/2008						
51552-0397-25		J2690		1/1/2002	8/31/2003	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL	1	EA	BO	NA	GM	1 GM		1	01/01/2002	08/31/2003						
51552-0397-99		J2690		1/1/2002	8/31/2003	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL	1	EA	BO	NA	GM	1 GM		1	01/01/2002	08/31/2003						
51552-0416-01		J2440		1/1/2002	8/31/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	08/31/2003						
51552-0416-02		J2440		9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	09/01/2003	99/99/9999						
51552-0416-04		J2440		9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	09/01/2003	99/99/9999						
51552-0416-05		J2440		9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	09/01/2003	99/99/9999						
51552-0416-07		J2440		9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	09/01/2003	99/99/9999						
51552-0416-25		J2440		1/1/2002	8/31/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	08/31/2003						
51552-0416-99		J2440		1/1/2002	8/31/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG		16.66666	01/01/2002	08/31/2003						
51552-0423-01		J7631		1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	08/31/2003						
51552-0423-01	KO	J7631	KO	1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2002	08/31/2003						
51552-0423-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
51552-0423-02		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-02	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
51552-0423-04		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-04	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-05		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
51552-0423-05		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-05	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-07		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	01/01/2007	12/31/2007						
51552-0423-07		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						
51552-0423-07	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	01/01/2008	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0423-25	J7631			1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0423-25	KO	J7631	KO	1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0423-99	J7631			1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0423-99	KO	J7631	KO	1/1/2002	8/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2002	08/31/2003						
51552-0430-01	J7638			1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0430-01	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0430-02	J7638			9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0430-02	KO	J7638	KO	9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (MICRONIZED)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0430-05	J7638			1/1/2002	8/31/2003	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0430-05	KO	J7638	KO	1/1/2002	8/31/2003	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0435-05	J0600			9/1/2003	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.,F.C.C.)	1 EA	BO	NA	GM	1000 MG			1	09/01/2003	99/99/9999						
51552-0435-99	J0600			1/1/2002	8/31/2003	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.,F.C.C.)	1 EA	BO	NA	GM	1000 MG			1	01/01/2002	08/31/2003						
51552-0445-01	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0445-02	J1435			9/1/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0445-04	J1435			9/1/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0445-05	J1435			1/1/2002	8/31/2003	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0445-25	J1435			1/1/2002	8/31/2003	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0446-03	J7681			9/1/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P., NF)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0446-03	KO	J7681	KO	9/1/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P., NF)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0446-04	J7681			9/1/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0446-04	KO	J7681	KO	9/1/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0446-10	J7681			1/1/2002	8/31/2003	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0446-10	KO	J7681	KO	1/1/2002	8/31/2003	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0446-25	J7681			1/1/2002	8/31/2003	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0446-25	KO	J7681	KO	1/1/2002	8/31/2003	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0464-02	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X5GM)	1 EA	BO	NA	GM	20 MG			50	09/01/2003	99/99/9999						
51552-0464-04	J1320			9/1/2003	5/6/2008	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL	1 EA	JR	NA	GM	20 MG			50	09/01/2003	05/06/2008						
51552-0464-05	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X100GM)	1 EA	BO	NA	GM	20 MG			50	09/01/2003	99/99/9999						
51552-0464-06	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (1X500GM)	1 EA	JR	NA	GM	20 MG			50	09/01/2003	99/99/9999						
51552-0464-25	J1320			1/1/2002	8/31/2003	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL	1 EA	BO	NA	GM	20 MG			50	01/01/2002	08/31/2003						
51552-0480-01	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	99/99/9999						
51552-0480-02	J0735			9/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	09/01/2003	99/99/9999						
51552-0480-05	J0735			1/1/2002	8/31/2003	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	08/31/2003						
51552-0487-05	J2810			9/1/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/01/2003	99/99/9999						
51552-0487-99	J2810			1/1/2002	8/31/2003	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	01/01/2002	08/31/2003						
51552-0496-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999						
51552-0496-02	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0496-04	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0496-05	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0496-09	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0496-10	J2760			1/1/2002	8/31/2003	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						
51552-0496-20	J2760			1/1/2002	8/31/2003	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						
51552-0496-50	J2760			1/1/2002	8/31/2003	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						
51552-0498-01	J0270			9/1/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X1MG,USP)	1 EA	BO	NA	GM	1.25 MCG			800000	09/01/2003	99/99/9999						
51552-0498-03	J0270			9/1/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	09/01/2003	99/99/9999						
51552-0498-05	J0270			9/1/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X100MG,USP)	1 EA	BO	NA	GM	1.25 MCG			800000	09/01/2003	99/99/9999						
51552-0498-09	J0270			9/1/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (1X5MG,USP)	1 EA	BO	NA	GM	1.25 MCG			800000	09/01/2003	99/99/9999						
51552-0498-10	J0270			1/1/2002	8/31/2003	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	01/01/2002	08/31/2003						
51552-0519-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	99/99/9999						
51552-0519-02	J1630			9/1/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/01/2003	99/99/9999						
51552-0519-05	J1630			1/1/2002	8/31/2003	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	01/01/2002	08/31/2003						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0526-05	J7799			9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	99/99/9999						
51552-0526-99	J7799			1/1/2002	8/31/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		01/01/2002	08/31/2003						
51552-0529-02	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	99/99/9999						
51552-0529-03	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	99/99/9999						
51552-0529-05	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		01/01/2002	08/31/2003						
51552-0529-10	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1 EA	BO	NA	GM	1 EA		1		01/01/2002	08/31/2003						
51552-0532-04	J1165			9/1/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM	1 EA	JR	NA	GM	50 MG		20		09/01/2003	99/99/9999						
51552-0532-25	J1165			1/1/2002	8/31/2003	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM	1 EA	NA	NA	GM	50 MG		20		01/01/2002	08/31/2003						
51552-0564-04	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	JR	NA	GM	50 MG		20		09/01/2003	99/99/9999						
51552-0564-05	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG		20		09/01/2003	99/99/9999						
51552-0564-07	J3140			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG		20		09/01/2003	99/99/9999						
51552-0564-10	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG		20		01/01/2002	08/31/2003						
51552-0564-25	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM	50 MG		20		01/01/2002	08/31/2003						
51552-0564-99	J3140			1/1/2002	8/31/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	50 MG		20		01/01/2002	08/31/2003						
51552-0588-04	J3520			1/1/2002	8/31/2003	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1 EA	BO	NA	GM	150 MG		6.66666		01/01/2002	08/31/2003						
51552-0588-06	J3520			9/1/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1 EA	BO	NA	GM	150 MG		6.66666		09/01/2003	99/99/9999						
51552-0603-02	J7509			9/1/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG		250		09/01/2003	99/99/9999						
51552-0603-05	J7509			1/1/2002	8/31/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG		250		01/01/2002	08/31/2003						
51552-0611-01	J7641			1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		01/01/2002	99/99/9999						
51552-0611-01	KO J7641	KO		1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		01/01/2002	99/99/9999						
51552-0611-02	J7641			9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		09/01/2003	99/99/9999						
51552-0611-02	KO J7641	KO		9/1/2003	99/99/9999	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		09/01/2003	99/99/9999						
51552-0611-05	J7641			1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		01/01/2002	08/31/2003						
51552-0611-05	KO J7641	KO		1/1/2002	8/31/2003	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	1 MG		1000		01/01/2002	08/31/2003						
51552-0613-02	J0475			9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X5GM)	1 EA	JR	NA	GM	10 MG		100		09/01/2003	99/99/9999						
51552-0613-04	J0475			9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X25GM)	1 EA	JR	NA	GM	10 MG		100		09/01/2003	99/99/9999						
51552-0613-05	J0475			9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X100GM)	1 EA	JR	NA	GM	10 MG		100		09/01/2003	99/99/9999						
51552-0620-02	J2780			9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG		40		09/01/2003	99/99/9999						
51552-0620-04	J2780			9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG		40		09/01/2003	99/99/9999						
51552-0620-05	J2780			9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG		40		09/01/2003	99/99/9999						
51552-0620-25	J2780			1/1/2002	8/31/2003	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG		40		01/01/2002	08/31/2003						
51552-0620-99	J2780			1/1/2002	8/31/2003	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG		40		01/01/2002	08/31/2003						
51552-0628-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA		1		01/01/2002	99/99/9999						
51552-0643-01	J2675			1/1/2002	8/31/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM	50 MG		20		01/01/2002	08/31/2003						
51552-0643-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM	50 MG		20		09/01/2003	99/99/9999						
51552-0652-01	J3490			9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (1X1GM)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	12/31/2006						
51552-0652-01	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X1GM)	1 EA	BO	NA	GM	1 MG		1000		01/01/2007	99/99/9999						
51552-0652-02	J3490			9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (1X5GM)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	12/31/2006						
51552-0652-02	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X5GM)	1 EA	BO	NA	GM	1 MG		1000		01/01/2007	99/99/9999						
51552-0652-04	J3490			9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA		1		09/01/2003	12/31/2006						
51552-0652-04	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000		01/01/2007	99/99/9999						
51552-0652-25	J3490			1/1/2002	8/31/2003	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA		1		01/01/2002	08/31/2003						
51552-0663-01	J7516			1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1 EA	BO	NA	GM	250 MG		4		01/01/2002	99/99/9999						
51552-0663-02	J7516			9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X5MG, USP)	1 EA	BO	NA	GM	250 MG		4		09/01/2003	99/99/9999						
51552-0663-04	J7516			9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X25MG, USP)	1 EA	BO	NA	GM	250 MG		4		09/01/2003	99/99/9999						
51552-0663-06	J7516			9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X500MG, USP)	1 EA	BO	NA	GM	250 MG		4		09/01/2003	99/99/9999						
51552-0668-01	J7626			1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	JR	NA	GM	0.25 MG		2000		01/01/2002	12/31/2005						
51552-0668-01	KO J7626	KO		1/1/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	JR	NA	GM	0.25 MG		2000		01/01/2002	12/31/2005						
51552-0668-01	J7627			1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	JR	NA	GM	0.5 MG		2000		01/01/2006	99/99/9999						
51552-0668-01	KO J7627	KO		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	JR	NA	GM	0.5 MG		2000		01/01/2006	99/99/9999						
51552-0671-01	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-02	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-03	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-04	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-05	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-06	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-07	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						
51552-0671-08	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG		200		01/01/2006	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0674-05	J2010			9/1/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP, 1X100GM)	1	EA	BO	NA	GM	300 MG		3.33333	09/01/2003	99/99/9999						
51552-0674-07	J2010			9/1/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP, 1X100GM)	1	EA	BO	NA	GM	300 MG		3.33333	09/01/2003	99/99/9999						
51552-0676-04	J1240			9/1/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X25GM,USP)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0676-05	J1240			9/1/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X100GM,USP)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0678-02	J2271			9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X5GM,USP)	1	EA	NA	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0678-04	J2271			9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X25GM,USP)	1	EA	JR	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0678-06	J2271			9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X100GM,USP)	1	EA	JR	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0682-01	J1170			9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X1GM,USP)	1	EA	BO	NA	GM	4 MG		250	09/01/2003	99/99/9999						
51552-0682-02	J1170			9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	4 MG		250	09/01/2003	99/99/9999						
51552-0682-03	J1170			9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X10GM,USP)	1	EA	BO	NA	GM	4 MG		250	09/01/2003	99/99/9999						
51552-0682-04	J1170			9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X25GM,USP)	1	EA	BO	NA	GM	4 MG		250	09/01/2003	99/99/9999						
51552-0686-01	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP, 1X1GM)	1	EA	BO	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0686-02	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP, 1X5GM)	1	EA	BO	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0686-04	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP, 1X25GM)	1	EA	BO	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0686-06	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP, 1X100GM)	1	EA	BO	NA	GM	100 MG		10	09/01/2003	99/99/9999						
51552-0687-01	J3010			9/1/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X1GM,USP)	1	EA	BO	NA	GM	0.1 MG		10000	09/01/2003	99/99/9999						
51552-0687-09	J3010			9/1/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X500MG,USP)	500	ML	BO	NA	ML	0.1 MG		10000	09/01/2003	99/99/9999						
51552-0688-02	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X5GM,USP)	1	EA	BO	NA	GM	30 MG		33.33333	09/01/2003	99/99/9999						
51552-0688-03	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X10GM,USP)	1	EA	BO	NA	GM	30 MG		33.33333	09/01/2003	99/99/9999						
51552-0688-04	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X25GM,USP)	1	EA	BO	NA	GM	30 MG		33.33333	09/01/2003	99/99/9999						
51552-0688-06	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X100GM,USP)	1	EA	BO	NA	GM	30 MG		33.33333	09/01/2003	99/99/9999						
51552-0701-02	J2710			9/1/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE	1	EA	BO	NA	GM	0.5 MG		2000	09/01/2003	99/99/9999						
51552-0715-04	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP, 1X25GM)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0715-05	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP, 1X100GM)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0715-06	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP, 1X500MG)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0728-01	J1230			9/1/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/01/2003	99/99/9999						
51552-0728-02	J1230			9/1/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/01/2003	99/99/9999						
51552-0728-04	J1230			9/1/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	JR	NA	GM	10 MG		100	09/01/2004	99/99/9999						
51552-0729-01	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X1GM,USP)	1	EA	BO	NA	GM	2 MG		500	09/01/2003	99/99/9999						
51552-0729-02	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	2 MG		500	09/01/2003	99/99/9999						
51552-0729-04	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	2 MG		500	09/01/2003	99/99/9999						
51552-0729-05	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X100GM,USP)	1	EA	NA	NA	GM	2 MG		500	09/01/2003	99/99/9999						
51552-0729-09	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X500MG,USP)	1	EA	BO	NA	GM	2 MG		500	09/01/2003	99/99/9999						
51552-0733-01	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X1GM,USP)	1	EA	BO	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-0733-01	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X1GM,USP)	1	EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999						
51552-0733-02	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1	EA	BO	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-0733-02	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1	EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999						
51552-0733-04	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1	EA	BO	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-0733-04	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1	EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999						
51552-0733-05	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1	EA	BO	NA	GM	500 MG		2	09/01/2003	99/99/9999						
51552-0733-05	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1	EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999						
51552-0737-01	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0737-02	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0738-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP, MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0738-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP, MICRONIZED)	1	EA	JR	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0738-06	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP, MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0738-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP, MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	09/01/2003	99/99/9999						
51552-0741-04	J0500			9/1/2003	99/99/9999	INJECTION, DICLOXIMINE HCL, UP TO 20 MG	DICLOXIMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	20 MG		50	09/01/2003	99/99/9999						
51552-0763-05	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X100GM)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0763-07	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X1000GM)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0768-01	J7684			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
51552-0768-01	KO J7684	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1 MG		1000	09/01/2003	99/99/9999						
51552-0775-01	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0775-02	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0775-04	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0775-05	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	1 EA		1	09/01/2003	99/99/9999						
51552-0779-02	J7501			9/1/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X5GM)	1	EA	BO	NA	GM	100 MG		10								

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0789-01		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-01	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-01		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-01	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-02		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-02	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-02		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-02	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-04		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-04	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-04		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-04	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-05		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-05	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	12/31/2006						
51552-0789-05		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0789-05	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999						
51552-0802-02		J0360		9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0802-02	KO	J0360	KO	9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0829-01		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-03		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-04		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-05		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-06		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-07		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0829-08		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X5000GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999						
51552-0839-05		J2360		9/1/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999						
51552-0879-02		J0520		9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X5GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0879-04		J0520		9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999						
51552-0883-01		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-01	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-02		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-02	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-09		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0883-09	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999						
51552-0888-01		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X1GM,USP)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	12/31/2010						
51552-0888-02		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X5GM,USP)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	12/31/2010						
51552-0888-04		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X25GM,USP)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	12/31/2010						
51552-0889-02		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X10MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0889-03		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X50MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0889-04		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X100MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0889-09		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X500MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999						
51552-0894-02		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X5GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0894-04		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X25GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0894-05		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X100GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999						
51552-0910-04		J1800		9/1/2003	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X25GM)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0910-05	J1800			9/1/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,1X100MG)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0913-01	J1840			9/1/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM	500 MG	2	09/01/2003	99/99/9999								
51552-0913-02	J1840			9/1/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X5GM,USP)	1 EA	BO	NA	GM	500 MG	2	09/01/2003	99/99/9999								
51552-0920-02	J1835			9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X5GM)	1 EA	JR	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0920-04	J1835			9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X25GM)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0920-05	J1835			9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X100GM)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0920-06	J1835			9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X500GM)	1 EA	NA	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0940-02	J1940			9/1/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	09/01/2003	99/99/9999								
51552-0952-01	J0515			9/1/2003	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (1X1GM,USP)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0958-02	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X5GM,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	09/01/2003	99/99/9999								
51552-0958-04	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X25GM,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	09/01/2003	99/99/9999								
51552-0958-05	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X100GM,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	09/01/2003	99/99/9999								
51552-0958-06	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X500GM,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	09/01/2003	99/99/9999								
51552-0978-05	J3000			9/1/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	09/01/2003	99/99/9999								
51552-0979-04	Q0178			9/1/2003	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51552-0991-01	J0760			9/1/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (1X1GM,USP)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0999-02	J7636			9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (1X5GM)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-0999-04	J7636			9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (1X25GM)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-1018-05	J2800			9/1/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (USP,1X100GM)	1 EA	BO	NA	GM	10 ML	1	09/01/2003	99/99/9999								
51552-1025-02	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X5GM,USP)	1 EA	BO	NA	GM	5 MG	200	09/01/2003	99/99/9999								
51552-1025-04	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X25GM,USP)	1 EA	BO	NA	GM	5 MG	200	09/01/2003	99/99/9999								
51552-1025-05	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X100GM,USP)	1 EA	BO	NA	GM	5 MG	200	09/01/2003	99/99/9999								
51552-1031-01	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X1GM)	1 EA	JR	NA	GM	200 MG	5	09/01/2003	99/99/9999								
51552-1031-02	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X5GM)	1 EA	JR	NA	GM	200 MG	5	09/01/2003	99/99/9999								
51552-1031-04	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X25GM)	1 EA	JR	NA	GM	200 MG	5	09/01/2003	99/99/9999								
51552-1036-01	J3370			9/1/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X1GM,USP)	1 EA	JR	NA	GM	500 MG	2	09/01/2003	99/99/9999								
51552-1036-09	J3370			9/1/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X250MG,USP)	1 EA	JR	NA	GM	500 MG	2	09/01/2003	99/99/9999								
51552-1043-02	J2321			9/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	09/01/2003	12/31/2010								
51552-1045-01	J3420			9/1/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X1GM,USP)	1 EA	BO	NA	GM	1000 MCG	1000	09/01/2003	99/99/9999								
51552-1045-09	J3420			9/1/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (1X500MG,USP)	1 EA	BO	NA	GM	1000 MCG	1000	09/01/2003	99/99/9999								
51552-1053-06	J1212			9/1/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYLSULFOXIDE	473 ML	BO	NA	ML	50 %	0.02	09/01/2003	99/99/9999								
51552-1054-01	J8610			9/1/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (USP,1X1GM)	1 EA	BO	NA	GM	2.5 MG	400	09/01/2003	99/99/9999								
51552-1054-09	J8610			9/1/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (USP,1X100MG)	1 EA	BO	NA	GM	2.5 MG	400	09/01/2003	99/99/9999								
51552-1063-02	J3430			9/1/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP,1X5GM)	1 EA	BO	NA	GM	1 MG	1000	09/01/2003	99/99/9999								
51552-1069-02	J2460			9/1/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	09/01/2003	99/99/9999								
51641-0030-46	Q0163			1/1/2002	8/4/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DPH 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	01/01/2002	08/04/2003								
51641-0030-64	Q0163			1/1/2002	8/4/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DPH 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	01/01/2002	08/04/2003								
51641-0030-76	Q0163			1/1/2002	8/4/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DPH 12.5 MG/5 ML	480 ML	BO	PO	ML	50 MG	0.05	01/01/2002	08/04/2003								
51641-0030-94	Q0163			1/1/2002	8/4/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DPH 12.5 MG/5 ML	1920 ML	BO	PO	ML	50 MG	0.05	01/01/2002	08/04/2003								
51655-0020-24	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4	01/01/2002	99/99/9999								
51655-0020-52	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4	01/01/2002	99/99/9999								
51655-0020-53	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4	01/01/2002	99/99/9999								
51655-0020-80	J7506			6/22/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	8 EA	NA	PO	EA	5 MG	4	06/22/2005	99/99/9999								
51655-0084-27	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	12 EA	BO	PO	EA	25 MG	1	01/01/2002	99/99/9999								
51655-0084-53	Q0170			6/22/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10 EA	NA	PO	EA	25 MG	1	06/22/2005	99/99/9999								
51655-0086-24	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
51655-0086-27	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	12 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
51655-0086-51	J7506			6/22/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	40 EA	NA	PO	EA	5 MG	1	06/22/2005	99/99/9999								
51655-0087-24	J7506			1/1/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30 EA	NA	PO	EA	5 MG	2	01/01/2005	99/99/9999								
51655-0087-28	J7506			6/22/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21 EA	NA	PO	EA	5 MG	2	06/22/2005	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51655-0087-49	J7506			6/22/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	NA	PO	EA	5 MG		2	06/22/2005	99/99/9999						
51655-0088-24	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BX	PO	EA	50 MG		1	01/01/2002	99/99/9999						
51655-0088-52	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
51655-0093-87	Q0164			6/22/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	6	EA	NA	PO	EA	5 MG		1	06/22/2005	99/99/9999						
51655-0113-24	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
51655-0113-25	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
51655-0113-27	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BX	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
51655-0113-80	Q0163			6/22/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	8	EA	NA	PO	EA	50 MG		0.5	06/22/2005	99/99/9999						
51655-0133-54	Q0163			6/22/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50 MG		0.5	06/22/2005	99/99/9999						
51655-0294-89	Q0165			6/22/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	4	EA	NA	PO	EA	10 MG		1	06/22/2005	99/99/9999						
51655-0296-51	J8499			6/22/2005	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	40	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0296-54	J8499			6/22/2005	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	15	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0296-76	J8499			6/22/2005	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	25	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0300-51	J8499			6/22/2005	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	40	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0300-54	J8499			6/22/2005	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	15	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0300-76	J8499			6/22/2005	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	25	EA	NA	PO	EA	1 EA		1	06/22/2005	99/99/9999						
51655-0523-53	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
51655-0533-52	Q0177			6/22/2005	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25 MG		1	06/22/2005	99/99/9999						
51672-4091-03	Q0179			9/19/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (1x50ML); (4MG/5ML)	50	ML	PG	PO	EA	8 MG		1	09/19/2008	99/99/9999						
51927-1000-00	J2271			9/8/2003	99/99/9999	MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.; CII)	1	EA	JR	NA	GM	100 MG		10	09/08/2003	99/99/9999						
51927-1001-00	J7636			9/8/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1001-00	KO J7636			9/8/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	09/08/2003	99/99/9999						
51927-1003-00	J1170			9/8/2003	99/99/9999	HYDROMORPHONE HCL, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.; CII)	1	EA	JR	NA	GM	4 MG		250	09/08/2003	99/99/9999						
51927-1005-00	J2060			9/8/2003	99/99/9999	LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	2 MG		500	09/08/2003	99/99/9999						
51927-1007-00	J1960			9/8/2003	99/99/9999	LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.; CII)	1	EA	BO	NA	GM	2 MG		500	09/08/2003	99/99/9999						
51927-1012-00	J0592			9/8/2003	99/99/9999	BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.; CIII)	1	EA	JR	NA	GM	0.1 MG		10000	09/08/2003	99/99/9999						
51927-1013-00	J0745			9/8/2003	99/99/9999	CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.; CII)	1	EA	BO	NA	GM	30 MG		33.33333	09/08/2003	99/99/9999						
51927-1014-00	J3360			9/8/2003	99/99/9999	DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	5 MG		200	09/08/2003	99/99/9999						
51927-1017-00	J1230			9/8/2003	99/99/9999	METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1018-00	J2175			9/8/2003	99/99/9999	MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	100 MG		10	09/08/2003	99/99/9999						
51927-1019-00	J3010			9/8/2003	99/99/9999	FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	09/08/2003	99/99/9999						
51927-1026-00	J3140			9/8/2003	99/99/9999	TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1027-00	J3140			9/8/2003	99/99/9999	TESTOSTERONE MICRONIZED (U.S.P.; SOY; CIII)	TESTOSTERONE MICRONIZED (U.S.P.; SOY; CIII)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1029-00	J3150			9/8/2003	99/99/9999	TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.; MICRONIZED)	1	EA	JR	NA	GM	100 MG		10	09/08/2003	99/99/9999						
51927-1046-00	J2675			9/8/2003	99/99/9999	PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1079-00	J1200			9/8/2003	99/99/9999	DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1080-00	J1240			9/8/2003	99/99/9999	DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	09/08/2003	99/99/9999						
51927-1082-00	J2765			9/8/2003	99/99/9999	METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	09/08/2003	99/99/9999						
51927-1085-00	J9190			9/8/2003	99/99/9999	FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.; -5 FU)	1	EA	JR	NA	GM	500 MG		2	09/08/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1085-00	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., -5 FU)	1 EA	JR	NA	GM	500 MG			2	01/28/2005	99/99/9999						
51927-1090-00	J3480			12/4/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP, GRANULAR)	1 EA	BO	NA	GM	2 MEQ			6.71141	12/04/2003	99/99/9999						
51927-1093-00	J3490			12/4/2003	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (USP)	1 EA	BO	NA	GM	1 EA			1	12/04/2003	12/31/2003						
51927-1093-00	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (USP)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
51927-1110-00	J1700			9/8/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	25 MG			40	09/08/2003	99/99/9999						
51927-1148-00	J7510			9/8/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE MICRONIZED (ANHYDROUS)	1 EA	JR	NA	GM	5 MG			200	09/08/2003	99/99/9999						
51927-1194-00	J3490			9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAIN	1 EA	JR	NA	GM	1 EA			1	09/08/2003	99/99/9999						
51927-1202-00	J0706			12/4/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM	5 MG			200	12/04/2003	99/99/9999						
51927-1213-00	J2000			9/8/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM	50 ML			4	09/08/2003	12/31/2003						
51927-1213-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG			100	01/01/2004	99/99/9999						
51927-1225-00	J7799			9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	09/08/2003	99/99/9999						
51927-1242-00	J3411			1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (USP)	1 EA	BO	NA	GM	100 MG			10	01/01/2004	99/99/9999						
51927-1269-00	J3350			12/4/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (USP)	1 EA	BO	NA	GM	40 GM			0.025	12/04/2003	99/99/9999						
51927-1317-00	J3520			12/4/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP, DIHYDRATE)	1 EA	BO	NA	GM	150 MG			6.66666	12/04/2003	99/99/9999						
51927-1325-00	J2650			9/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	1 ML			20	09/08/2003	99/99/9999						
51927-1326-00	J7684			9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1326-00	J7684	KO	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1332-00	J1030			9/8/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/08/2003	99/99/9999						
51927-1347-00	J0500			9/8/2003	99/99/9999	INJECTION, DICLOFLUMINE HCL, UP TO 20 MG	DICLOFLUMINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	09/08/2003	99/99/9999						
51927-1370-00	J7669			9/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	09/08/2003	12/31/2006						
51927-1370-00	J7669	KO	KO	9/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	09/08/2003	12/31/2006						
51927-1370-00	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51927-1370-00	J7670	KO	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
51927-1400-00	J3410			9/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG			40	09/08/2003	99/99/9999						
51927-1430-00	J7638			9/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1430-00	J7638	KO	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1433-00	J1630			9/8/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	JR	NA	GM	5 MG			200	09/08/2003	99/99/9999						
51927-1435-00	J7506			9/8/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (USP)	1 EA	BO	NA	GM	5 MG			200	09/08/2003	99/99/9999						
51927-1441-00	J9017			12/4/2003	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (TECHNICAL)	1 EA	BO	NA	GM	1 MG			1000	12/04/2003	99/99/9999						
51927-1444-00	J0280			9/8/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (U.S.P.; ANHYDROUS)	1 EA	JR	NA	GM	250 MG			4	09/08/2003	99/99/9999						
51927-1449-00	J3490			9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	09/08/2003	99/99/9999						
51927-1454-00	J7624			9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1454-00	J7624	KO	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	JR	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1510-00	J2810			9/8/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE (USP, ANHYDROUS)	1 EA	BO	NA	GM	40 MG			25	09/08/2003	99/99/9999						
51927-1565-00	J8610			9/8/2003	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	09/08/2003	99/99/9999						
51927-1571-00	J1245			9/8/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	09/08/2003	99/99/9999						
51927-1573-00	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
51927-1573-00	J7613	KO	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	01/01/2005	12/31/2006						
51927-1573-00	J7609			1/1/2007	99/99/9999	INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
51927-1573-00	J7609	KO	KO	1/1/2007	99/99/9999	INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
51927-1575-00	J7643			9/8/2003	99/99/9999	GLYCOPYRRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1575-00	J7643	KO	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1597-00	J3490			12/4/2003	99/99/9999	UNCLASSIFIED DRUGS	ETHANOLAMINE (MONOETHANOLAMINE)	1 EA	BO	NA	GM	1 EA			1	12/04/2003	99/99/9999						
51927-1601-00	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2007	12/31/2007						
51927-1601-00	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM			1	01/01/2008	99/99/9999						
51927-1601-00	J7604	KO	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM			1	01/01/2008	99/99/9999						
51927-1603-00	J1320			9/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	JR	NA	GM	20 MG			50	09/08/2003	99/99/9999						
51927-1606-00	J1800			9/8/2003	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	09/08/2003	99/99/9999						
51927-1610-00	J7699			9/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	09/08/2003	99/99/9999						
51927-1612-00	J1212			12/4/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (USP)	1 ML	BO	NA	ML	50 %			0.02	12/04/2003	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1641-00		J7622		9/8/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1641-00	KO	J7622	KO	9/8/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1648-00		J7644		9/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	12/31/2006						
51927-1648-00	KO	J7644	KO	9/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	12/31/2006						
51927-1648-00		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1648-00	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1659-00		J1180		9/8/2003	99/99/9999	INJECTION, DYPHYLLINE, UP TO 500 MG	DYPHYLLINE	1	EA	BO	NA	GM	500	MG	2	09/08/2003	99/99/9999						
51927-1662-00		J3420		12/4/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (USP)	1	EA	BO	NA	GM	1000	MCG	1000	12/04/2003	99/99/9999						
51927-1683-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1696-00		J0970		9/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1	EA	JR	NA	GM	40	MG	25	09/08/2003	12/31/2010						
51927-1706-00		J1110		9/8/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1709-00		J1435		9/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P. E-1)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1715-00		J7799		9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL (USP)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1722-00		J3430		12/4/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIONE (USP)	1	EA	BO	NA	GM	1	MG	1000	12/04/2003	99/99/9999						
51927-1726-00		J0285		9/8/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.; ORAL GRADE)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1742-00		J3370		9/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	JR	NA	GM	500	MG	2	09/08/2003	99/99/9999						
51927-1746-00		J1160		9/8/2003	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	09/08/2003	99/99/9999						
51927-1775-00		J2440		9/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	JR	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999						
51927-1776-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (USP (6))	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1781-00		J2150		12/4/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP)	1	EA	BO	NA	GM	50	ML	0.08	12/04/2003	99/99/9999						
51927-1784-00		J1940		9/8/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/08/2003	99/99/9999						
51927-1788-00		J3000		9/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999						
51927-1794-00		J7641		9/8/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1794-00	KO	J7641	KO	9/8/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1829-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	CORTISONE ACETATE MICRONIZED (USP)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1831-00		J1980		9/8/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG	4000	09/08/2003	99/99/9999						
51927-1838-00		J1165		9/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999						
51927-1865-00		J1955		12/4/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (USP)	1	EA	BO	NA	GM	1	GM	1	12/04/2003	99/99/9999						
51927-1895-00		J0760		9/8/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1925-00		J3430		9/8/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP; VITAMIN K1)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1940-00		J7659		9/8/2003	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	12/31/2006						
51927-1940-00	KO	J7659	KO	9/8/2003	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	12/31/2006						
51927-1940-00		J7660		1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1940-00	KO	J7660	KO	1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
51927-1950-00		J0945		9/8/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-1951-00		J7624		9/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1951-00	KO	J7624	KO	9/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999						
51927-1954-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1956-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999						
51927-1979-00		J0360		9/8/2003	99/99/9999	INJECTION, HYDRAZINE HCL, UP TO 20 MG	HYDRAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/08/2003	99/99/9999						
51927-1981-00		J3250		9/12/2003	99/99/9999	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	TRIMETHOENZAMIDE HCL	1	EA	BO	NA	GM	200	MG	5	09/12/2003	99/99/9999						
51927-2007-00		J0475		9/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/08/2003	99/99/9999						
51927-2059-00		J0600		12/4/2003	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (USP, HYDRATE)	1	EA	BO	NA	GM	1000	MG	1	12/04/2003	99/99/9999						
51927-2097-00		J0520		9/8/2003	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999						
51927-2099-00		J1330		9/8/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE	1	EA	JR	NA	GM	0.2	MG	5000	09/08/2003	99/99/9999						
51927-2101-00		J0770		9/8/2003	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (USP)	1	EA	BO	NA	GM	150	MG	6.66666	09/08/2003	99/99/9999						
51927-2116-00		J0151		12/4/2003	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE	1	EA	BO	NA	GM	90	MG	11.11111	12/04/2003	12/31/2003						
51927-2116-00		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSINE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2004	99/99/9999						
51927-2118-00		J2360		9/8/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (USP)	1	EA	BO	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999						
51927-2132-00		J0151		12/4/2003	12/31/2003	PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (TRIHYDRATE)	1	EA	BO	NA	GM	90	MG	11.11111	12/04/2003	12/31/2003						
51927-2132-00		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSINE (TRIHYDRATE)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2134-00		Q0165		9/8/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100		09/08/2003	99/99/9999							
51927-2140-00		J2300		9/8/2003	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100		09/08/2003	99/99/9999							
51927-2182-00		J1790		9/8/2003	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (USP)	1 EA	BO	NA	GM	5 MG	200		09/08/2003	99/99/9999							
51927-2196-00		J0270		9/8/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1 EA	JR	NA	GM	1.25 MCG	800000		09/08/2003	99/99/9999							
51927-2206-00		J0780		9/8/2003	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP)	1 EA	BO	NA	GM	10 MG	100		09/08/2003	99/99/9999							
51927-2231-00		J1094		9/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2234-00		J2680		9/8/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	25 MG	40		09/08/2003	99/99/9999							
51927-2258-00		J7501		9/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (USP)	1 EA	BO	NA	GM	100 MG	10		09/08/2003	99/99/9999							
51927-2298-00		J3475		12/4/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (ANHYDROUS REAGENT)	1 EA	BO	NA	GM	500 MG	2		12/04/2003	99/99/9999							
51927-2300-00		J2730		12/4/2003	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE	1 EA	BO	NA	GM	1 GM	1		12/04/2003	99/99/9999							
51927-2303-00		J3490		9/8/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1 EA	BO	NA	GM	1 EA	1		09/08/2003	12/31/2006							
51927-2303-00		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1 EA	BO	NA	GM	1 MG	1000		01/01/2007	99/99/9999							
51927-2316-00		Q0178		9/8/2003	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	JR	NA	GM	50 MG	20		09/08/2003	99/99/9999							
51927-2319-00		Q4076		10/1/2003	12/31/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1 EA	BO	NA	GM	40 MG	25		10/01/2003	12/31/2005							
51927-2319-00		J1265		1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1 EA	BO	NA	GM	40 MG	25		01/01/2006	99/99/9999							
51927-2351-00		J3310		8/9/2003	99/99/9999	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200		08/09/2003	99/99/9999							
51927-2362-00		J9140		9/8/2003	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (U.S.P.)	1 EA	BO	NA	GM	200 MG	5		09/08/2003	12/31/2010							
51927-2375-00		J7682		9/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1 EA	BO	NA	GM	300 MG	3.33333		09/08/2003	12/31/2006							
51927-2375-00	KO	J7682	KO	9/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1 EA	BO	NA	GM	300 MG	3.33333		09/08/2003	12/31/2006							
51927-2375-00		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
51927-2375-00	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
51927-2379-00		J0735		9/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2449-00		J0120		9/8/2003	99/99/9999	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE (U.S.P.)	1 EA	JR	NA	GM	250 MG	4		09/08/2003	99/99/9999							
51927-2519-00		J2800		9/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML	1		09/08/2003	99/99/9999							
51927-2575-00		J7684		9/8/2003	99/99/9999	INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (USP, NON-MICRONIZED)	1 EA	JR	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2575-00	KO	J7684	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (USP, NON-MICRONIZED)	1 EA	JR	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2593-00		J2670		9/8/2003	99/99/9999	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	TOLAZOLINE HCL	1 EA	BO	NA	GM	25 MG	40		09/08/2003	99/99/9999							
51927-2669-00		J2760		9/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200		09/08/2003	99/99/9999							
51927-2692-00		J0640		9/8/2003	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (USP; ANHYDROUS)	1 EA	JR	NA	GM	50 MG	20		09/08/2003	99/99/9999							
51927-2704-00		J3490		9/8/2003	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		09/08/2003	12/31/2005							
51927-2704-00		J0278		1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10		01/01/2006	99/99/9999							
51927-2706-00		J1070		9/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.; CII)	1 EA	JR	NA	GM	100 MG	10		09/08/2003	99/99/9999							
51927-2732-00		J3475		12/4/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (USP; HEPTAHYDRATE)	1 EA	BO	NA	GM	500 MG	2		12/04/2003	99/99/9999							
51927-2742-00		J1730		9/8/2003	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		09/08/2003	99/99/9999							
51927-2762-00		J9340		9/8/2003	99/99/9999	INJECTION, THIOTEPA, 15 MG	TRIETHYLENETHIOPHOSPHORAMIDE/T	1 EA	BO	NA	GM	15 MG	66.66666		09/08/2003	99/99/9999							
51927-2765-00		J7681		9/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2765-00	KO	J7681	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		09/08/2003	99/99/9999							
51927-2772-00		J9182		9/8/2003	12/31/2008	ETOPOSIDE, 100 MG	ETOPOSIDE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10		09/08/2003	12/31/2008							
51927-2772-00		J9181		1/1/2009	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (U.S.P.) 1 GM	1 EA	BO	NA	GM	10 MG	100		01/01/2009	99/99/9999							
51927-2775-00		J1250		9/8/2003	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	250 MG	4		09/08/2003	99/99/9999							
51927-2834-00		J7626		9/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.25 MG	2000		09/08/2003	12/31/2005							
51927-2834-00	KO	J7626	KO	9/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.25 MG	2000		09/08/2003	12/31/2005							
51927-2834-00		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.5 MG	2000		01/01/2006	99/99/9999							
51927-2834-00	KO	J7627	KO	1/1/2006	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.5 MG	2000		01/01/2006	99/99/9999							
51927-2859-00		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000		01/01/2005	12/31/2006							
51927-2859-00	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000		01/01/2005	12/31/2006							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2859-00		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51927-2859-00	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
51927-2895-00		J1600		9/8/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	GOLD SODIUM THIOMALATE	1 EA	BO	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-2986-00		J3490		9/8/2003	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (U.S.P.; CIV)	1 EA	BO	NA	GM		1 EA		1	09/08/2003	12/31/2003						
51927-2986-00		J0595		1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.; CIV)	1 EA	BO	NA	GM		1 MG		1000	01/01/2004	99/99/9999						
51927-2994-00		Q4075		10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	12/31/2005						
51927-2994-00		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2006	99/99/9999						
51927-3023-00		J2780		9/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM		25 MG		40	09/08/2003	99/99/9999						
51927-3098-00		J3230		9/8/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-3115-00		J2690		9/8/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	09/08/2003	99/99/9999						
51927-3158-00		J1840		9/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	JR	NA	GM		500 MG		2	09/08/2003	99/99/9999						
51927-3163-00		J1000		9/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (U.S.P.)	1 EA	JR	NA	GM		5 MG		200	09/08/2003	99/99/9999						
51927-3177-00		J2010		9/8/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	09/08/2003	99/99/9999						
51927-3196-00		J7516		9/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (USP)	1 EA	JR	NA	GM		250 MG		4	09/08/2003	99/99/9999						
51927-3213-00		J3490		1/3/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	NA	NA	GM		1 EA		1	01/03/2005	99/99/9999						
51927-3256-00		J3490		12/4/2003	12/31/2004	UNCLASSIFIED DRUGS	GALLIUM NITRATE (HYDRATE) (III)	1 EA	BO	NA	GM		1 EA		1	12/04/2003	12/31/2004						
51927-3256-00		J1457		1/1/2005	99/99/9999	INJECTION, GALLIUM NITRATE, 1 MG	GALLIUM NITRATE (HYDRATE) (III)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	99/99/9999						
51927-3258-00		J2460		9/8/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-3286-00		J1644		9/8/2003	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP)	1 EA	BO	NA	GM		1000 U		160	09/08/2003	99/99/9999						
51927-3287-00		J1212		12/4/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE	1 ML	BO	NA	ML		50 %		0.02	12/04/2003	99/99/9999						
51927-3306-00		J1835		9/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZED	1 EA	JR	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-3335-00		J2310		9/8/2003	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	09/08/2003	99/99/9999						
51927-3370-00		J3302		9/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (USP)	1 EA	JR	NA	GM		5 MG		200	09/08/2003	99/99/9999						
51927-3408-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	JR	NA	GM		1 EA		1	09/08/2003	99/99/9999						
51927-3422-00		J0636		9/8/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1 ML	BO	NA	ML		0.1 MCG		10	09/08/2003	99/99/9999						
51927-3484-00		J2725		9/8/2003	99/99/9999	INJECTION, PROTIRELIN, PER 250 MCG	PROTIRELIN	1 EA	BO	NA	GM		250 MCG		4000	09/08/2003	99/99/9999						
51927-3489-00		Q0165		9/8/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MESYLATE (BP)	1 EA	BO	NA	GM		10 MG		100	09/08/2003	99/99/9999						
51927-3514-00		J2321		9/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.; CIII)	1 EA	BO	NA	GM		100 MG		10	09/08/2003	12/31/2010						
51927-3530-00		J2675		9/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-3536-00		J0330		9/8/2003	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (DIHYDRATE; BP)	1 EA	BO	NA	GM		20 MG		50	09/08/2003	99/99/9999						
51927-3548-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE	1 EA	BO	NA	GM		1 EA		1	09/08/2003	99/99/9999						
51927-3552-00		J2930		9/8/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (BUFFERED)	1 EA	BO	NA	GM		125 MG		8	09/08/2003	99/99/9999						
51927-3557-00		J7508		9/8/2003	12/31/2003	TACROLIMUS, ORAL, PER 5 MG	TACROLIMUS	1 EA	JR	NA	GM		5 MG		200	09/08/2003	12/31/2003						
51927-3557-00		J7507		1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	JR	NA	GM		1 MG		1000	01/01/2004	99/99/9999						
51927-3572-00		J3250		9/8/2003	99/99/9999	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	TRIMETHOENZAMIDE HCL	1 EA	BO	NA	GM		200 MG		5	09/08/2003	99/99/9999						
51927-3613-00		J2515		3/26/2004	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	03/26/2004	99/99/9999						
51927-3634-00		J3490		1/4/2008	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HYDROCHLORIDE (USP)	1 EA	BO	NA	GM		1 EA		1	01/04/2008	99/99/9999						
51927-3642-00		J9290		8/19/2004	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (USP)	1 EA	BO	NA	GM		20 MG		50	08/19/2004	12/31/2010						
51927-3643-00		J7699		8/19/2004	12/31/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORMOTEROL FUMARATE (DIHYDRATE)	1 EA	BO	NA	GM		1 EA		1	08/19/2004	12/31/2005						
51927-3643-00		J7640		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1 EA	BO	NA	GM		12 MCG		83333.33	01/01/2006	99/99/9999						
51927-3643-00	KO	J7640	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1 EA	BO	NA	GM		12 MCG		83333.33	01/01/2006	99/99/9999						
51927-3747-00		J1094		3/11/2005	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM		1 MG		1000	03/11/2005	99/99/9999						
51927-3760-00		J0282		1/4/2008	7/1/2008	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE	1 EA	BO	NA	GM		30 MG		33.33333	01/04/2008	07/01/2008						
51927-9017-00		J2675		9/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.; WETTABLE POWDER)	1 EA	JR	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51927-9018-00		J2550		9/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	09/08/2003	99/99/9999						
51991-0188-01		J7509		3/10/2003	4/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	03/10/2003	4/1/2009						
51991-0188-21		J7509		10/14/2002	9/1/2005	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	10/14/2002	09/01/2005						
51991-0188-31		J7509		11/5/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	11/05/2003	99/99/9999						
51991-0196-01		Q0164		10/23/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	10/23/2002	99/99/9999						
51991-0197-01		Q0165		10/23/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	10/23/2002	99/99/9999						
51991-0458-01		J7506		11/6/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.) 1 MG	100 EA	BO	PO	EA		5 MG		0.2	01/16/2006	99/99/9999						
51991-0458-10		J7506		1/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.) 1 MG	1000 EA	BO	PO	EA		5 MG		0.2	01/16/2006	99/99/9999						
51991-0462-01		J7506		4/13/2006	11/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BO	PO	EA		5 MG		4	04/13/2006	11/01/2006						
51991-0462-05		J7506		4/13/2006	11/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500 EA	BO	PO	EA		5 MG		4	04/13/2006	11/01/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51991-0625-01		Q0173		1/1/2002	1/8/2007	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA		250 MG		1	01/01/2002	01/08/2007						
52152-0166-02		Q0173		1/1/2002	11/6/2008	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA		250 MG		1	01/01/2002	11/6/2008						
52152-0185-02		Q0173		8/22/2003	11/6/2008	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 300 MG	100 EA	BO	PO	EA		250 MG		1.2	08/22/2003	11/6/2008						
52152-0538-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	06/25/2007	99/99/9999						
52152-0539-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	06/25/2007	99/99/9999						
52297-0268-67		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	48 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
52297-0379-26		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2002	99/99/9999						
52297-0462-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
52297-0521-62		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
52297-0940-26		Q0163		1/1/2002	1/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL CLEAR ALLERGY RELIEF (AF,SF,DYE-FREE) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2002	01/31/2002						
52297-0941-34		Q0163		1/1/2002	2/1/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	236 ML	EA	PO	ML		50 MG		0.05	01/01/2002	02/01/2002						
52297-0948-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL ALLERGY 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
52544-0153-02		J3315		12/30/2004	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR DEPOT (SDV) 3.75 MG	1 EA	VL	IM	EA		3.75 MG		1	12/30/2004	99/99/9999						
52544-0153-76		J3315		4/1/2005	6/23/2008	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	3.75 MG	1 EA	VL	IM	EA		3.75 MG		1	04/01/2005	6/23/2008						
52544-0154-02		J3315		12/30/2004	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR LA (SDV) 11.25 MG	1 EA	VL	IM	EA		3.75 MG		3	12/30/2004	99/99/9999						
52544-0154-76		J3315		4/1/2005	6/23/2008	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR LA (SDV, CLIP N JECT) 11.25 MG	1 EA	VL	IM	EA		3.75 MG		3	04/01/2005	6/23/2008						
52544-0335-01		J8499		1/1/2002	10/21/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	NA	PO	EA		1 EA		1	01/01/2002	10/21/2003						
52544-0336-01		J8499		1/1/2002	7/1/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	07/01/2003						
52544-0520-16		J7510		1/1/2002	4/12/2004	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	473 ML	BO	PO	ML		5 MG		0.6	05/15/2003	04/12/2004						
52544-0520-38		J7510		1/1/2002	10/1/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	236 ML	BO	PO	ML		5 MG		0.6	01/01/2002	10/01/2002						
52544-0790-01		J7509		1/1/2002	8/15/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	08/15/2002						
52544-0790-21		J7509		1/1/2002	7/21/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	07/21/2002						
52544-0797-01		J7506		1/1/2002	10/1/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100 EA	BO	PO	EA		5 MG		10	01/01/2002	10/01/2002						
52544-0800-01		Q0177		1/1/2002	10/1/2002	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG		1	01/01/2002	10/01/2002						
52544-0800-05		Q0177		1/1/2002	10/1/2002	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA		25 MG		1	01/01/2002	10/01/2002						
52544-0801-01		Q0178		1/1/2002	7/16/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	07/16/2002						
52544-0801-05		Q0178		1/1/2002	4/4/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA		50 MG		1	01/01/2002	04/04/2002						
52544-0830-10		J7506		1/1/2002	10/1/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	01/01/2002	10/01/2002						
52544-0831-10		J7506		1/1/2002	10/1/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG		2	01/01/2002	10/01/2002						
52544-0832-01		J7506		1/1/2002	10/1/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	01/01/2002	10/01/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52544-0832-05	J7506			1/1/2002	10/1/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA	5 MG			4	01/01/2002	10/01/2002						
52544-0922-26	J2916			1/2/2003	12/22/2010	MG INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5	FERRLECIT (SINGLE USE AMP) 62.5	5 ML	AM	IV	ML	12.5 MG			1	01/02/2003	12/22/2010						
52604-1445-01	J3490			1/1/2002	1/9/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 5 GM	1 EA	VL	IV	EA	1 EA			1	01/01/2002	01/09/2003						
52604-1446-01	J3490			1/1/2002	1/8/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	01/08/2003						
52604-1446-05	J3490			1/1/2002	1/8/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V., TRAYPACK) 500 MG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	01/08/2003						
52604-1448-05	J3490			1/1/2002	1/8/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 2.5 GM	1 EA	VL	IV	EA	1 EA			1	01/01/2002	01/08/2003						
52604-1465-01	J3490			1/1/2002	1/9/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V. W/DILUENT) 500 MG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	01/09/2003						
52637-0010-10	J1940			1/1/2002	8/27/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2 ML	VL	U	ML	20 MG			0.5	01/01/2002	8/27/2008						
52637-0126-10	J0725			1/1/2002	8/27/2008	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (M.D.V.) 10000 U	1 EA	VL	IM	EA	1000 USP Units			10	01/01/2002	8/27/2008						
52637-0282-10	J3420			1/1/2002	8/27/2008	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (M.D.V.) 1000 MCG/ML	10 ML	VL	IM	ML	1000 MCG			1	01/01/2002	8/27/2008						
52637-0312-30	J3420			1/1/2002	8/27/2008	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	01/01/2002	8/27/2008						
52637-0313-10	J1435			1/1/2002	8/27/2008	INJECTION, ESTRONE, PER 1 MG	ESTRO-A (M.D.V.) 2 MG/ML	10 ML	VL	IM	ML	1 MG			2	01/01/2002	8/27/2008						
52637-0325-10	J2650			1/1/2002	8/27/2008	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PRED-JECT-50 (M.D.V.) 50 MG/ML	30 ML	VL	U	ML	1 ML			1	01/01/2002	8/27/2008						
52637-0332-10	J1000			1/1/2002	1/1/2006	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRO-LA, (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML	5 MG			1	01/01/2002	01/01/2006						
52637-0540-05	J3301			1/1/2002	2/27/2002	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	40 MG/ML	5 ML	VL	U	ML	10 MG			4	01/01/2002	02/27/2002						
52637-0756-05	J1030			1/1/2002	1/29/2002	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	MED-JEC-40 (M.D.V.) 40 MG/ML	5 ML	VL	U	ML	40 MG			1	01/01/2002	01/29/2002						
52637-0926-10	J0945			1/1/2002	3/1/2003	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (M.D.V.) 10 MG/ML	10 ML	VL	U	ML	10 MG			1	01/01/2002	03/01/2003						
52735-0402-41	Q0163			6/18/2003	6/23/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG			0.05	06/18/2003	06/23/2005						
52735-0404-01	Q0163			6/18/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	FAMILY PHARMACY ALLERGY 25 MG	100 EA	BO	PO	EA	50 MG			0.5	06/18/2003	99/99/9999						
52735-0404-05	Q0163			6/18/2003	4/18/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	FAMILY PHARMACY ALLERGY 25 MG	24 EA	BX	PO	EA	50 MG			0.5	06/18/2003	04/18/2004						
52735-0427-05	Q0163			6/18/2003	6/16/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE 25 MG	24 EA	BX	PO	EA	50 MG			0.5	06/18/2003	06/16/2005						
52769-0268-66	J1563			1/1/2002	6/17/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	PANGLOBULIN (IGIV) 6 GM	1 EA	VL	IV	EA	1 GM			6	01/01/2002	06/17/2003						
52769-0269-72	J1563			1/1/2002	6/8/2003	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	PANGLOBULIN (IGIV) 12 GM	1 EA	VL	IV	EA	1 GM			12	01/01/2002	06/08/2003						
52769-0417-06	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	PANGLOBULIN NF (S.D.V., PF, NANOFILTERED) 6 GM	1 EA	VL	IV	EA	1 GM			6	04/01/2005	12/31/2005						
52769-0417-06	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	PANGLOBULIN NF (S.D.V., PF, NANOFILTERED) 6 GM	1 EA	VL	IV	EA	500 MG			12	01/01/2006	99/99/9999						
52769-0417-12	J1563			9/1/2003	9/1/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	PANGLOBULIN NF (S.D.V., PF, NANOFILTERED) 12 GM	1 EA	VL	IV	EA	1 GM			12	09/01/2003	09/01/2003						
52769-0418-12	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	PANGLOBULIN NF (S.D.V., PF, NANOFILTERED) 12 GM	1 EA	VL	IV	EA	1 GM			12	04/01/2005	12/31/2005						
52769-0418-12	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	PANGLOBULIN NF (S.D.V., PF, NANOFILTERED) 12 GM	1 EA	VL	IV	EA	500 MG			24	01/01/2006	99/99/9999						
52769-0460-01	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER 1 U.	MONARC-M (APPROX 220-2000 IU/VIAL) 1 IU	1100 IU	VL	IV	EA	1 IU			1	01/01/2002	99/99/9999						
52769-0464-02	J7192			5/1/2004	12/31/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER 1 U.	GENARC (APPROX. 250 IU/VIAL, LOW) 1 IU	250 IU	VL	IV	EA	1 IU			1	05/01/2004	12/31/2004						
52769-0464-05	J7192			5/1/2004	12/31/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER 1 U.	GENARC (APPROX. 500 IU/VIAL, MID) 1 IU	500 IU	VL	IV	EA	1 IU			1	05/01/2004	12/31/2004						
52769-0464-10	J7192			5/1/2004	12/31/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER 1 U.	GENARC (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA	1 IU			1	05/01/2004	12/31/2004						
52769-0470-72	Q9942			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 10 MG	POLYGAM (W/50 ML DILUENT) 2.5 MG	1 EA	NA	IV	EA	10 MG			0.25	04/01/2005	12/31/2005						
52769-0470-72	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM (W/50 ML DILUENT) 2.5 MG	1 EA	NA	IV	EA	500 MG			0.005	01/01/2006	99/99/9999						
52769-0471-72	J1563			1/1/2002	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	POLYGAM S/D (S.D.V. W/DILUENT) 2.5 GM	1 EA	VL	IV	EA	1 GM			2.5	01/01/2002	03/31/2005						
52769-0471-72	Q9941			4/1/2005	6/30/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 2.5 GM	1 EA	VL	IV	EA	1 GM			2.5	04/01/2005	06/30/2005						
52769-0471-75	J1563			1/1/2002	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	POLYGAM S/D (S.D.V. W/DILUENT) 5 GM	1 EA	VL	IV	EA	1 GM			5	01/01/2002	03/31/2005						
52769-0471-75	Q9941			4/1/2005	6/30/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 5 GM	1 EA	VL	IV	EA	1 GM			5	04/01/2005	06/30/2005						
52769-0471-80	J1563			1/1/2002	3/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM	1 EA	VL	IV	EA	1 GM			10	01/01/2002	03/31/2005						
52769-0471-80	Q9941			4/1/2005	6/30/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM	1 EA	VL	IV	EA	1 GM			10	04/01/2005	06/30/2005						
52959-0007-10	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
52959-0007-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
52959-0007-15	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	15 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
52959-0007-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0007-30	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	30 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
52959-0043-00	Q0163			6/17/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG			0.5	06/17/2003	99/99/9999						
52959-0043-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	4 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-15	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-24	Q0163			5/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA	50 MG			0.5	05/12/2003	99/99/9999						
52959-0043-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-50	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	50 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0043-60	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
52959-0053-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-12	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-15	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0053-52	Q0163			1/24/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	52 EA	BO	PO	EA	50 MG			1	01/24/2005	99/99/9999						
52959-0079-00	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
52959-0100-00	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA	4 MG			1	01/01/2002	99/99/9999						
52959-0123-03	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG			0.05	01/01/2002	99/99/9999						
52959-0123-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	180 ML	BO	PO	ML	50 MG			0.05	01/01/2002	99/99/9999						
52959-0126-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG			2	01/01/2002	99/99/9999						
52959-0126-05	J7506			11/6/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5 EA	BO	PO	EA	5 MG			2	11/06/2002	99/99/9999						
52959-0126-07	J7506			11/6/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	7 EA	BO	PO	EA	5 MG			2	11/06/2002	99/99/9999						
52959-0126-10	J7506			8/19/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA	5 MG			2	08/19/2003	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0126-12	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	12 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-15	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	15 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-18	J7506			1/15/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	18 EA	BO	PO	EA	5 MG				2	01/15/2002	99/99/9999					
52959-0126-20	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-21	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-25	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	25 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-37	J7506			7/18/2007	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	37 EA	BO	PO	EA	5 MG				2	07/18/2007	99/99/9999					
52959-0126-40	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-42	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	42 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-44	J7506			3/1/2004	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	44 EA	BO	PO	EA	5 MG				2	03/01/2004	99/99/9999					
52959-0126-45	J7506			9/19/2006	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	45 EA	NA	PO	EA	5 MG				2	09/19/2006	99/99/9999					
52959-0126-50	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	50 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0126-60	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	60 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
52959-0127-00	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	100 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-07	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	7 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-10	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	10 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-12	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	12 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-15	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	15 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-18	J7506			6/18/2008	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	18 EA	BO	PO	EA	5 MG				4	06/18/2008	99/99/9999					
52959-0127-20	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	20 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-21	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	21 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-25	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	25 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	30 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-37	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	37 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0127-42	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 20 MG	42 EA	BO	PO	EA	5 MG				4	01/01/2002	99/99/9999					
52959-0134-04	Q0170			1/1/2002	12/2/2004	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG			0.05	01/01/2002	12/02/2004						
52959-0134-08	Q0170			1/1/2002	12/2/2004	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	240 ML	BO	PO	ML	25 MG			0.05	01/01/2002	12/02/2004						
52959-0158-06	J7669			1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	AM	IH	ML	10 MG			0.6	01/01/2002	99/99/9999						
52959-0158-06	KO J7669	KO		1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	AM	IH	ML	10 MG			0.6	01/01/2002	99/99/9999						
52959-0179-06	J2360			1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NORFLEX 30 MG/ML	2 ML	AM	IJ	ML	60 MG			0.5	01/01/2002	99/99/9999						
52959-0220-00	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	100 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-10	J7506			8/19/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	10 EA	BO	PO	EA	5 MG			1	08/19/2003	99/99/9999						
52959-0220-20	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	20 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-21	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	21 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	30 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-36	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	36 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-40	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	40 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-60	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	60 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0220-75	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	75 EA	BO	PO	EA	5 MG			1	01/01/2002	99/99/9999						
52959-0226-10	Q0173			1/1/2002	2/11/2002	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	10 EA	BO	PO	EA	250 MG			1	01/01/2002	02/11/2002						
52959-0226-12	Q0173			1/1/2002	2/11/2002	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	12 EA	BO	PO	EA	250 MG			1	01/01/2002	02/11/2002						
52959-0237-12	K0416			3/14/2004	12/31/2005	PRESRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA	1 MG			25	03/14/2004	12/31/2005						
52959-0237-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
52959-0244-00	None			10/2/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA	2.5 MG			1	10/02/2000	99/99/9999						
52959-0291-00	K0416			1/1/2002	12/31/2005	PRESRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPASINE 25 MG	12 EA	BX	RC	EA	1 MG			25	01/01/2002	12/31/2005						
52959-0291-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPASINE 25 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
52959-0313-15	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML	1 GM			0.02	01/01/2002	99/99/9999						
52959-0330-00	J8499			1/1/2002	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
52959-0330-25	J8499			1/1/2002	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
52959-0330-50	J8499			1/1/2002	99/99/9999	PRESRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
52959-0355-06	K0416			1/1/2002	12/31/2005	PRESRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 MG			25	01/01/2002	12/31/2005						
52959-0355-06	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
52959-0355-12	K0416			1/1/2002	12/31/2005	PRESRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 MG			25	01/01/2002	12/31/2005						
52959-0355-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						
52959-0391-15	Q0165			1/1/2002	99/99/9999	PRESRIPTION ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPASINE 10 MG	15 EA	BO	PO	EA	10 MG			1	01/01/2002	99/99/9999					
52959-0392-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0392-21	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	21	EA	DP	PO	EA	0.25 MG			3	01/01/2006	99/99/9999					
52959-0392-28	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	28	EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999					
52959-0433-10	Q0177			6/6/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25 MG			1	06/06/2002	99/99/9999					
52959-0433-15	Q0177			2/28/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25 MG			1	02/28/2002	99/99/9999					
52959-0433-20	Q0177			12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25 MG			1	12/27/2004	99/99/9999					
52959-0433-30	Q0177			10/17/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25 MG			1	10/17/2002	99/99/9999					
52959-0433-40	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999					
52959-0433-60	Q0177			12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25 MG			1	12/27/2004	99/99/9999					
52959-0476-02	Q0165			8/9/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	10 MG			1	08/09/2005	99/99/9999					
52959-0476-10	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG			1	01/01/2002	99/99/9999					
52959-0476-15	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10 MG			1	01/01/2002	99/99/9999					
52959-0476-20	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10 MG			1	01/01/2002	99/99/9999					
52959-0476-24	Q0165			10/27/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	10 MG			1	10/27/2004	99/99/9999					
52959-0476-30	Q0165			11/22/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG			1	11/22/2004	99/99/9999					
52959-0476-60	Q0165			11/22/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG			1	11/22/2004	99/99/9999					
52959-0479-10	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999					
52959-0479-12	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	12	EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999					
52959-0479-20	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999					
52959-0479-30	Q0173			1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	30	EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999					
52959-0490-10	G9036			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	10	EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005					
52959-0490-14	G9036			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	14	EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005					
52959-0490-20	G9036			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	20	EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005					
52959-0505-06	Q0144			1/1/2002	99/99/9999	ZITHROMAX Z-PAK 250 MG	FLUMADINE 100 MG	6	EA	DP	PO	EA	1 GM	0.25		01/01/2002	99/99/9999						
52959-0517-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999					
52959-0517-30	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999					
52959-0517-35	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999					
52959-0544-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0544-10	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-12	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-15	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-21	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-30	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0544-40	J8499			8/24/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA	1	08/24/2007	99/99/9999								
52959-0544-50	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
52959-0547-04	J8540			5/16/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4 EA	BO	PO	EA	0.25 MG	16	05/16/2007	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-10	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-10	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-11	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	11 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-11	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	11 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-12	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-16	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-16	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-20	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-20	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-30	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-30	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
						UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE																	
52959-0547-50	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	50 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
52959-0547-50	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
52959-0561-01	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	1 MG	12.5	01/01/2002	12/31/2005								
52959-0561-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999								
						PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION																	
52959-0561-04	K0416			4/4/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA	1 MG	12.5	04/04/2003	12/31/2005								
52959-0561-04	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999								
						PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION																	
52959-0562-01	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	NA	RC	EA	1 MG	25	01/01/2002	12/31/2005								
52959-0562-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	NA	RC	EA	1 EA	1	01/01/2006	99/99/9999								
						PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION																	
52959-0562-06	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	6 EA	NA	RC	EA	1 MG	25	01/01/2002	12/31/2005								
52959-0562-06	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	6 EA	NA	RC	EA	1 EA	1	01/01/2006	99/99/9999								
						PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION																	
52959-0622-60	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML	5 MG	0.6	01/01/2002	99/99/9999								
52959-0650-01	J7506			1/1/2002	9/25/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	200 EA	NA	PO	EA	5 MG	0.2	01/01/2002	09/25/2002								
52959-0657-03	Q0144			1/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	01/01/2006	99/99/9999								
52959-0657-06	Q0144			1/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM	0.04	01/01/2006	99/99/9999								
52959-0678-30	J8499			10/7/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA	1	10/07/2003	99/99/9999								
						ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)																	
52959-0741-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML	1 MG	5	01/01/2008	03/31/2008								
52959-0741-20	J7611			4/1/2008	99/99/9999	EMEND 40 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML	1 MG	5	04/01/2008	99/99/9999								
52959-0748-01	J8501			8/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1 EA	BO	PO	EA	5 MG	8	08/22/2007	99/99/9999								
52959-0801-10	G9035			2/23/2005	5/31/2005	APPROVED DEMONSTRATION PROJECT	TAMIFLU 75 MG	10 EA	BO	PO	EA	75 MG	1	02/23/2005	05/31/2005								
						PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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																	
52959-0804-04	Q0170			1/1/2002	99/99/9999	REGIMEN	PROMETHAZINE 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG	0.05	01/01/2002	99/99/9999								
						PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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																	
52959-0804-08	Q0170			1/1/2002	99/99/9999	REGIMEN	PROMETHAZINE 6.25 MG/5 ML	240 ML	BO	PO	ML	25 MG	0.05	01/01/2002	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0817-10		Q0173		10/4/2005	99/99/9999	TRIMETHOGENAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOGENAMIDE HCL 300 MG	10 EA	BO	PO	EA		250 MG		1.2	10/04/2005	99/99/9999						
52959-0833-06		Q0178		10/14/2005	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	6 EA	BO	PO	EA		50 MG		1	10/14/2005	99/99/9999						
52959-0833-20		Q0178		10/14/2005	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG		1	10/14/2005	99/99/9999						
52959-0838-06		Q0144		11/22/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	11/22/2005	99/99/9999						
52959-0914-30		Q0169		11/26/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	30 EA	BO	PO	EA		12.5 MG		1	11/26/2007	99/99/9999						
52959-0927-03		Q0144		4/24/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	BO	PO	EA		1 GM		0.5	04/24/2008	99/99/9999						
52959-0928-30		J8999		5/15/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	30 EA	NA	PO	EA		1 EA		1	05/15/2008	99/99/9999						
52959-0932-30		Q0144		5/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X30ML,CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	05/23/2008	99/99/9999						
53014-0216-04		J9357		1/1/2002	6/30/2004	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (SINGLE USE VIAL,PF) 40 MG/ML	5 ML	VL	IL	ML		200 MG		0.2	01/01/2002	06/30/2004						
53014-0216-24		J9357		1/1/2002	6/30/2004	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (SINGLE USE VIAL,PF) 40 MG/ML	5 ML	VL	IL	ML		200 MG		0.2	01/01/2002	06/30/2004						
53014-0250-01		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAAPRED (SF DYE-FREE,RASPBERRY) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	01/01/2002	99/99/9999						
53100-0128-22		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 25 MG	16 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-32		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 25 MG	32 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-51		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 25 MG	72 EA	NA	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
53100-0128-70		Q0163		1/1/2002	3/11/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 50 MG	8 EA	NA	PO	EA		50 MG		1	01/01/2002	03/11/2003						
53100-0128-75		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 50 MG	16 EA	NA	PO	EA		50 MG		1	01/01/2002	99/99/9999						
53100-0128-90		Q0163		1/1/2002	10/1/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SOMINEX 50 MG	32 EA	NA	PO	EA		50 MG		1	01/01/2002	10/01/2002						
53191-0161-01		J3350		1/1/2002	12/31/2008	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	CN	NA	GM		40 GM		0.025	01/01/2002	12/31/2008						
53191-0161-05		J3350		1/1/2002	8/1/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	JR	NA	GM		40 GM		0.025	01/01/2002	8/1/2010						
53265-0243-12		K0416		1/1/2002	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 2.5 MG	12 EA	BX	RC	EA		1 MG		2.5	01/01/2002	05/23/2005						
53265-0244-12		K0416		1/1/2002	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 5 MG	12 EA	BX	RC	EA		1 MG		5	01/01/2002	05/23/2005						
53265-0245-12		K0416		1/1/2002	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 MG		25	01/01/2002	05/23/2005						
53265-0301-01		J2680		1/1/2002	6/5/2002	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE 25 MG/ML	5 ML	VL	IJ	ML		25 MG		1	01/01/2002	06/05/2002						
53265-0405-10		Q0169		7/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	100 EA	BO	PO	EA		12.5 MG		1	07/01/2004	05/23/2005						
53265-0406-10		Q0170		7/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG		1	07/01/2004	05/23/2005						
53265-0406-11		Q0170		7/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	1000 EA	BO	PO	EA		25 MG		1	07/01/2004	05/23/2005						
53265-0407-10		Q0170		7/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 50 MG	100 EA	BO	PO	EA		25 MG		2	07/01/2004	05/23/2005						
53265-0444-51		J1631		1/1/2002	6/5/2002	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE 50 MG/ML	1 ML	VL	IM	ML		50 MG		1	01/01/2002	06/05/2002						
53265-0444-56		J1631		1/1/2002	6/5/2002	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	01/01/2002	06/05/2002						

03-05-2011 NDC-HCPCS XWalk

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description		NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
	53265-0544-51	J1631			1/1/2002	6/5/2002	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG		HALOPERIDOL DECANOATE 100 MG/ML	1	ML	VL	IM	ML	50 MG			2	01/01/2002	06/05/2002					
	53265-0544-56	J1631			1/1/2002	6/5/2002	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG		HALOPERIDOL DECANOATE 100 MG/ML	5	ML	VL	IM	ML	50 MG			2	01/01/2002	06/05/2002					
	53265-0762-12	K0416			4/11/2003	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED		PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1 MG		12.5	04/11/2003	05/23/2005						
	53265-0763-12	K0416			4/11/2003	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED		PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1 MG		25	04/11/2003	05/23/2005						
	53265-0764-12	K0416			3/1/2003	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED		PROMETHAZINE HCL 50 MG	12	EA	BX	RC	EA	1 MG		50	03/01/2003	05/23/2005						
	53298-0101-06	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML		HSA STERILE DILUENT (VIAL)	1.8	ML	VL	IV	ML	10 ML		0.1	01/01/2002	12/31/2003						
	53298-0101-06	A4216			1/1/2004	1/7/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML		HSA STERILE DILUENT (VIAL)	1.8	ML	VL	IV	ML	10 ML		0.1	01/01/2004	01/07/2007						
	53409-0003-06	J3140			11/13/2002	2/1/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG		TESTOSTERONE MICRONIZED (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-0003-08	J3140			11/13/2002	2/1/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG		TESTOSTERONE MICRONIZED (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-0003-15	J3140			11/13/2002	2/1/2003	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG		TESTOSTERONE MICRONIZED (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-0013-06	J1070			11/13/2002	2/1/2003	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG		TESTOSTERONE CYPIONATE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	100 MG		10	11/13/2002	02/01/2003						
	53409-0013-08	J1070			11/13/2002	2/1/2003	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG		TESTOSTERONE CYPIONATE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	100 MG		10	11/13/2002	02/01/2003						
	53409-1200-07	J2675			11/13/2002	2/1/2003	INJECTION, PROGESTERONE, PER 50 MG		PROGESTERONE (MICRONIZED)	1	EA	BO	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-1200-08	J2675			11/13/2002	2/1/2003	INJECTION, PROGESTERONE, PER 50 MG		PROGESTERONE (MICRONIZED)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-1210-08	J2675			11/13/2002	2/1/2003	INJECTION, PROGESTERONE, PER 50 MG		PROGESTERONE (WETTABLE MICRONIZED)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-1220-07	J2675			11/13/2002	2/1/2003	INJECTION, PROGESTERONE, PER 50 MG		PROGESTERONE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-1220-08	J2675			11/13/2002	2/1/2003	INJECTION, PROGESTERONE, PER 50 MG		PROGESTERONE (USP)	1	EA	NA	NA	GM	50 MG		20	11/13/2002	02/01/2003						
	53409-1300-05	J1435			11/13/2002	2/1/2003	INJECTION, ESTRONE, PER 1 MG		ESTRONE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	1 MG		1000	11/13/2002	02/01/2003						
	53409-1300-06	J1435			11/13/2002	2/1/2003	INJECTION, ESTRONE, PER 1 MG		ESTRONE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	1 MG		1000	11/13/2002	02/01/2003						
	53409-1300-08	J1435			11/13/2002	2/1/2003	INJECTION, ESTRONE, PER 1 MG		ESTRONE (BULK FOR COMPOUNDING)	1	EA	NA	NA	GM	1 MG		1000	11/13/2002	02/01/2003						
	53489-0138-01	J7506			1/1/2002	6/14/2010	PREDNISONE, ORAL, PER 5MG		PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	6/14/2010						
	53489-0138-10	J7506			1/1/2002	5/10/2010	PREDNISONE, ORAL, PER 5MG		PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG		1	01/01/2002	5/10/2010						
	53489-0139-01	J7506			1/1/2002	6/15/2010	PREDNISONE, ORAL, PER 5MG		PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2002	6/15/2010						
	53489-0139-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG		PREDNISONE 10 MG	500	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
	53489-0139-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG		PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
	53489-0140-01	J7506			1/1/2002	6/14/2010	PREDNISONE, ORAL, PER 5MG		PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	01/01/2002	6/14/2010						
	53489-0140-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG		PREDNISONE 20 MG	500	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
	53489-0140-10	J7506			1/1/2002	5/10/2010	PREDNISONE, ORAL, PER 5MG		PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	01/01/2002	5/10/2010						
	53489-0293-01	Q0173			1/1/2002	4/22/2002	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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		TRIMETHOBENZAMIDE HCL 250 MG	100	EA	BO	PO	EA	250 MG		1	01/01/2002	04/22/2002						
	53489-0376-01	Q0173			8/29/2003	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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		TRIMETHOBENZAMIDE HCL 300 MG	100	EA	BO	PO	EA	250 MG		1.2	08/29/2003	99/99/9999						
	53489-0376-05	Q0173			8/29/2003	8/9/2006	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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		TRIMETHOBENZAMIDE HCL 300 MG	500	EA	BO	PO	EA	250 MG		1.2	08/29/2003	08/09/2006						
	53905-0065-01	J7682			1/1/2002	2/25/2008	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS		TOBI (S.D. AMP 4X14) 60 MG/ML	5	ML	PC	IH	ML	300 MG		0.2	01/01/2002	02/25/2008						
	53905-0065-01	KO J7682	KO		1/1/2002	2/25/2008	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS		TOBI (S.D. AMP 4X14) 60 MG/ML	5	ML	PC	IH	ML	300 MG		0.2	01/01/2002	02/25/2008						
	53905-0065-04	J7682			6/17/2005	8/27/2007	MILLIGRAMS		TOBI (SINGLE DOSE AMP) 60 MG/ML	5	ML	PC	IH	ML	300 MG		0.2	06/17/2005	08/27/2007						
	53905-0065-04	KO J7682	KO		6/17/2005	8/27/2007	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS		TOBI (SINGLE DOSE AMP) 60 MG/ML	5	ML	PC	IH	ML	300 MG		0.2	06/17/2005	08/27/2007						
	53905-0331-01	J9999			1/1/2002	4/30/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS		DEPOCYT (S.D.V.) 10 MG/ML	5	ML	VL	IN	ML	1 EA		1	01/01/2002	04/30/2003						
	53905-0991-01	J9015			1/1/2002	12/11/2007	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL		PROLEUKIN (PF) 22 Million IU	1	EA	VL	IV	EA	1 VIAL		1	01/01/2002	12/11/2007						
	54092-0187-01	Q0173			1/1/2002	2/8/2002	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN		TIGAN 250 MG	100	EA	BO	PO	EA	250 MG		1	01/01/2002	02/08/2002						
	54092-0541-20	J3250			1/1/2002	1/25/2002	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG		TIGAN (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200 MG		0.5	01/01/2002	01/25/2002						
	54092-0700-01	J3490			7/25/2006	12/31/2007	UNCLASSIFIED DRUGS		ELAPRASE (PF) 2 MG/ML	3	ML	VL	IV	ML	1 EA		1	07/25/2006	12/31/2007						
	54092-0700-01	J1743			1/1/2008	99/99/9999	INJECTION, IDURSULFASE, 1 MG		ELAPRASE (PF) 2 MG/ML	3	ML	VL	IV	ML	1 MG		2	01/01/2008	99/99/9999						
	54396-0328-16	J3130			1/1/2002	10/29/2007	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG		DELATETSTRYL (UNIMATIC) 200 MG/ML	1	ML	SR	IM	ML	200 MG		1	01/01/2002	10/29/2007						
	54396-0328-40	J3130			1/1/2002	4/26/2009	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG		DELATETSTRYL (M.D.V.) 200 MG/ML	5	ML	VL	IM	ML	200 MG		1	01/01/2002	4/26/2009						
	54482-0053-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS		MATULANE 50 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
	54482-0146-09	J1955			1/1/2002	6/30/2004	INJECTION, LEVOCARNITINE, PER 1 GM		CARNITOR (S.D. AMP) 200 MG/ML	5	ML	AM	IV	ML	1 GM		0.2	01/01/2002	06/30/2004						
	54482-0147-01	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM		CARNITOR (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1 GM		0.2	01/01/2002	99/99/9999						
	54569-0048-00	J7631			1/1/2002	1/31/2003	DOSE FORM, PER 10 MILLIGRAMS		INTAL (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10 MG		1	01/01/2002	01/31/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0048-00	KO	J7631	KO	1/1/2002	1/31/2003	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL (VIAL) 10 MG/ML	2	ML	AM	IH	ML	10	MG		1	01/01/2002	01/31/2003					
54569-0084-02		G9017		12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14	EA	BO	PO	EA	100	MG		1	12/01/2004	05/31/2005					
54569-0084-03		G9017		12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10	EA	BO	PO	EA	100	MG		1	12/01/2004	05/31/2005					
54569-0091-00		J8499		1/1/2002	1/31/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA		1	01/01/2002	01/31/2003					
54569-0091-01		J8499		1/1/2002	1/31/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA		1	01/01/2002	01/31/2003					
54569-0091-02		J8499		1/1/2002	6/1/2002	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	35	EA	BO	PO	EA	1	EA		1	01/01/2002	06/01/2002					
54569-0239-00		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54569-0239-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54569-0239-02		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54569-0239-03		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54569-0239-05		Q0163		1/1/2002	1/31/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG		0.5	01/01/2002	01/31/2003					
54569-0239-06		Q0163		1/1/2002	5/12/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	4	EA	BO	PO	EA	50	MG		0.5	01/01/2002	05/12/2006					
54569-0239-08		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54569-0241-00		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999					
54569-0241-02		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999					
54569-0241-03		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999					
54569-0241-04		Q0163		1/1/2002	1/16/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6	EA	BO	PO	EA	50	MG		1	01/01/2002	01/16/2004					
54569-0241-05		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG		1	01/01/2002	99/99/9999					
54569-0322-00		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
54569-0322-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG		3	01/01/2006	99/99/9999					
54569-0322-03		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
54569-0322-03		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG		3	01/01/2006	99/99/9999					
54569-0322-05		Q0181		1/1/2002	3/10/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	7	EA	BO	PO	EA	1	EA		1	01/01/2002	03/10/2005					
54569-0324-02		Q0181		12/27/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	1	EA		1	12/27/2004	12/31/2005					
54569-0324-02		J8540		1/1/2006	1/18/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG		16	01/01/2006	01/18/2006					
54569-0324-04		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
54569-0324-04		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG		16	01/01/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0324-06	Q0181			1/1/2002	6/10/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	12 EA	NA	PO	EA		1 EA		1	01/01/2002	06/10/2003						
54569-0324-07	Q0181			1/1/2002	6/10/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	8 EA	NA	PO	EA		1 EA		1	01/01/2002	06/10/2003						
54569-0324-09	Q0181			6/26/2002	6/10/2003	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	10 EA	NA	PO	EA		1 EA		1	06/26/2002	06/10/2003						
54569-0327-00	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	99/99/9999						
54569-0330-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0330-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0330-02	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	75 EA	NA	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0330-03	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0330-04	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0330-05	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	NA	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0330-07	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0330-08	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	6 EA	NA	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0330-09	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG		1	01/01/2002	06/10/2003						
54569-0331-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-03	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24 EA	NA	PO	EA		5 MG		2	01/01/2002	06/10/2003						
54569-0331-04	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-06	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	NA	PO	EA		5 MG		2	01/01/2002	06/10/2003						
54569-0331-07	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-08	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54569-0331-09	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	NA	PO	EA		5 MG		2	01/01/2002	06/10/2003						
54569-0332-00	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	8 EA	NA	PO	EA		5 MG		4	01/01/2002	06/10/2003						
54569-0332-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54569-0332-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54569-0332-03	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54569-0332-04	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	50 EA	NA	PO	EA		5 MG		4	01/01/2002	01/31/2003						
54569-0332-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54569-0332-08	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	27 EA	NA	PO	EA		5 MG		4	01/01/2002	06/10/2003						
54569-0332-09	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54569-0333-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	8 EA	BO	PO	EA		5 MG		10	01/01/2002	99/99/9999						
54569-0333-04	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	5 EA	NA	PO	EA		5 MG		10	01/01/2002	06/10/2003						
54569-0336-01	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 2 MG	6 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
54569-0336-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	6 EA	BO	PO	EA		0.25 MG		8	01/01/2006	99/99/9999						
54569-0336-03	Q0181			1/1/2002	6/1/2002	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 2 MG	15 EA	BO	PO	EA		1 EA		1	01/01/2002	06/01/2002						
54569-0350-00	Q0164			6/26/2002	10/16/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	3 EA	NA	PO	EA		5 MG		1	06/26/2002	10/16/2006						
54569-0350-01	Q0164			1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	NA	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0350-02	Q0164			1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	20 EA	NA	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0350-03	Q0164			1/1/2002	6/10/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	12 EA	NA	PO	EA		5 MG		1	01/01/2002	06/10/2003						
54569-0350-05	Q0164			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	6 EA	BO	PO	EA		5 MG		1	01/01/2002	99/99/9999						
54569-0351-00	Q0165			1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPAPAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	01/01/2002	01/31/2003						
54569-0351-01	Q0165			1/1/2002	10/16/2006	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPAPAZINE 10 MG	10 EA	BO	PO	EA		10 MG		1	01/01/2002	10/16/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0352-00		Q0164		1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	COMPazine 5 MG	30 EA	BO	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0352-01		Q0164		1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	COMPazine 5 MG	10 EA	BO	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0352-02		Q0164		1/1/2002	6/10/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	COMPazine 5 MG	3 EA	BO	PO	EA		5 MG		1	01/01/2002	06/10/2003						
54569-0352-03		Q0164		1/1/2002	1/31/2003	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	COMPazine 5 MG	12 EA	BO	PO	EA		5 MG		1	01/01/2002	01/31/2003						
54569-0353-00		K0416		1/1/2002	1/31/2003	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA		1 MG		25	01/01/2002	01/31/2003						
54569-0353-01		K0416		1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	6 EA	BX	RC	EA		1 MG		25	01/01/2002	12/31/2005						
54569-0353-01		J8498		1/1/2006	10/16/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	6 EA	BX	RC	EA		1 EA		1	01/01/2006	10/16/2006						
54569-0353-02		K0416		1/1/2002	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	3 EA	BX	RC	EA		1 MG		25	01/01/2002	12/31/2005						
54569-0353-02		J8498		1/1/2006	10/16/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	3 EA	BX	RC	EA		1 EA		1	01/01/2006	10/16/2006						
54569-0355-00		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	12/07/2005	99/99/9999						
54569-0355-01		Q0165		1/1/2002	6/10/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	15 EA	NA	PO	EA		10 MG		1	01/01/2002	06/10/2003	1/1/2002	1/31/2003	1			
54569-0355-02		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	01/01/2002	99/99/9999						
54569-0355-03		Q0165		1/1/2002	7/1/2002	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	4 EA	NA	PO	EA		10 MG		1	01/01/2002	07/01/2002						
54569-0361-00		K0416		1/1/2002	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA		1 MG		12.5	01/01/2002	12/31/2005						
54569-0361-00		J8498		1/1/2006	1/20/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA		1 EA		1	01/01/2006	01/20/2006						
54569-0361-01		K0416		1/1/2002	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA		1 MG		12.5	01/01/2002	12/31/2005						
54569-0361-01		J8498		1/1/2006	1/20/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA		1 EA		1	01/01/2006	01/20/2006						
54569-0361-02		K0416		1/1/2002	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA		1 MG		12.5	01/01/2002	12/31/2005						
54569-0361-02		J8498		1/1/2006	1/20/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA		1 EA		1	01/01/2006	01/20/2006						
54569-0361-03		K0416		1/1/2002	1/31/2003	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	1 EA	BX	RC	EA		1 MG		12.5	01/01/2002	01/31/2003						
54569-0362-00		K0416		1/1/2002	12/5/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	4 EA	BX	RC	EA		1 MG		25	01/01/2002	12/05/2005						
54569-0362-01		K0416		1/1/2002	12/5/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	BO	RC	EA		1 MG		25	01/01/2002	12/05/2005						
54569-0362-02		K0416		1/1/2002	12/5/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	6 EA	BX	RC	EA		1 MG		25	01/01/2002	12/05/2005						
54569-0362-03		K0416		1/1/2002	12/5/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	1 EA	BX	RC	EA		1 MG		25	12/27/2004	12/05/2005						
54569-0363-03		Q0173		1/1/2002	2/12/2002	TRIMETHOBEZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	4 EA	BO	PO	EA		250 MG		1	01/01/2002	02/12/2002	1/1/2002	1/31/2003	25			
54569-0363-04		Q0173		1/1/2002	2/12/2002	TRIMETHOBEZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	8 EA	BO	PO	EA		250 MG		1	01/01/2002	02/12/2002						
54569-0363-05		Q0173		1/1/2002	2/12/2002	TRIMETHOBEZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	10 EA	BO	PO	EA		250 MG		1	01/01/2002	02/12/2002						
54569-0378-00		J8999		1/1/2002	6/10/2003	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	HYDREA 500 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	06/10/2003						
54569-1034-00		Q0181		1/1/2002	11/20/2002	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	DEXAMETHASONE 0.5 MG/5 ML	100 ML	NA	PO	ML		1 EA		1	01/01/2002	11/20/2002						
54569-1036-00		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	99/99/9999						
54569-1046-00		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HCL 6.25 MG/5 ML	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-1335-00	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPREP 5 MG/5 ML	120 ML	BO	PO	ML	5 MG			0.2	01/01/2002	99/99/9999						
54569-1377-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL) 500 MG	1 EA	VL	IJ	EA	250 MG			2	01/01/2002	99/99/9999						
54569-1381-00	J3420			1/1/2002	1/31/2003	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	01/01/2002	01/31/2003						
54569-1384-00	J1720			1/1/2002	1/31/2003	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 100 MG	1 EA	VL	IJ	EA	100 MG			1	01/01/2002	01/31/2003						
54569-1386-00	J0696			1/1/2002	1/31/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA	250 MG			1	01/01/2002	01/31/2003						
54569-1387-00	J2010			1/1/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	10 ML	VL	IJ	ML	300 MG			1	01/15/2004	99/99/9999						
54569-1394-00	J0970			1/1/2002	6/10/2003	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	DELESTROGEN (VIAL) 40 MG/ML	5 ML	VL	IM	ML	40 MG			1	01/01/2002	06/10/2003	1/1/2002	1/31/2003	1			
54569-1403-00	J7051			1/1/2002	1/31/2003	STERILE SALINE OR WATER, UP TO 5 CC	WATER FOR INHALATION (VIAL)	10 ML	VL	IH	ML	5 ML			0.2	01/01/2002	01/31/2003						
54569-1409-00	J0560			1/1/2002	1/31/2003	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	U/M/L	20 ML	AM	IM	ML	600000 U			1	01/01/2002	01/31/2003						
54569-1409-01	J0560			1/1/2002	1/17/2007	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX, 20GX1 1/4) 600000 U/M/L	2 ML	SR	IM	ML	600000 U			1	01/01/2002	01/17/2007						
54569-1411-00	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML	200 MG			1	01/15/2004	99/99/9999						
54569-1413-00	J3360			1/1/2002	1/31/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	5 MG			1	01/01/2002	01/31/2003	01-Jan-02	31-Jan-03	1			
54569-1414-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE (M.D.V.)	50 ML	VL	IJ	ML	1 EA			1	01/01/2002	01/31/2003						
54569-1415-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1415-01	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1416-00	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML	1 EA			1	01/01/2002	12/31/2002						
54569-1416-00	J0592			1/1/2003	1/31/2003	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML	0.1 MG			3.24	01/01/2003	01/31/2003						
54569-1416-01	J3490			4/16/2002	12/31/2002	UNCLASSIFIED DRUGS	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML	1 EA			1	04/16/2002	12/31/2002						
54569-1416-01	J0592			1/1/2003	1/31/2003	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML	0.1 MG			3.24	01/01/2003	01/31/2003						
54569-1422-00	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (SRN, TUBEX) 1 MG/ML	1 ML	SR	IJ	ML	1 ML			1	01/01/2002	01/31/2003						
54569-1469-01	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	120 EA	NA	PO	EA	5 MG			0.2	01/01/2002	06/10/2003						
54569-1502-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	50 ML	VL	EP	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1522-00	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	10 ML	AM	IV	ML	0.9 %			0.5	02/27/2003	12/31/2003						
54569-1522-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10 ML	AM	IV	ML	10 ML			0.1	01/01/2004	99/99/9999	1/1/2002	1/31/2003	0.5			
54569-1523-00	J1160			1/1/2002	1/31/2003	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2 ML	AM	IV	ML	0.5 MG			0.5	01/01/2002	01/31/2003						
54569-1523-01	J1160			2/19/2002	1/31/2003	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2 ML	AM	IV	ML	0.5 MG			0.5	02/19/2002	01/31/2003						
54569-1524-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1524-01	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 2%	50 ML	NA	IJ	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1525-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 2%	50 ML	VL	IJ	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-1529-00	J0290			1/1/2002	11/16/2002	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPCILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IJ	EA	500 MG			0.5	01/01/2002	11/16/2002						
54569-1530-00	J0290			1/1/2002	1/31/2003	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPCILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG			1	01/01/2002	01/31/2003						
54569-1545-00	J0530			1/1/2002	1/31/2003	600,000 UNITS	BICILLIN C-R (TUBEX, 20GX1 1/4) 300000 U/M/L	2 ML	AM	IM	ML	600000 U			1	01/01/2002	01/31/2003						
54569-1547-00	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (VIAL) 1 MG/ML	30 ML	VL	IJ	ML	1 ML			1	01/01/2002	01/31/2003						
54569-1555-00	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG			1	05/23/2007	99/99/9999						
54569-1555-01	J2930			6/5/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG			1	06/05/2002	99/99/9999	1/1/2002	1/31/2003	1			
54569-1572-00	J0610			1/1/2002	1/31/2003	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (AMP) 100 MG/ML	30 ML	AM	IV	ML	10 ML			0.1	01/01/2002	01/31/2003						
54569-1573-00	J2310			9/12/2002	1/31/2003	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN 0.4 MG/ML	1 ML	AM	IJ	ML	1 MG			0.4	09/12/2002	01/31/2003						
54569-1574-00	J1200			1/1/2002	1/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (AMP) 50 MG/ML	1 ML	AM	IJ	ML	50 MG			1	01/01/2002	01/31/2003						
54569-1575-00	J1100			1/1/2002	1/31/2003	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DECADRON (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML	1 MG			4	01/01/2002	01/31/2003						
54569-1578-00	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 ML			1	01/01/2002	01/31/2003						
54569-1630-01	J0702			1/1/2002	3/10/2005	PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML	5 ML	VL	IJ	ML	3 MG			2	01/15/2004	03/10/2005	1/1/2002	1/31/2003	2			
54569-1631-01	J2400			1/1/2002	1/31/2003	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NEACAINE (M.D.V.) 2%	30 ML	VL	IJ	ML	30 ML			0.03333	01/01/2002	01/31/2003						
54569-1660-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE (S.D.V.)	30 ML	VL	IJ	ML	1 EA			1	01/01/2002	01/31/2003						
54569-1673-00	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (SRN) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML			1	01/01/2002	01/31/2003						
54569-1673-01	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (SRN) 0.1 MG/ML	10 ML	SR	IJ	ML	1 ML			1	01/01/2002	01/31/2003						
54569-1675-01	A4712			1/1/2002	1/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	30 ML	VL	IV	ML	10 ML			0.1	01/01/2002	01/31/2003						
54569-1749-01	J3410			1/1/2002	1/31/2003	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	BACTERIOSTATIC (M.D.V.)	10 ML	VL	IM	ML	25 MG			2	01/01/2002	01/31/2003						
54569-1754-00	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
54569-1754-01	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
54569-1754-05	Q0170			12/7/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA	25 MG			1	12/07/2007	99/99/9999						
54569-1754-06	Q0170			7/2/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA	25 MG			1	07/02/2002	99/99/9999						
54569-1754-08	Q0170			11/12/2004	4/11/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	2 EA	BO	PO	EA	25 MG			1	11/12/2004	4/11/2008						
54569-1754-09	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-1796-01	J3250			1/1/2002	1/31/2003	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG	0.5	01/01/2002	01/31/2003								
54569-1802-01	J0696			1/1/2002	1/31/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL) 1 GM	1 EA	VL	UJ	EA	250 MG	4	01/01/2002	01/31/2003								
54569-1818-00	None			9/27/1994	1/31/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	60 EA	NA	PO	EA	2.5 MG	1	09/27/1994	01/31/2003								
54569-1818-04	None			10/20/2000	6/10/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	12 EA	NA	PO	EA	2.5 MG	1	10/20/2000	06/10/2003								
54569-1818-05	None			10/20/2000	6/10/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	16 EA	NA	PO	EA	2.5 MG	1	10/20/2000	06/10/2003								
54569-1818-06	None			10/20/2000	6/10/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20 EA	NA	PO	EA	2.5 MG	1	10/20/2000	06/10/2003								
54569-1818-07	None			10/20/2000	6/10/2003	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28 EA	NA	PO	EA	2.5 MG	1	10/20/2000	06/10/2003								
54569-1818-08	None			10/20/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	32 EA	NA	PO	EA	2.5 MG	1	10/20/2000	99/99/9999								
54569-1827-01	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML	10 MG	1	01/15/2004	99/99/9999								
54569-1850-01	J0530			1/1/2002	1/31/2003	600,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R (SRN) 300000 U/ML-300000 U/ML	4 ML	SR	IM	ML	600000 U	1	01/01/2002	01/31/2003			1/1/2002	1/31/2003	1			
54569-1859-00	J0540			1/1/2002	1/31/2003	1,200,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R 900/300 (TUBEX)	2 ML	AM	IM	ML	1200000 U	0.5	01/01/2002	01/31/2003								
54569-1878-01	J0690			1/1/2002	1/31/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	ANCEF (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG	2	01/01/2002	01/31/2003								
54569-1879-01	J0780			1/1/2002	1/31/2003	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	COMPazine (VIAL) 5 MG/ML	10 ML	VL	IJ	ML	10 MG	0.5	01/01/2002	01/31/2003								
54569-1894-01	J2360			1/1/2002	1/31/2003	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NORFLEX (AMP) 30 MG/ML	2 ML	AM	IJ	ML	60 MG	0.5	01/01/2002	01/31/2003								
54569-1901-01	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	5 ML	VL	IJ	ML	40 MG	1	01/15/2004	99/99/9999								
54569-1903-01	J3070			1/1/2002	1/31/2003	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE 30 MG/ML	10 ML	VL	IJ	ML	30 MG	1	01/01/2002	01/31/2003			1/1/2002	1/31/2003	1			
54569-1906-01	J2321			1/1/2002	1/31/2003	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	DECA-DURABOLIN (M.D.V.) 100 MG/ML	2 ML	VL	IM	ML	100 MG	1	01/01/2002	01/31/2003								
54569-1917-01	J0560			1/1/2002	1/31/2003	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	1 ML	AM	IM	ML	600000 U	1	01/01/2002	01/31/2003								
54569-1924-00	J3410			1/1/2002	1/31/2003	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML	25 MG	2	01/01/2002	01/31/2003								
54569-1986-00	J0725			1/1/2002	1/1/2003	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PROFASI 10000 U	1 EA	VL	IM	EA	1000 USP Units	10	01/01/2002	01/01/2003								
54569-1989-00	J7618			1/1/2002	1/31/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG	PROVENTIL 0.5%	20 ML	VL	IH	ML	1 MG	5	01/01/2002	01/31/2003								
54569-1991-01	J7799			1/1/2002	1/31/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN) 50%	50 ML	SR	IJ	ML	1 EA	1	01/01/2002	01/31/2003								
54569-2044-00	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	1 MG	5	01/01/2002	05/23/2002								
54569-2044-01	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	1 MG	5	01/01/2002	05/23/2002								
54569-2046-00	J0500			1/1/2002	1/31/2003	INJECTION, DICICLOMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2 ML	AM	IM	ML	20 MG	0.5	01/01/2002	01/31/2003								
54569-2066-00	J7659			3/1/2002	1/31/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP) 0.2 MG/ML	5 ML	AM	IV	ML	1 MG	0.2	03/01/2002	01/31/2003								
54569-2066-00	KO J7659	KO		3/1/2002	1/31/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP) 0.2 MG/ML	5 ML	AM	IV	ML	1 MG	0.2	03/01/2002	01/31/2003								
54569-2066-01	J7659			2/25/2002	1/31/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL 0.2 MG/ML	5 ML	AM	IV	ML	1 MG	0.2	02/25/2002	01/31/2003								
54569-2066-01	KO J7659	KO		2/25/2002	1/31/2003	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL 0.2 MG/ML	5 ML	AM	IV	ML	1 MG	0.2	02/25/2002	01/31/2003								
54569-2072-00	J2800			1/1/2002	1/31/2003	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (S.D.V.) 100 MG/ML	10 ML	VL	IJ	ML	10 ML	0.1	01/01/2002	01/31/2003								
54569-2089-00	J3230			1/1/2002	1/31/2003	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	THORAZINE (AMP) 25 MG/ML	1 ML	AM	IJ	ML	50 MG	0.5	01/01/2002	01/31/2003								
54569-2091-00	J3490			1/8/2002	1/31/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL, TAX INCL) 10 MCG/ML	3 ML	VL	IM	ML	1 EA	1	01/08/2002	01/31/2003								
54569-2101-00	J2300			1/1/2002	1/31/2003	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1 ML	AM	IJ	ML	10 MG	1	01/01/2002	01/31/2003								
54569-2130-00	J3420			1/1/2002	1/31/2003	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10 ML	VL	IM	ML	1000 MCG	1	01/01/2002	01/31/2003								
54569-2136-00	J2920			1/1/2002	1/31/2003	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (ACT-O-VIAL) 40 MG	1 EA	VL	IJ	EA	40 MG	1	01/01/2002	01/31/2003								
54569-2184-00	J3303			1/1/2002	1/31/2003	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 20 MG/ML	5 ML	VL	IJ	ML	5 MG	4	01/01/2002	01/31/2003								
54569-2200-00	J0560			1/1/2002	1/31/2003	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (SRN) 600000 U/ML	4 ML	SR	IM	ML	600000 U	1	01/01/2002	01/31/2003								
54569-2204-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (VIAL) 1%	50 ML	VL	EP	ML	50 ML	0.02	01/01/2002	01/31/2003								
54569-2212-00	J2912			1/1/2002	1/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML	0.9 %	0.5	01/01/2002	01/31/2003								
54569-2213-00	J1030			1/1/2002	1/31/2003	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.) 40 MG/ML	1 ML	VL	IJ	ML	40 MG	1	01/01/2002	01/31/2003								
54569-2222-00	A4712			1/1/2002	1/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML	10 ML	0.1	01/01/2002	01/31/2003								
54569-2222-01	A4712			2/19/2002	1/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML	10 ML	0.1	02/19/2002	01/31/2003								
54569-2232-01	J1800			2/11/2002	3/25/2003	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	INDERAL (AMP) 1 MG/ML	1 ML	AM	IV	ML	1 MG	1	02/11/2002	03/25/2003								
54569-2236-00	J0460			1/1/2002	1/31/2003	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN, PREFILLED) 0.1 MG/ML	10 ML	SR	IJ	ML	0.3 MG	0.33333	01/01/2002	01/31/2003								
54569-2257-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	BRETYLIUM TOSYLATE (S.D.V.) 50 MG/ML	10 ML	VL	IV	ML	1 EA	1	01/01/2002	01/31/2003								
54569-2262-00	J1800			1/9/2002	1/31/2003	INJECTION, PROPANOLOL HCL, UP TO 1 MG	INDERAL (AMP) 1 MG/ML	1 ML	AM	IV	ML	1 MG	1	01/09/2002	01/31/2003								
54569-2262-01	J1800			4/16/2002	1/31/2003	INJECTION, PROPANOLOL HCL, UP TO 1 MG	INDERAL (AMP) 1 MG/ML	1 ML	AM	IV	ML	1 MG	1	04/16/2002	01/31/2003								
54569-2266-00	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (M.D.V.) 1 MG/ML	5 ML	VL	IJ	ML	1 MG	1	01/01/2002	05/23/2002								
54569-2268-00	J1200			1/1/2002	1/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (TUBEX) 50 MG/ML	1 ML	NA	IJ	ML	50 MG	1	01/01/2002	01/31/2003								
54569-2272-00	J2912			1/1/2002	1/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	5 ML	AM	IV	ML	0.9 %	0.5	01/01/2002	01/31/2003								
54569-2306-00	J1940			1/1/2002	1/31/2003	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2 ML	VL	IJ	ML	20 MG	0.5	01/01/2002	01/31/2003								
54569-2316-00	J0530			1/1/2002	1/31/2003	600,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R (M.D.V.) 150000 U/ML-150000 U/ML	10 ML	VL	IM	ML	600000 U	0.5	01/01/2002	01/31/2003								
54569-2317-00	J3320			1/1/2002	1/31/2003	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	TROBICIN (W/DILUENT) 2 GM	1 EA	VL	IM	EA	2 GM	1	01/01/2002	01/31/2003								
54569-2318-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	100 U	1	01/01/2002	12/31/2002								
54569-2318-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	5 U	20	01/01/2003	99/99/9999								
54569-2319-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML	100 U	1	01									

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-2353-03	Q0177			1/1/2002	1/31/2003	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	6 EA	NA	PO	EA		25 MG			1	01/01/2002	01/31/2003					
54569-2353-05	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG			1	01/01/2002	99/99/9999					
54569-2354-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (SRN, 21G) 2%	5 ML	SR	IV	ML		50 ML			0.02	01/01/2002	01/31/2003					
54569-2356-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (S.D.V.) 1%	5 ML	VL	EP	ML		50 ML			0.02	01/01/2002	01/31/2003					
54569-2356-01	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (S.D.V., PF) 1%	5 ML	VL	EP	ML		50 ML			0.02	01/01/2002	01/31/2003					
54569-2360-00	J2440			7/2/2002	1/1/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (VIAL) 30 MG/ML	10 ML	ML	IJ	ML		60 MG			0.5	07/02/2002	01/01/2003					
54569-2362-00	J2210			1/1/2002	1/31/2003	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHERGINE (AMP) 0.2 MG/ML	1 ML	AM	IJ	ML		0.2 MG			1	01/01/2002	01/31/2003					
54569-2363-00	J3150			1/1/2002	1/31/2003	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (M.D.V.) 100 MG/ML	10 ML	VL	IM	ML		100 MG			1	01/01/2002	01/31/2003					
54569-2390-00	J2510			1/1/2002	1/31/2003	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	WYCILLIN (TUBEX, 21GX1 1/4) 600000 U/ML	1 ML	SR	IM	ML		600000 U			1	01/01/2002	01/31/2003					
54569-2416-00	J0330			1/9/2002	1/31/2003	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (M.D.V.) 20 MG/ML	10 ML	VL	IV	ML		20 MG			1	01/09/2002	01/31/2003					
54569-2431-00	J3490			1/1/2002	12/21/2002	UNCLASSIFIED DRUGS	THIAMINE HCL (S.D.V.) 100 MG/ML	1 ML	VL	IJ	ML		1 EA			1	01/01/2002	12/21/2002					
54569-2484-00	J0698			1/1/2002	11/16/2009	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN 1 GM	1 EA	NA	IJ	EA		1 GM			1	01/01/2002	11/16/2009					
54569-2557-00	J1815			6/4/2004	5/12/2006	INJECTION, INSULIN, PER 5 UNITS	HUMULIN L (VIAL) 100 U/ML	10 ML	EA	SC	ML		5 U			20	06/04/2004	05/12/2006					
54569-2571-01	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG			1	09/01/2005	99/99/9999					
54569-2571-05	Q0178			8/20/2003	3/10/2005	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	6 EA	BO	PO	EA		50 MG			1	08/20/2003	03/10/2005	1/1/2002	6/10/2003		1	
54569-2576-00	J2910			1/1/2002	1/31/2003	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	SOLGANAL (VIAL) 50 MG/ML	10 ML	VL	IM	ML		50 MG			1	01/01/2002	01/31/2003					
54569-2580-00	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL 5 MG/ML	5 ML	VL	IM	ML		5 MG			1	01/15/2004	99/99/9999					
54569-2630-00	J3490			7/2/2002	1/31/2003	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL) 10 MCG/ML	1 ML	VL	IM	ML		1 EA			1	07/02/2002	01/31/2003	1/1/2002	1/31/2003		1	
54569-2646-00	J2018			1/1/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU			1	01/01/2002	12/31/2005					
54569-2646-00	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU			1	01/01/2006	99/99/9999					
54569-2660-00	J0725			1/1/2002	10/22/2007	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (W/ILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP Units			10	01/15/2004	10/22/2007					
54569-2713-00	J9217			1/1/2002	1/31/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED 7.5 MG	1 EA	BX	IM	EA		7.5 MG			1	01/01/2002	01/31/2003	1/1/2002	1/31/2003		10	
54569-2724-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D.V.) 2%	10 ML	VL	IJ	ML		50 ML			0.02	01/01/2002	01/31/2003					
54569-2775-00	J3360			1/1/2002	1/31/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (VIAL) 5 MG/ML	2 ML	VL	IJ	ML		5 MG			1	01/01/2002	01/31/2003					
54569-2785-00	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	28 EA	NA	PO	EA		5 MG			1	01/01/2002	06/10/2003					
54569-2790-00	J3490			1/1/2002	6/28/2006	UNCLASSIFIED DRUGS	ENGRIX-B (S.D.V., TAX INCL, PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	01/22/2004	06/28/2006					
54569-2918-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002	1/1/2002	1/31/2003		1	
54569-2918-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	99/99/9999					
54569-2918-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		100 U			1	01/01/2002	12/31/2002					
54569-2918-01	J1815			1/1/2003	3/10/2005	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	01/01/2003	03/10/2005					
54569-2918-02	J1815			9/22/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	09/22/2003	99/99/9999					
54569-3040-00	J1100			1/1/2002	1/31/2003	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG			4	01/01/2002	01/31/2003					
54569-3040-01	J1100			9/24/2002	2/1/2003	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG			4	09/24/2002	02/01/2003					
54569-3043-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG			4	01/01/2002	99/99/9999					
54569-3043-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA		5 MG			4	01/01/2002	99/99/9999					
54569-3043-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA		5 MG			4	11/17/2003	99/99/9999	1/1/2002	6/10/2003		4	
54569-3043-03	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	9 EA	NA	PO	EA		5 MG			4	01/01/2002	06/10/2003					
54569-3043-04	J7506			1/1/2002	7/10/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	3 EA	NA	PO	EA		5 MG			4	01/01/2002	07/10/2002					
54569-3043-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14 EA	BO	PO	EA		5 MG			4	01/01/2002	99/99/9999					
54569-3043-06	J7506			11/7/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA		5 MG			4	11/07/2006	99/99/9999					
54569-3056-00	J2590			1/1/2002	1/31/2003	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (AMP) 10 U/ML	1 ML	AM	IV	ML		10 U			1	01/01/2002	01/31/2003					
54569-3075-00	J0170			1/1/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML			1	01/01/2002	01/31/2003					
54569-3075-01	J0170			2/11/2002	1/31/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML			1	02/11/2002	01/31/2003					
54569-3078-00	J7051			1/1/2002	1/31/2003	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5 ML	VL	IH	ML		5 ML			0.2	01/01/2002	01/31/2003					
54569-3078-00	A4216			1/18/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5 ML	VL	IH	ML		10 ML			0.1	01/18/2007	99/99/9999					
54569-3080-00	J2300			1/1/2002	1/31/2003	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		10 MG			1	01/01/2002	01/31/2003					
54569-3109-00	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		1 EA			1	01/01/2002	12/31/2003					
54569-3109-00	J0595			1/1/2004	11/10/2004	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		1 MG			2	01/01/2004	11/10/2004					
54569-3110-00	Q0181			1/1/2002	9/13/2004	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PACK) 0.75 MG	12 EA	DP	PO	EA		1 EA			1	01/01/2002	09/13/2004					
54569-3130-01	J0280			1/1/2002	1/31/2003	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (S.D.V.) 25 MG/ML	20 ML	VL	IV	ML		250 MG			0.1	01/01/2002	01/31/2003					
54569-3133-00	J1720			1/1/2002	1/31/2003	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 250 MG	1 EA	VL	IJ	EA		100 MG			2.5	01/01/2002	01/31/2003					
54569-3137-00	Q0136			6/17/2002	1/31/2003	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V., S10, PF) 10000 U/ML	10 ML	VL	IJ	ML		1000 U			10	06/17/2002	01/31/2003					
54569-3142-00	J3490			1/1/2002	5/19/2006	UNCLASSIFIED DRUGS	ENGRIX-B (S.D.V., TAX INCL, PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	01/22/2004	05/19/2006					

03-05-2011 NDC-HCPCS XWALK

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-3149-00	J1580			1/1/2002	1/31/2003	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL) 40 MG/ML	2 ML	VL	U	ML	80 MG			0.5	01/01/2002	01/31/2003	1/1/2002	1/31/2003	1			
54569-3155-00	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (S.D.V.) 5 MG/ML	1 ML	VL	U	ML	1 MG			5	01/01/2002	05/23/2002						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
54569-3200-00	Q0163			1/1/2002	1/31/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG			0.05	01/01/2002	01/31/2003						
54569-3207-00	J0696			1/1/2002	3/25/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 2 GM	1 EA	VL	IJ	EA	250 MG			8	01/01/2002	03/25/2003						
54569-3260-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.25%	50 ML	VL	IJ	ML	1 EA			1	01/01/2002	99/99/9999						
54569-3282-00	J2560			1/1/2002	1/31/2003	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	(TUBEX) 60 MG/ML	1 ML	SR	IJ	ML	120 MG			0.5	01/01/2002	01/31/2003						
54569-3302-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG			2	01/01/2002	99/99/9999						
54569-3302-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG			2	01/01/2002	99/99/9999						
54569-3302-02	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45 EA	NA	PO	EA	5 MG			2	01/01/2002	06/10/2003						
54569-3302-05	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	54 EA	NA	PO	EA	5 MG			2	01/01/2002	06/10/2003						
54569-3302-06	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	6 EA	NA	PO	EA	5 MG			2	01/01/2002	06/10/2003						
54569-3302-07	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	4 EA	NA	PO	EA	5 MG			2	01/01/2002	01/31/2003						
54569-3302-08	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18 EA	NA	PO	EA	5 MG			2	01/11/2002	06/10/2003						
54569-3302-09	J7506			6/11/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	NA	PO	EA	5 MG			2	06/11/2002	01/31/2003						
54569-3327-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (S.D.V.) 4%	50 ML	VL	IV	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-3377-00	J0702			1/1/2002	12/21/2002	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML	3 MG			2	01/01/2002	12/21/2002						
54569-3399-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF (S.D. AMP) 1%	2 ML	AM	EP	ML	50 ML			0.02	01/01/2002	01/31/2003						
						TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
54569-3407-00	Q0173			1/1/2002	8/25/2004	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	12 EA	BO	PO	EA	250 MG			1	01/01/2002	08/25/2004						
54569-3413-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	DP	PO	EA	5 MG			1	01/01/2002	99/99/9999						
54569-3467-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML	100 U			1	01/01/2002	12/31/2002						
54569-3467-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U			20	01/01/2003	99/99/9999						
54569-3467-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	20 ML	VL	SC	ML	100 U			1	01/01/2002	12/31/2002						
54569-3467-01	J1815			1/1/2003	6/10/2003	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	20 ML	VL	SC	ML	5 U			20	01/01/2003	06/10/2003						
54569-3477-00	J0696			1/1/2002	1/31/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA	250 MG			4	01/01/2002	01/31/2003						
54569-3478-00	J0696			1/1/2002	1/31/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA	250 MG			1	01/01/2002	01/31/2003						
54569-3479-00	J0696			1/1/2002	1/31/2003	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA	250 MG			2	01/01/2002	01/31/2003						
54569-3500-00	J2400			1/1/2002	1/31/2003	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NESACAINE (M.D.V.) 1%	30 ML	VL	IJ	ML	30 ML			0.03333	01/01/2002	01/31/2003						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
54569-3504-00	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	8 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
54569-3504-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999						
54569-3519-00	J7643			1/1/2002	5/1/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML	1 MG			0.2	01/15/2004	05/01/2006						
54569-3519-00	KO J7643	KO		1/1/2002	5/1/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML	1 MG			0.2	01/15/2004	05/01/2006	1/1/2002	1/31/2003	0.2			
54569-3548-00	J1200			1/1/2002	1/31/2003	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (STERI-VIAL) 50 MG/ML	10 ML	VL	IJ	ML	50 MG			1	01/01/2002	01/31/2003	1/1/2002	1/31/2003	0.2			
54569-3588-00	J0460			1/1/2002	1/31/2003	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILL,21GX1 1/2") 0.1 MG/ML	5 ML	SR	IJ	ML	0.3 MG			0.33333	01/01/2002	01/31/2003						
54569-3589-00	J0460			2/12/2002	1/31/2003	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 0.4 MG/ML	1 ML	AM	IJ	ML	0.3 MG			1.33333	02/12/2002	01/31/2003						
54569-3590-00	J1940			1/1/2002	1/31/2003	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (AMP) 10 MG/ML	4 ML	AM	IJ	ML	20 MG			0.5	01/01/2002	01/31/2003						
54569-3598-00	J2000			4/23/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	20 ML	VL	EP	ML	50 ML			0.02	04/23/2002	01/31/2003						
54569-3626-00	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML	1 MG			1	01/01/2002	05/23/2002						
54569-3626-01	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML	1 MG			1	01/01/2002	05/23/2002						
54569-3644-00	J3490			4/23/2002	1/31/2003	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML	1 EA			1	04/23/2002	01/31/2003						
54569-3701-00	J1055			1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1 ML	VL	IM	ML	150 MG			1	01/15/2004	99/99/9999						
54569-3704-00	J3030			1/1/2002	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML	6 MG			2	01/01/2002	99/99/9999	1/1/2002	1/31/2003	1			
54569-3745-00	J0150			1/1/2002	1/31/2003	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOCARD (S.D.V.) 3 MG/ML	2 ML	VL	IV	ML	6 MG			0.5	01/01/2002	01/31/2003						
54569-3765-00	J8999			1/1/2002	6/13/2005	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA			1	01/01/2002	06/13/2005						
54569-3765-01	J8999			10/20/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA			1	10/20/2005	99/99/9999						
54569-3773-00	G9036			12/1/2004	5/31/2005	MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	14 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
54569-3776-01	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 1%	5 ML	NA	IV	ML	50 ML			0.02	01/01/2002	01/31/2003						
54569-3798-00	J7506			1/1/2002	11/20/2006	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (12 DAY UNI-PAK) 10 MG	48 EA	DP	PO	EA	5 MG			2	01/01/2002	11/20/2006						
54569-3799-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	STADOL (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	01/31/2003						
54569-3799-01	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	STADOL (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	01/31/2003						
54569-3833-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML	100 U			1	01/01/2002	12/31/2002						
54569-3833-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML	5 U			20	01/28/2004	99/99/9999						
54569-3833-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML	100 U			1	01/01/2002	12/31/2002	1/1/2003	6/10/2003	20			
54569-3833-01	J1815			1/1/2003	6/10/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML	5 U			20	01/01/2003	06/10/2003						
54569-3833-02	J1815			9/22/2003	4/30/2006	INJECTION, INSULIN, PER 5 UNITS	NO																

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-3834-00	J1815			1/1/2003	6/10/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN L (VIAL) 100 U/ML	10 ML	VL	SC	ML	5 U		20	01/01/2003	06/10/2003							
54569-3835-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	100 U		1	01/01/2002	12/31/2002							
54569-3835-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	5 U		20	09/22/2003	99/99/9999							
54569-3835-01	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	100 U		1	01/01/2002	12/31/2002							
54569-3835-01	J1815			1/1/2003	6/10/2003	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML	5 U		20	01/01/2003	06/10/2003		1/1/2003	6/10/2003	20			
54569-3835-02	J1815			9/22/2003	4/11/2008	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (10X10ML) 100 U/ML	10 ML	VL	SC	ML	5 U		20	09/22/2003	4/11/2008							
54569-3847-00	J7506			1/1/2002	11/20/2006	PREDNISONE, ORAL, PER 5MG	STERAPED DS (UNI-PAK) 10 MG	21 EA	DP	PO	EA	5 MG		2	01/01/2002	11/20/2006							
54569-3882-00	J2550			1/1/2002	1/31/2003	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1 ML	AM	IJ	ML	50 MG		0.5	01/01/2002	01/31/2003							
54569-3899-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008							
54569-3899-00	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG		0.83	01/01/2008	03/31/2008							
54569-3899-00	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999							
54569-3899-00	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG		0.83	04/01/2008	99/99/9999							
54569-3900-00	J7602			1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML	1 MG		5	01/01/2008	03/31/2008							
54569-3900-00	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML	1 MG		5	04/01/2008	99/99/9999							
54569-3912-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA	1 EA		1	01/01/2002	01/31/2003							
54569-3914-00	J2590			1/1/2002	1/31/2003	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN 10 U/ML	25 ML	VL	IV	ML	10 U		1	01/01/2002	01/31/2003							
54569-3917-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 0.5%	50 ML	VL	IJ	ML	50 ML		0.02	01/01/2002	01/31/2003							
54569-3918-00	J0670			1/1/2002	1/31/2003	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	MEPIVACAINE HCL (M.D.V.) 1%	50 ML	VL	IJ	ML	10 ML		0.1	01/01/2002	01/31/2003							
54569-3922-00	J2000			1/1/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (SRN) 2%	50 ML	SR	IV	ML	50 ML		0.02	01/01/2002	01/31/2003							
54569-3934-00	J2920			1/1/2002	1/31/2003	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (ACT-O-VIAL 25 PACK) 40 MG	1 EA	VL	IJ	EA	40 MG		1	01/01/2002	01/31/2003							
54569-3946-00	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (VIAL) 40 MG/ML	1 ML	VL	IJ	ML	40 MG		1	01/22/2004	99/99/9999							
54569-3947-00	J0460			1/1/2002	1/31/2003	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (AMP) 0.4 MG/ML	25 ML	AM	IJ	ML	0.3 MG		1.33333	01/01/2002	01/31/2003		1/1/2002	1/31/2003	1			
54569-3952-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.25%	10 ML	VL	IJ	ML	1 EA		1	01/01/2002	01/31/2003							
54569-3953-00	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DALALONE D.P. (VIAL) 16 MG/ML	5 ML	VL	IJ	ML	8 MG		2	01/01/2002	12/31/2002							
54569-3953-00	J1094			1/1/2003	1/31/2003	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DALALONE D.P. (VIAL) 16 MG/ML	5 ML	VL	IJ	ML	1 MG		16	01/01/2003	01/31/2003							
54569-3955-01	J0780			1/1/2002	1/31/2003	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (VIALDOSETTE) 5 MG/ML	2 ML	VL	IJ	ML	10 MG		0.5	01/01/2002	01/31/2003							
54569-3957-00	J1050			1/1/2002	12/31/2002	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	DEPO-PROVERA (VIAL) 400 MG/ML	10 ML	VL	IM	ML	100 MG		4	01/01/2002	12/31/2002							
54569-3957-00	J1051			1/1/2003	1/31/2003	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	10 ML	VL	IM	ML	50 MG		8	01/01/2003	01/31/2003							
54569-3958-00	J1050			1/1/2002	12/31/2002	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML	100 MG		4	01/01/2002	12/31/2002							
54569-3958-00	J1051			1/1/2003	1/31/2003	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML	50 MG		8	01/01/2003	01/31/2003							
54569-3959-00	J7629			1/1/2002	6/17/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TORNALATE 0.2%	30 ML	BO	IH	ML	1 MG		2	01/01/2002	06/17/2002							
54569-3959-00	KO J7629	KO		1/1/2002	6/17/2002	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TORNALATE 0.2%	30 ML	BO	IH	ML	1 MG		2	01/01/2002	06/17/2002							
54569-3965-01	J2370			1/1/2002	1/31/2003	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1 ML	VL	IJ	ML	1 ML		1	01/01/2002	01/31/2003							
54569-3968-01	J3475			1/1/2002	1/31/2003	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE 500 MG/ML	2 ML	NA	IJ	ML	500 MG		1	01/01/2002	01/31/2003							
54569-4012-00	J7510			1/1/2002	6/10/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	240 ML	BO	PO	ML	5 MG		0.6	01/01/2002	06/10/2003							
54569-4012-01	J7510			1/1/2002	1/31/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	60 ML	BO	PO	ML	5 MG		0.6	01/01/2002	01/31/2003							
54569-4012-02	J7510			1/1/2002	1/31/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	120 ML	BO	PO	ML	5 MG		0.6	01/01/2002	01/31/2003							
54569-4012-03	J7510			1/1/2002	6/10/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (2X120 ML) 15 MG/5 ML	120 ML	BO	PO	ML	5 MG		0.6	01/01/2002	06/10/2003							
54569-4012-04	J7510			1/1/2002	1/31/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (4X60 ML,CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML	5 MG		0.6	01/01/2002	01/31/2003							
54569-4017-00	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	DELTAZONE 20 MG	9 EA	BO	PO	EA	5 MG		4	01/01/2002	01/31/2003							
54569-4026-00	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA	NA	PO	EA	5 MG		1	01/01/2002	01/31/2003							
54569-4026-01	J7506			1/1/2002	1/31/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	24 EA	NA	PO	EA	5 MG		1	01/01/2002	01/31/2003							
54569-4026-04	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	NA	PO	EA	5 MG		1	01/01/2002	06/10/2003							
54569-4026-04	J7506			8/24/2010	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	TAB	PO	EA	5 MG		1	8/24/2010	99/99/9999							
54569-4026-05	J7506			1/1/2002	6/10/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	NA	PO	EA	5 MG		1	01/01/2002	06/10/2003							
54569-4037-00	J7051			1/1/2002	12/31/2006	STERILE SALINE OR WATER, UP TO 5 CC	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML	5 ML		0.2	01/01/2002	12/31/2006							
54569-4037-00	A4216			1/1/2006	5/8/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML	10 ML		0.1	01/01/2006	05/08/2007							
54569-4073-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	50 ML	VL	IV	ML	1 EA		1	01/01/2002	01/31/2003							
54569-4100-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 5 GM	1 EA	VL	IV	EA	1 EA		1	01/01/2002	01/31/2003							
54569-4112-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1 ML	NA	IJ	ML	10 MG		2	01/01/2002	99/99/9999							
54569-4167-00	J3360			1/1/2002	1/31/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (VIAL) 5 MG/ML	2 ML	VL	IJ	ML	5 MG		1	01/01/2002	01/31/2003							
54569-4168-00	Q0170			1/1/2002	99/99/9999	HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	5 EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999							
54569-4192-00	J8499			1/1/2002	1/31/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	30 EA	BO	PO	EA	1 EA		1	01/01/2002	01/31/2003							
54569-4192-01	J8499			1/1/2002	6/10/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	20 EA	BO	PO	EA	1 EA		1	01/01/2002	06/10/2003							
54569-4197-00	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG		0.05	01/01/2002	99/99/9999							
54569-4198-00	J2405			1/1/2002	1/31/2003	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFTRAN (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML	1 MG		2	01/01/2002	01/31/2003							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4199-00	J1060			1/1/2002	1/31/2003	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	DEPO-TESTADIOL (VIAL) 2 MG/ML-50 MCG/ML	10 ML	VL	IM	ML	1 ML		1	01/01/2002	01/31/2003							
54569-4212-00	J2590			1/1/2002	1/31/2003	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (M.D.V.) 10 U/ML	10 ML	VL	IV	ML	10 U		1	01/01/2002	01/31/2003							
54569-4213-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPL0K.25X5/8TAX.PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML	1 EA		1	01/01/2002	01/31/2003							
54569-4223-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL 40 MG/ML	5 ML	NA	IV	ML	1 EA		1	01/01/2002	01/31/2003							
54569-4226-00	J7506			4/26/2002	6/10/2003	PREDNISONE, ORAL, PER SMG	DELTAZONE 5 MG	60 EA	BO	PO	EA	5 MG		1	04/26/2002	06/10/2003							
54569-4227-00	J7506			2/20/2002	10/9/2006	PREDNISONE, ORAL, PER SMG	STERAPRED (6 DAY UNI-PAK) 5 MG	21 EA	DP	PO	EA	5 MG		1	02/20/2002	10/09/2006							
54569-4230-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999							
54569-4231-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM		0.04	01/01/2002	99/99/9999							
54569-4232-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML	1 GM		0.02	01/01/2002	99/99/9999							
54569-4265-00	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML	40 MG		1	01/15/2004	99/99/9999							
54569-4294-00	J0690			1/1/2002	1/31/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG		2	01/01/2002	01/31/2003	1/1/2002	1/31/2003	1				
54569-4390-00	J2300			9/24/2002	1/31/2003	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 20 MG/ML	10 ML	VL	IJ	ML	10 MG		2	09/24/2002	01/31/2003							
54569-4395-00	J2790			9/24/2002	1/12/2006	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	BAYRHO-D (SRN)	1 ML	SR	IM	ML	300 MCG		1	09/24/2002	01/12/2006							
54569-4396-00	J2790			1/1/2002	12/31/2002	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	BAYRHO-D (SRN, PREFILLED, -50 MCG)	5 ML	SR	IM	ML	300 MCG		0.03333	01/01/2002	12/31/2002							
54569-4396-00	J2788			1/1/2003	1/31/2003	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	BAYRHO-D (SRN, PREFILLED, -50 MCG)	5 ML	SR	IM	ML	50 MCG		0.2	01/01/2003	01/31/2003							
54569-4398-00	J1670			1/1/2002	1/31/2003	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	BAYTET (SRN) 250 U	1 ML	SR	IM	ML	250 U		1	01/01/2002	01/31/2003							
54569-4417-00	Q0144			1/1/2002	11/4/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML	1 GM		0.04	01/01/2002	11/4/2010							
54569-4423-00	J0275			1/1/2002	7/1/2002	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 125 MCG	6 EA	BX	UR	EA	1 EA		1	01/01/2002	07/01/2002							
54569-4424-00	J0275			1/1/2002	7/1/2002	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 250 MCG	6 EA	BX	UR	EA	1 EA		1	01/01/2002	07/01/2002							
54569-4425-00	J0275			1/1/2002	1/31/2003	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 500 MCG	6 EA	BX	UR	EA	1 EA		1	01/01/2002	01/31/2003							
54569-4426-00	J0275			1/1/2002	1/31/2003	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 1000 MCG	6 EA	BX	UR	EA	1 EA		1	01/01/2002	01/31/2003							
54569-4431-00	J0690			1/1/2002	3/25/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG		1	01/01/2002	03/25/2003							
54569-4433-00	J3490			1/7/2002	12/31/2002	UNCLASSIFIED DRUGS	AVONEX (S.D.V.) 33 MCG	1 EA	VL	IM	EA	1 EA		1	01/07/2002	12/31/2002							
54569-4433-00	Q3025			1/1/2003	3/24/2003	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	AVONEX (S.D.V.) 33 MCG	1 EA	VL	IM	EA	11 MCG		12	01/01/2003	03/24/2003							
54569-4474-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 2.5 GM	1 EA	VL	IV	EA	1 EA		1	01/01/2002	01/31/2003							
54569-4482-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54569-4482-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54569-4482-02	J8499			1/1/2002	9/1/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	BO	PO	EA	1 EA		1	01/01/2002	09/01/2003							
54569-4482-03	J8499			1/1/2002	9/1/2004	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA	1 EA		1	01/01/2002	09/01/2004							
54569-4482-04	J8499			9/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54569-4482-06	J8499			4/26/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	21 EA	BO	PO	EA	1 EA		1	04/26/2005	99/99/9999	9/11/2002	6/10/2003	1				
54569-4497-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	DP	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
54569-4516-00	J7509			5/8/2002	7/1/2002	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	10 EA	BO	PO	EA	4 MG		2	05/08/2002	07/01/2002							
54569-4522-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
54569-4522-01	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	2 EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999							
54569-4522-02	Q0144			8/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA	1 GM		0.25	01/05/2004	99/99/9999							
54569-4526-00	J9217			5/8/2002	1/31/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 11.25 MG	1 EA	SR	IM	EA	7.5 MG		1.5	05/08/2002	01/31/2003	8/26/2002	6/10/2003	0.25				
54569-4528-00	Q2018			1/1/2002	7/1/2002	INJECTION, UROFOLLITROPIN, 75 IU	FERTINEX 75 IU	1 EA	VL	SC	EA	75 IU		1	01/01/2002	07/01/2002							
54569-4547-00	J1950			1/1/2002	1/31/2003	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAM) 3.75 MG	1 EA	SR	IM	EA	3.75 MG		1	01/01/2002	01/31/2003							
54569-4549-00	J7631			1/1/2002	1/31/2003	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML	10 MG		1	01/01/2002	01/31/2003							
54569-4549-00	KO J7631	KO		1/1/2002	1/31/2003	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML	10 MG		1	01/01/2002	01/31/2003							
54569-4567-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1 EA	BX	PO	EA	1 GM		1	01/01/2002	99/99/9999							
54569-4580-00	J7509			5/8/2002	1/31/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	21 EA	BO	PO	EA	4 MG		4	05/08/2002	01/31/2003							
54569-4583-00	J1885			5/8/2002	1/31/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	TORADOL IM (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML	15 MG		2	05/08/2002	01/31/2003							
54569-4620-00	J3130			1/1/2002	1/31/2003	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	DELA TEST RYL (UNIMATIC) 200 MG/ML	1 ML	SR	IM	ML	200 MG		1	01/01/2002	01/31/2003							
54569-4648-00	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X5ML) 4 MG/ML	5 ML	NA	IJ	ML	1 MG		4	01/01/2002	99/99/9999							
54569-4669-00	J3370			1/1/2002	1/31/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOLED 1 G	1 EA	VL	IV	EA	500 MG		2	01/01/2002	01/31/2003							
54569-4677-00	J1956			1/1/2002	1/31/2003	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	20 ML	VL	IV	ML	250 MG		0.1	01/01/2002	01/31/2003							
54569-4681-00	J0456			1/1/2002	1/31/2003	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX 500 MG	1 EA	VL	IV	EA	500 MG		1	01/01/2002	01/31/2003							
54569-4699-00	Q0169			1/1/2002	1/31/2003	HOUR DOSAGE REGIMEN	PHENERGAN 12.5 MG	30 EA	BO	PO	EA	12.5 MG		1	01/01/2002	01/31/2003							
54569-4702-00	J2760			1/1/2002	1/31/2003	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (S.D.V.) 5 MG	1 EA	VL	IJ	EA	5 MG		1	01/01/2002	01/31/2003							
54569-4720-00	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005							
54569-4720-00	K8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
54569-4720-01	K0416			1/1/2002	1/31/2003	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	NA	RC	EA	1 MG		25	01/01/2002	01/31/2003							
54569-4720-02	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005							

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4720-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-4720-03		K0416		1/1/2002	7/10/2002	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	1 EA	NA	RC	EA		1 MG			25	01/01/2002	07/10/2002					
54569-4724-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4728-00		J1100		1/1/2002	1/31/2003	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (S.D.V.) 4 MG/ML	25 ML	VL	IJ	ML		1 MG			4	01/01/2002	01/31/2003					
54569-4729-00		J3490		1/1/2002	3/14/2002	UNCLASSIFIED DRUGS	ENGERIX-B (TIPLOK,23GX1,TAX,PF) 20 MCG/ML	1 ML	SR	IM	ML		1 EA			1	01/01/2002	03/14/2002					
54569-4734-00		J1610		1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1 EA	VL	IJ	EA		1 MG			1	01/01/2002	99/99/9999					
54569-4738-00		J1570		1/1/2002	1/31/2003	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVENE IV (VIAL) 500 MG	1 EA	VL	IV	EA		500 MG			1	01/01/2002	01/31/2003					
54569-4739-00		J3490		1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	NABI-HB	5 ML	VL	IM	ML		1 EA			1	01/01/2002	12/31/2002					
54569-4739-00		J3590		1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB	5 ML	VL	IM	ML		1 EA			1	01/01/2003	99/99/9999					
54569-4748-00		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG			0.42	01/01/2008	03/31/2008					
54569-4748-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG			0.42	01/01/2008	03/31/2008					
54569-4748-00		J7614		4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG			0.42	04/01/2008	99/99/9999					
54569-4748-00	KO	J7614	KO	4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG			0.42	04/01/2008	99/99/9999					
54569-4751-00		J3490		2/5/2004	11/13/2006	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA			1	02/05/2004	11/13/2006					
54569-4752-00		J3490		1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (M.D.V.) 100 MG/ML	1 ML	VL	IJ	ML		1 EA			1	01/01/2002	01/31/2003					
54569-4760-00		J0270		1/1/2002	1/31/2003	FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 40 MCG	1 EA	VL	IC	EA		1.25 MCG			32	01/01/2002	01/31/2003					
54569-4765-00		J8499		1/1/2002	1/31/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	2 EA	NA	PO	EA		1 EA			1	01/01/2002	01/31/2003					
54569-4765-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	14 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-02		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-03		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-04		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-05		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-06		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
54569-4765-09		J8499		6/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45 EA	BO	PO	EA		1 EA			1	06/01/2006	99/99/9999					
54569-4769-00		J3490		1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	FLAGYL I.V. (S.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA			1	01/01/2002	01/31/2003					
54569-4771-00		J7320		1/1/2002	1/31/2003	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	SYNVISC (3X2ML SRN, PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML		16 MG			0.5	01/01/2002	01/31/2003					
54569-4772-00		J7631		1/1/2002	1/31/2003	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG			1	01/01/2002	01/31/2003					
54569-4772-00	KO	J7631	KO	1/1/2002	1/31/2003	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	VL	IH	ML		10 MG			1	01/01/2002	01/31/2003					
54569-4782-00		J0670		1/1/2002	3/25/2003	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 1%	50 ML	VL	IJ	ML		10 ML			0.1	01/01/2002	03/25/2003					
54569-4785-00		J9217		1/1/2002	1/31/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN PREFIL DUAL CHAMBER) 7.5 MG	1 EA	BX	IM	EA		7.5 MG			1	01/01/2002	01/31/2003					
54569-4807-00		J7510		1/1/2002	6/10/2003	PREDNISOLONE ORAL, PER 5 MG	PRELONE (SF,DYE-FREE,CHERRY) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG			0.2	01/01/2002	06/10/2003					
54569-4819-00		J2300		1/1/2002	5/19/2006	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP) 20 MG/ML	1 ML	AM	IJ	ML		10 MG			2	01/01/2002	05/19/2006					
54569-4821-00		J3490		1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	50 ML	VL	IV	ML		1 EA			1	01/01/2002	01/31/2003					
54569-4824-00		J1440		1/1/2002	1/31/2003	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1 ML	VL	IJ	ML		300 MCG			1	01/01/2002	01/31/2003					
54569-4827-00		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (2X120 ML) 15 MG/5 ML	120 ML	BO	PO	ML		5 MG			0.6	01/01/2002	99/99/9999					
54569-4827-01		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (4X60 ML) 15 MG/5 ML	60 ML	BO	PO	ML		5 MG			0.6	01/01/2002	99/99/9999					
54569-4827-02		J7510		1/1/2002	10/16/2006	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG			0.6	01/01/2002	10/16/2006					
54569-4838-00		J2770		1/1/2002	1/31/2003	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID 350 MG-150 MG	1 EA	VL	IV	EA		500 MG			1	01/01/2002	01/31/2003					
54569-4859-00		J0670		1/1/2002	1/31/2003	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 2%	50 ML	VL	IJ	ML		10 ML			0.1	01/01/2002	01/31/2003					
54569-4870-00		Q0180		1/1/2002	1/31/2003	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 100 MG	5 EA	BX	PO	EA		100 MG			1	01/01/2002	01/31/2003					
54569-4871-00		Q0166		1/1/2002	7/10/2002	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	6 EA	PG	PO	EA		1 MG			1	01/01/2002	07/10/2002					
54569-4872-00		Q0179		1/1/2002	7/10/2002	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	9 EA	PG	PO	EA		8 MG			1	01/01/2002	07/10/2002					
54569-4872-01		Q0179		12/7/2005	4/30/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	4 EA	BO	PO	EA		8 MG			1	12/07/2005	4/30/2008					
54569-4888-00		G9035		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	TAMIFLU (BLISTER PACK) 75 MG	10 EA	BX	PO	EA		75 MG			1	12/01/2004	05/31/2005					
54569-4904-00		J1055		1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA (SRN, PREFILLED) 150 MG/ML	1 ML	SR	IM	ML		150 MG			1	01/15/2004	99/99/9999					
54569-4910-00		J7644		1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG			0.2	01/01/2002	99/99/9999	1/1/2002	1/31/2003	1		

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4910-00	KO	J7644	KO	1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	99/99/9999						
54569-4930-00		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1 MG		5	01/01/2002	99/99/9999						
54569-4954-00	J1885			1/1/2002	1/31/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15 MG		2	01/01/2002	01/31/2003						
54569-4955-00	J1885			1/1/2002	1/31/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15 MG		2	01/01/2002	01/31/2003						
54569-4957-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	GONAL-F (AMP) 75 IU	1	EA	AM	SC	EA	1 EA		1	01/01/2002	01/31/2003						
54569-4982-00	J9218			1/1/2002	1/31/2003	LEUPROLIDE ACETATE, PER 1 MG	LUPRON (2 WEEK ADMINISTRATION) 5 MG/ML	2.8	ML	VL	SC	EA	1 MG		14	01/01/2002	01/31/2003						
54569-4983-00	J9250			1/1/2002	2/9/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	10	ML	VL	IJ	ML	5 MG		5	01/01/2002	02/09/2005						
54569-5116-00	J2250			1/1/2002	1/31/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	100	ML	VL	IJ	ML	1 MG		5	01/01/2002	01/31/2003						
54569-5116-01	J2250			1/1/2002	1/31/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	1 MG		5	01/01/2002	01/31/2003						
54569-5128-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 500 MG	1	EA	VL	IJ	EA	1 EA		1	01/01/2002	01/31/2003						
54569-5162-00	J7626			1/1/2002	6/10/2003	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	EA	IH	ML	0.25 MG		0.5	01/01/2002	06/10/2003						
54569-5162-00	KO	J7626	KO	1/1/2002	6/10/2003	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	EA	IH	ML	0.25 MG		0.5	01/01/2002	06/10/2003						
54569-5163-00	J7626			1/1/2002	1/16/2004	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	2	ML	PC	IH	ML	0.25 MG		0.5	01/01/2002	01/16/2004						
54569-5163-00	KO	J7626	KO	1/1/2002	1/16/2004	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	2	ML	PC	IH	ML	0.25 MG		0.5	01/01/2002	01/16/2004						
54569-5171-00	J2765			1/1/2002	1/31/2003	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10 MG		0.5	01/01/2002	01/31/2003						
54569-5173-00	J3490			1/1/2002	1/1/2003	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (VIAL) 500 MG	1	EA	VL	IV	EA	1 EA		1	01/01/2002	01/01/2003						
54569-5177-00	J7500			1/1/2002	3/25/2003	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	60	EA	NA	PO	EA	50 MG		1	01/01/2002	03/25/2003						
54569-5188-00	J1885			1/1/2002	1/31/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (CARPUJECT) 30 MG/ML	1	ML	NA	IJ	ML	15 MG		2	01/01/2002	01/31/2003						
54569-5189-00	J1885			1/1/2002	1/31/2003	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (CARPUJECT) 30 MG/ML	2	ML	NA	IM	ML	15 MG		2	01/01/2002	01/31/2003						
54569-5204-00	J7510			1/1/2002	4/30/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	01/01/2002	4/30/2008						
54569-5204-01	J7510			1/1/2002	4/11/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	01/01/2002	4/11/2008						
54569-5246-00	J2000			1/1/2002	3/25/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE-MPF 1%	10	ML	NA	EP	ML	50 ML		0.02	01/01/2002	03/25/2003						
54569-5247-00	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1	ML	VL	IJ	ML	1 MG		0.4	01/01/2002	99/99/9999						
54569-5254-00	J7699			1/1/2002	7/1/2002	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER (BLISTER PACK, 10X6) 0.012 MG	60	EA	PK	IH	EA	1 EA		1	01/01/2002	07/01/2002						
54569-5255-00	J2250			1/1/2002	1/31/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	100	ML	NA	IJ	ML	1 MG		1	01/01/2002	01/31/2003						
54569-5255-01	J2250			1/1/2002	1/31/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10	ML	NA	IJ	ML	1 MG		1	01/01/2002	01/31/2003						
54569-5260-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	01/01/2002	01/31/2003						
54569-5262-00	J9217			6/4/2002	1/31/2003	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED (SRN.PREFIL DUAL CHAMBER) 15 MG	1	EA	CR	IM	EA	7.5 MG		2	06/04/2002	01/31/2003						
54569-5268-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	TWINRIX (S.D.V., TAX INCL) 720 EL U/ML-20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	01/01/2002	01/31/2003						
54569-5272-00	J1056			1/1/2002	6/10/2003	25MG	LUNELLE MONTHLY CONTRACEPTIVE (S.D.V.) 5 MG/0.5 ML-25 MG/0.5 ML	0.5	ML	VL	IM	ML	5 MG		2	01/01/2002	06/10/2003						
54569-5275-00	J1460			1/1/2002	10/3/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF)	2	ML	VL	IM	ML	1 ML		1	01/01/2002	10/03/2006						
54569-5276-00	J1460			1/1/2002	1/31/2003	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF)	10	ML	VL	IM	ML	1 ML		1	01/01/2002	01/31/2003						
54569-5281-00	J3490			1/1/2002	1/31/2003	UNCLASSIFIED DRUGS	OVIDREL (VIAL W/DILUENT) 0.25 MG	1	EA	VL	SC	EA	1 EA		1	01/01/2002	01/31/2003						
54569-5292-00	J3490			1/1/2002	3/21/2002	UNCLASSIFIED DRUGS	TWINRIX (TIPLK0.23"GX1", TAX INCL) 720 EL U/ML-20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	01/01/2002	03/21/2002						
54569-5301-00	J1070			1/9/2002	1/31/2003	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	100 MG		1	01/09/2002	01/31/2003						
54569-5309-00	J1260			1/9/2002	1/31/2003	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (AMP) 20 MG/ML	0.625	ML	AM	IV	ML	10 MG		2	01/09/2002	01/31/2003						
54569-5311-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1 EA		1	01/01/2002	99/99/9999						
54569-5312-00	J2000			2/6/2002	1/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL 2%	5	ML	SR	IJ	ML	50 ML		0.02	02/06/2002	01/31/2003						
54569-5312-00	J2001			11/8/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	5	ML	SR	IJ	ML	10 MG		2	11/08/2007	99/99/9999						
54569-5312-01	J2001			11/8/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	IJ	ML	10 MG		2	11/08/2007	99/99/9999						
54569-5316-00	J9250			2/12/2002	1/31/2003	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	IJ	ML	5 MG		5	02/12/2002	01/31/2003						
54569-5318-00	J2710			2/12/2002	1/31/2003	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	0.5 MG		2	02/12/2002	01/31/2003						
54569-5321-00	J1820			2/6/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	100 U		1	02/06/2002	12/31/2002						
54569-5321-00	J1815			1/1/2003	6/10/2003	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5 U		20	01/01/2003	06/10/2003						
54569-5325-00	J0715			1/31/2002	11/16/2002	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D.V.,PF) 1 GM	1	EA	VL	IJ	EA	500 MG		2	01/31/2002	11/16/2002						
54569-5335-00	J2322			2/15/2002	1/31/2003	INJECTION, NANCROLONE DECANOATE, UP TO 200 MG	DECA-OURALIN (VIAL) 200 MG/ML	1	ML	VL	IM	ML	200 MG		1	02/15/2002	01/31/2003						
54569-5351-00	J3360			3/7/2002	1/10/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	5 MG		1	03/07/2002	1/10/2008						
54569-5408-00	J3490			7/18/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LK) W/NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	07/18/2002	99/99/9999						
54569-5416-00	J3130			7/29/2002	1/31/2003	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	DELAESTRYL (M.D.V.) 200 MG/ML	5	ML	VL	IM	ML	200 MG		1	07/29/2002	01/31/2003						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54569-5427-00		J3490		9/9/2002	11/30/2004	UNCLASSIFIED DRUGS	REBETRON 1200 (M.D. PEN)	1 EA	BX	MR	EA		1 EA		1	09/09/2002	11/30/2004							
54569-5432-00		J7699		9/24/2002	6/10/2003	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	3 ML	VL	IH	ML		1 EA		1	09/24/2002	06/10/2003							
54569-5433-00		J1056		9/24/2002	9/1/2003	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	LUNELLE MONTHLY CONTRACEPTIVE (PREFILLED SRN) 5 MG/0.5 ML-25 MG/0.5 ML	0.5 ML	SR	IM	ML		5 MG		2	09/24/2002	09/01/2003							
54569-5444-00		J3490		9/13/2002	12/31/2002	UNCLASSIFIED DRUGS	NABI-HB (S.D.V.,>312 IU/ML)	1 ML	VL	IM	ML		1 EA		1	09/13/2002	12/31/2002							
54569-5444-00		J3590		1/1/2003	1/31/2003	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V.,>312 IU/ML)	1 ML	VL	IM	ML		1 EA		1	01/01/2003	01/31/2003							
54569-5445-00		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		1 MG		0.84	01/01/2008	03/31/2008							
54569-5445-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		1 MG		0.84	01/01/2008	03/31/2008							
54569-5445-00		J7614		4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		0.5 MG		0.84	04/01/2008	99/99/9999							
54569-5445-00	KO	J7614	KO	4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		0.5 MG		0.84	04/01/2008	99/99/9999							
54569-5448-00		Q0144		9/9/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	1 EA	DP	PO	EA		1 GM		0.5	09/09/2002	99/99/9999							
54569-5468-00		J2250		11/4/2002	5/15/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (FUPTOP VIAL,LATEX-FREE) 5 MG/ML	1 ML	EA	IJ	ML		1 MG		5	11/04/2002	05/15/2003							
54569-5491-00		J3490		1/17/2003	5/1/2003	UNCLASSIFIED DRUGS	SYNAGIS (PF) 50 MG	1 EA	VL	IM	EA		1 EA		1	01/17/2003	05/01/2003							
54569-5492-00		J3490		1/17/2003	5/1/2003	UNCLASSIFIED DRUGS	SYNAGIS (PF) 100 MG	1 EA	VL	IM	EA		1 EA		1	01/17/2003	05/01/2003							
54569-5524-00		J3590		8/12/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	CR	MR	EA		1 EA		1	08/12/2003	12/31/2004							
54569-5524-00		J0135		1/1/2005	3/10/2005	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	CR	MR	EA		20 MG		4	01/01/2005	03/10/2005							
54569-5527-00		J1055		8/15/2003	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	08/15/2003	99/99/9999							
54569-5533-00		J3420		9/19/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	09/19/2003	99/99/9999							
54569-5535-00		J0285		9/30/2003	3/10/2005	INJECTION, AMPHOTERICIN B, 50 MG	FUNGIZONE INTRAVENOUS 50 MG	1 EA	VL	IV	EA		50 MG		1	09/30/2003	03/10/2005							
54569-5578-00		J3490		7/21/2004	99/99/9999	UNCLASSIFIED DRUGS	TWINRIX (TIP-LOK SYRINGE) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA		1	07/21/2004	99/99/9999							
54569-5589-00		Q0173		8/26/2004	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 300 MG	12 EA	BO	PO	EA		250 MG		1.2	08/26/2004	99/99/9999							
54569-5589-01		Q0173		9/2/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 300 MG	6 EA	BO	PO	EA		250 MG		1.2	09/02/2005	99/99/9999							
54569-5605-00		J1815		2/16/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	02/16/2006	99/99/9999							
54569-5607-00		J0460		9/29/2004	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE 1 MG/ML	1 ML	NA	IJ	ML		0.3 MG		3.33333	09/29/2004	12/31/2009							
54569-5610-00		J0150		9/30/2004	99/99/9999	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE 3 MG/ML	2 ML	NA	IV	ML		6 MG		0.5	09/30/2004	99/99/9999							
54569-5615-00		G9035		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	OSELTAMIVIR PHOSPHATE, ORAL, BRAND, PER 75 MG (FOR USE IN A MEDICARE	TAMIFLU (TUTTI FRUTTI) 12 MG/ML	25 ML	BO	PO	ML		75 MG		0.16	12/01/2004	05/31/2005						
54569-5628-00		J3490		11/10/2004	3/21/2007	UNCLASSIFIED DRUGS	RECOMBIVAX HB	0.5 ML	VL	IM	ML		1 EA		1	11/10/2004	03/21/2007							
54569-5629-00		J3490		11/10/2004	99/99/9999	UNCLASSIFIED DRUGS	PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL PF) 5 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA		1	11/10/2004	99/99/9999							
54569-5630-00		J3490		11/10/2004	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1 ML	VL	IM	ML		1 EA		1	11/10/2004	99/99/9999							
54569-5635-00		G9017		12/6/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL (RASPBERRY) 50 MG/5 ML	480 ML	BO	PO	ML		100 MG		0.1	12/06/2004	05/31/2005							
54569-5712-00		None		7/14/2005	2/27/2007	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA		25 MG		1	07/14/2005	02/27/2007							
54569-5713-00		None		7/14/2005	2/27/2007	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA		50 MG		1	07/14/2005	02/27/2007							
54569-5715-00		J8999		7/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA		1	07/15/2005	99/99/9999							
54569-5716-00		J8999		7/15/2005	10/1/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA		1 EA		1	07/15/2005	10/01/2007							
54569-5717-00		None		7/15/2005	2/27/2007	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	07/15/2005	02/27/2007							
54569-5717-00	QR	J8521	QR	7/15/2005	2/27/2007	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	07/15/2005	02/27/2007							
54569-5718-00		None		7/20/2005	2/27/2007	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (SOFTGEL) 50 MG	20 EA	BX	PO	EA		50 MG		1	07/20/2005	02/27/2007							
54569-5720-00		J0696		7/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/26/2005	99/99/9999							
54569-5721-00		J0696		7/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	07/26/2005	99/99/9999							
54569-5722-00		J0696		7/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/26/2005	99/99/9999							
54569-5723-00		J0696		7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/27/2005	99/99/9999							
54569-5724-00		J0696		7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	07/27/2005	99/99/9999							
54569-5725-00		J0696		7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/27/2005	99/99/9999							
54569-5729-00		Q0181		8/2/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA		1 EA		1	08/02/2005	12/31/2005							
54569-5729-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999							
54569-5731-00		J8999		8/3/2005	09/07/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA		1	08/03/2005	09/07/2010							
54569-5732-00		J8999		8/3/2005	4/11/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO	EA		1 EA		1	08/03/2005	4/11/2008							
54569-5741-00		J8501		10/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND TRI-FOLD PACK	3 EA	PG	PO	EA		5 MG		19	10/24/2005	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5742-00	J1650			10/24/2005	4/30/2008	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG			10	10/24/2005	4/30/2008					
54569-5742-01	J1650			12/8/2005	2/27/2007	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (2X5 SINGLE DOSE SYRINGE) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG			10	12/08/2005	02/27/2007					
54569-5744-00	K0416			10/26/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12 EA	BX	RC	EA		1 MG			12.5	10/26/2005	12/31/2005					
54569-5744-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-5744-01	K0416			12/27/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6 EA	BX	RC	EA		1 MG			12.5	12/27/2005	12/31/2005					
54569-5744-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-5745-00	K0416			10/26/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 MG			25	10/26/2005	12/31/2005					
54569-5745-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-5745-01	K0416			12/5/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4 EA	BX	RC	EA		1 MG			25	12/05/2005	12/31/2005					
54569-5745-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-5745-02	K0416			12/5/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6 EA	BX	RC	EA		1 MG			25	12/05/2005	12/31/2005					
54569-5745-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
54569-5749-00	J7510			11/4/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG			0.6	11/04/2005	99/99/9999					
54569-5754-00	Q0144			11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4 EA	BO	PO	EA		1 GM			0.25	11/24/2005	99/99/9999					
54569-5755-00	Q0144			11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	DP	PO	EA		1 GM			0.25	11/24/2005	99/99/9999					
54569-5756-00	Q0144			11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	DP	PO	EA		1 GM			0.5	11/24/2005	99/99/9999					
54569-5764-00	J2792			1/12/2006	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE)	1 ML	SR	IM	ML		100 IU			15	01/12/2006	99/99/9999					
54569-5771-00	Q0144			2/14/2006	4/30/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (60ML SINGLE-DOSE) 2 GM/60 ML	1 EA	BO	PO	EA		1 GM			2	02/14/2006	4/30/2008					
54569-5781-00	J3490			3/16/2006	12/31/2006	UNCLASSIFIED DRUGS	FUZEON 90 MG	60 EA	PG	SC	EA		1 EA			1	03/16/2006	12/31/2006					
54569-5781-00	J1324			1/12/2007	99/99/9999	INJECTION, ENFUVIRTIDE, 1 MG	FUZEON 90 MG	60 EA	PG	SC	EA		1 MG			90	01/01/2007	99/99/9999					
54569-5789-00	Q0167			4/26/2006	4/30/2008	DRONABINOL, 2.5 MG, ORAL, 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	MARINOL (SOFT GEL) 2.5 MG	60 EA	BO	PO	EA		2.5 MG			1	04/26/2006	4/30/2008					
54569-5795-00	J2300			5/12/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML		10 MG			1	05/12/2006	99/99/9999					
54569-5804-00	Q0144			6/30/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 600 MG	8 EA	BO	PO	EA		1 GM			0.6	06/30/2006	99/99/9999					
54569-5806-00	Q0144			7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Package	1 EA	BX	PO	EA		1 GM			1	07/24/2006	99/99/9999					
54569-5807-00	Q0144			7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML		1 GM			0.02	07/24/2006	99/99/9999					
54569-5808-00	Q0144			7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15 ML	BO	PO	ML		1 GM			0.04	07/24/2006	99/99/9999					
54569-5809-00	Q0144			7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM			0.04	07/24/2006	99/99/9999					
54569-5810-00	Q0144			7/25/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	BO	PO	ML		1 GM			0.04	07/25/2006	99/99/9999					
54569-5815-00	J1200			8/3/2006	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1 ML	IJ	IJ	ML		50 MG			1	08/03/2006	99/99/9999					
54569-5828-00	J1460			9/26/2006	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (SDV)	2 ML	VL	IM	ML		1 ML			1	09/26/2006	99/99/9999					
54569-5836-00	None			10/9/2006	4/11/2008	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA		5 MG			1	10/09/2006	4/11/2008					
54569-5837-00	None			10/9/2006	4/11/2008	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	20 EA	BO	PO	EA		5 MG			1	10/09/2006	4/11/2008					
54569-5838-00	None			10/10/2006	4/11/2008	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA		20 MG			1	10/10/2006	4/11/2008					
54569-5839-00	None			10/10/2006	4/11/2008	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20 EA	BO	PO	EA		20 MG			1	10/10/2006	4/11/2008					
54569-5840-00	J7506			10/10/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG			2	10/10/2006	99/99/9999					
54569-5841-00	J7506			10/10/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	BO	PO	EA		5 MG			2	10/10/2006	99/99/9999					
54569-5842-00	None			10/10/2006	4/11/2008	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA		100 MG			1	10/10/2006	4/11/2008					
54569-5843-00	None			10/10/2006	4/11/2008	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	20 EA	BO	PO	EA		100 MG			1	10/10/2006	4/11/2008					
54569-5844-00	None			10/11/2006	4/11/2008	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA		250 MG			1	10/11/2006	4/11/2008					
54569-5845-00	None			10/11/2006	4/11/2008	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	20 EA	BO	PO	EA		250 MG			1	10/11/2006	4/11/2008					
54569-5857-00	J8999			11/6/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA		1 EA			1	11/06/2006	99/99/9999					
54569-5862-00	J3490			11/13/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (SDV, 5X20ML) 10 MG/ML	20 ML	VL	IJ	ML		1 EA			1	11/13/2006	99/99/9999					
54569-5873-00	Q0179			1/12/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 8 MG	4 EA	BO	PO	EA		8 MG			1	01/12/2007	99/99/9999					
54569-5874-00	J2405			1/12/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML SDV) 2 MG/ML	2 ML	VL	IJ	ML		1 MG			1	01/12/2007	99/99/9999					
54569-5876-00	J0560			1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X1ML) 600000 U/ML	1 ML	SR	IM	ML		600000 U			1	01/17/2007	12/31/2010					
54569-5877-00	J0560			1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X2ML, 1200M U) 600000 U/ML	2 ML	SR	IM	ML		600000 U			1	01/17/2007	12/31/2010					
54569-5877-01	J0560			1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (1200M U) 600000 U/ML	2 ML	SR	IM	ML		600000 U			1	01/17/2007	12/31/2010					
54569-5910-00	J0278			5/7/2007	3/13/2008	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2 ML	VL	IJ	ML		100 MG			2.5	05/07/2007	3/13/2008					
54569-5911-00	J7506			5/10/2007	99/99/9999	PREDNISONE (PACK) 5 MG	PREDNISONE (PACK) 5 MG	48 EA	BO	PO	EA		5 MG			1	05/10/2007	99/99/9999					
54569-5946-00	J0170			8/13/2007	6/10/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT AUTO-INJECTOR (0.3MG) 1 MG/ML	0.3 ML	SR	IJ	ML		1 ML			1	08/13/2007	6/10/2008					
54569-5949-00	J0170			8/14/2007	6/10/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT AUTO-INJECTOR (0.15MG) 1 MG/ML	0.15 ML	SR	IJ	ML		1 ML			1	08/14/2007	6/10/2008					
54569-5957-00	J0540			9/5/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R (10X2ML)	2 ML	SR	IM	ML		1200000 U			0.5	09/05/2007	12/31/2009					
54569-5958-00	J0540			9/5/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R 900/300 (10X2ML)	2 ML	SR	IM	ML		1200000 U			0.5	09/05/2007	12/31/2009					
54569-6448-00	Q0144			9/24/2002	1/1/2006	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	3 EA	NA	PO	EA		1 GM			0.5	09/24/2002	01/1/2006					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54643-1006-00	J1600			10/1/2003	1/15/2007	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	GOLD SODIUM THIOMALATE (M.D.V.) 50 MG/ML	1	ML	VL	IM	ML	50	MG		1	10/01/2003	1/15/2007					
54643-1007-00	J1600			10/1/2003	1/15/2007	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	GOLD SODIUM THIOMALATE (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50	MG		1	10/01/2003	1/15/2007					
54643-1043-00	J3303			12/19/2003	12/31/2004	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN 5 MG/ML	5	ML	VL	IJ	ML	5	MG		1	12/19/2003	12/31/2004					
54643-1054-00	J3303			3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 5 MG/ML	5	ML	VL	IJ	ML	5	MG		1	03/15/2004	1/15/2007					
54643-1055-00	J3303			3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 20 MG/ML	1	ML	VL	IJ	ML	5	MG		4	03/15/2004	1/15/2007					
54643-1056-00	J3303			3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (VIAL) 20 MG/ML	5	ML	VL	IJ	ML	5	MG		4	03/15/2004	1/15/2007					
54653-0342-08	J1655			4/1/2002	7/15/2002	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNOHEP (M.D.V.) 20000 IU/ML	2	ML	VL	SC	ML	1000	IU		20	04/01/2002	07/15/2002					
54653-0342-53	J1655			4/1/2002	7/15/2002	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNOHEP (M.D.V.) 20000 IU/ML	2	ML	VL	SC	ML	1000	IU		20	04/01/2002	07/15/2002					
54746-0001-01	J9215			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	ALFERON N (M.D.V.): 5 Million IU/ML	1	ML	VL	IJ	ML	250000	IU		20	01/01/2002	99/99/9999					
54838-0134-40	Q0163			1/1/2002	6/30/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL DAS (AF,SF,DYE-FREE) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG		0.05	01/01/2002	06/30/2005					
54838-0135-40	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0135-70	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0135-80	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0154-40	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILPHEN 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0154-70	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILPHEN 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0154-80	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILPHEN 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG		0.05	01/01/2002	99/99/9999					
54838-0509-80	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (U.S.P.,RASPBERRY) 50 MG/5 ML	480	ML	BO	PO	ML	100	MG		0.1	12/01/2004	05/31/2005					
54868-0004-00	J0280			1/1/2002	5/6/2008	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (S.D.V.) 25 MG/ML	10	ML	VL	IV	ML	250	MG		0.1	01/01/2002	5/6/2008					
54868-0006-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN, 21GX1-1/2") 0.1 MG/ML	10	ML	SR	IJ	ML	0.3	MG		0.33333	01/01/2002	12/31/2009					
54868-0007-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (VIAL) 50 MG/ML	10	ML	AM	IJ	ML	50	MG		1	01/01/2002	99/99/9999					
54868-0015-00	J1265			12/11/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HYDROCHLORIDE 80 MG/ML	125	ML	NA	IV	ML	40	MG		2	12/11/2006	99/99/9999					
54868-0026-00	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54868-0026-01	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54868-0026-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54868-0026-05	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54868-0026-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
54868-0026-07	Q0163			6/29/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG		0.5	06/29/2006	99/99/9999					
54868-0102-00	J7120			12/11/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (12X1000ML)	1000	ML	PC	IV	ML	1000	ML		0.001	12/11/2006	99/99/9999					
54868-0110-01	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (S.D.V.) 5 MG/ML	1	ML	VL	IJ	ML	1	MG		5	01/01/2002	05/23/2002					
54868-0110-02	J2250			1/1/2002	5/23/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	VERSED (S.D.V.) 5 MG/ML	1	ML	VL	IJ	ML	1	MG		5	01/01/2002	05/23/2002					
54868-0114-00	J2310			1/1/2002	12/31/2004	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (AMP) 0.4 MG/ML	1	ML	AM	IJ	ML	1	MG		0.4	01/01/2002	12/31/2004					
54868-0115-00	J2270			1/1/2002	12/31/2004	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (TUBEX,22GX1 1/4") 10 MG/ML	1	ML	SR	IJ	ML	10	MG		1	01/01/2002	12/31/2004					
54868-0116-00	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30	ML	VL	IV	ML	0.9	%		0.5	01/01/2002	12/31/2003					
54868-0116-00	A4216			1/1/2004	9/30/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30	ML	VL	IV	ML	10	ML		0.1	01/01/2004	9/30/2008					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0163-01	J8499			1/1/2002	11/19/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50 EA	BO	PO	EA	1 EA	1	01/01/2002	11/19/2003								
54868-0163-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-0163-03	J8499			1/1/2002	11/19/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	11/19/2003								
54868-0163-04	J8499			1/1/2002	11/19/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100 EA	BO	PO	EA	1 EA	1	01/01/2002	11/19/2003								
54868-0163-05	J8499			1/1/2002	4/15/2002	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	120 EA	BO	PO	EA	1 EA	1	01/01/2002	04/15/2002								
54868-0163-06	J8499			1/1/2002	11/19/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	40 EA	BO	PO	EA	1 EA	1	01/01/2002	11/19/2003								
54868-0169-01		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	VISTARIL 25 MG	100 EA	BO	PO	EA	25 MG	1	01/01/2002	99/99/9999								
54868-0173-00	J9250			3/26/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (PF) 25 MG/ML	2 ML	EA	IJ	ML	5 MG	5	03/26/2003	99/99/9999								
54868-0173-01	J9250			4/6/2005	5/8/2008	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (PF) 25 MG/ML	20 ML	VL	IJ	ML	5 MG	5	04/06/2005	5/8/2008								
54868-0183-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30 ML	VL	IV	ML	10 ML	0.1	01/01/2002	12/31/2003								
54868-0183-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30 ML	VL	IV	ML	10 ML	0.1	01/01/2004	99/99/9999								
54868-0186-00	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 EA	1	01/01/2002	12/31/2003								
54868-0186-00	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 MG	2	01/01/2004	99/99/9999								
54868-0206-00	J0702			1/1/2002	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML	3 MG	1	01/01/2002	99/99/9999								
54868-0216-00	J1080			9/20/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML	200 MG	1	09/20/2007	99/99/9999								
54868-0218-00	Q0181			6/30/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	1 EA	1	06/30/2005	12/31/2005								
54868-0218-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-01	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA	1 EA	1	01/01/2002	12/31/2005								
54868-0218-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-03	Q0181			7/7/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	3 EA	BO	PO	EA	1 EA	1	07/07/2005	12/31/2005								
54868-0218-03	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	3 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-04	Q0181			7/22/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	1 EA	1	07/22/2005	12/31/2005								
54868-0218-04	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-05	Q0181			8/15/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA	1 EA	1	08/15/2005	12/31/2005								
54868-0218-05	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-06	Q0181			8/15/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA	1 EA	1	08/15/2005	12/31/2005								
54868-0218-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-07	Q0181			12/16/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA	1 EA	1	12/16/2005	12/31/2005								
54868-0218-07	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
54868-0218-08	J8540			9/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	50 EA	BO	PO	EA	0.25 MG	16	09/01/2006	99/99/9999								
54868-0218-09	J8540			4/3/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	5 EA	BO	PO	EA	0.25 MG	16	04/03/2008	99/99/9999								
54868-0231-00	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML	25 MG	2	01/01/2002	99/99/9999								
54868-0234-00	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML	10 MG	1	01/01/2002	99/99/9999								
54868-0258-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-03	J7506			1/1/2002	9/30/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA	5 MG	1	01/01/2002	9/30/2006								
54868-0258-04	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-06	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	25 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-08	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG	1	01/01/2002	99/99/9999								
54868-0258-09	J7506			3/14/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA	5 MG	1	03/14/2002	99/99/9999								
54868-0261-00	J0780			1/1/2002	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	10 MG	0.5	01/01/2002	99/99/9999								
54868-0262-00	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IJ	ML	50 MG	0.5	01/01/2002	99/99/9999								
54868-0262-01	J2550			9/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (10X25ML.MDV) 50 MG/ML	10 ML	VL	IJ	ML	50 MG	1	09/29/2005	99/99/9999								
54868-0284-00	J3301			1/1/2002	2/28/2002	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE (VIAL) 40 MG/ML	5 ML	VL	IJ	ML	10 MG	4	01/01/2002	02/28/2002								
54868-0296-00	J7060			1/1/2002	4/15/2002	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	1000 ML	NA	IV	ML	500 ML	0.002	01/01/2002	04/15/2002								
54868-0296-01	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	FC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54868-0296-02	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	FC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999									
54868-0296-04	J7060			12/12/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML) 5%	100 ML	FC	IV	ML	500 ML	0.002	12/12/2006	99/99/9999									
54868-0554-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (AMP) 50 MG/ML	1 ML	VL	U	ML	50 MG		01/01/2002	99/99/9999									
54868-0559-00	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	U	EA	500 MG		01/01/2002	99/99/9999									
54868-0597-00	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PENERGAN (AMP) 25 MG/ML	1 ML	AM	U	ML	50 MG	0.5	01/01/2002	99/99/9999									
54868-0601-00	K0416			2/18/2003	5/23/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	6 EA	BX	RC	EA	1 MG	25	02/18/2003	05/23/2005									
54868-0601-01	K0416			4/28/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	2 EA	BX	RC	EA	1 MG	25	04/28/2003	12/31/2005									
54868-0601-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	2 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999									
54868-0601-02	K0416			7/8/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA	1 MG	25	07/08/2003	12/31/2005									
54868-0601-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999									
54868-0605-00	J1720			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (S.D.V.) 100 MG	1 EA	VL	U	EA	100 MG		01/01/2002	99/99/9999									
54868-0608-00	J3250			1/1/2002	12/31/2006	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL 100 MG/ML	2 ML	VL	IM	ML	200 MG	0.5	01/01/2002	12/31/2006									
54868-0616-00	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (M.D.V.) 50 MG/ML	30 ML	VL	U	ML	100 MG	0.5	01/01/2002	99/99/9999									
54868-0617-00	J3360			9/1/2006	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML	10 ML	VL	U	ML	5 MG	1	01/01/2002	99/99/9999									
54868-0617-01	J3360			3/7/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V., FLIPTOP) 5 MG/ML	10 ML	VL	U	ML	5 MG	1	03/07/2002	99/99/9999									
54868-0617-02	J3360			4/3/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,M.D.V.) 5 MG/ML	10 ML	VL	U	ML	5 MG	1	04/03/2008	99/99/9999									
54868-0622-00	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA	1 MG	25	01/01/2002	12/31/2005									
54868-0622-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999									
54868-0622-02	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	6 EA	BX	RC	EA	1 MG	25	01/01/2002	12/31/2005									
54868-0622-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	6 EA	BX	RC	EA	1 EA	1	01/01/2006	99/99/9999									
54868-0710-00	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE 0.9%	1000 ML	FC	IV	ML	1000 ML	0.001	01/01/2002	99/99/9999									
54868-0710-01	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML	500 ML	0.002	01/01/2002	99/99/9999									
54868-0710-02	A4323			5/22/2003	12/31/2003	STERILE SALINE IRRIGATION SOLUTION, 1000 ML	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500 ML	PC	IR	ML	1000 ML	0.001	05/22/2003	12/31/2003									
54868-0710-02	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500 ML	PC	IR	ML	500 ML	0.002	01/01/2004	99/99/9999									
54868-0710-03	J7050			12/12/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (NORMAL SALINE 48X100ML) 0.9%	100 ML	PC	IV	ML	250 ML	0.004	12/12/2006	99/99/9999									
54868-0710-04	J7030			12/15/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (NORMAL SALINE, 12X1000ML) 0.9%	1000 ML	FC	IV	ML	1000 ML	0.001	12/15/2006	99/99/9999									
54868-0710-05	A4216			12/15/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (NORMAL SALINE 48X50ML) 0.9%	50 ML	FC	IV	ML	10 ML	0.1	12/15/2006	99/99/9999									
54868-0710-06	J7050			1/2/2007	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (NORMAL SALINE 24X250ML) 0.9%	250 ML	FC	IV	ML	250 ML	0.004	01/02/2007	99/99/9999									
54868-0716-00	J3360			1/1/2002	5/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	VALIUM (VIAL) 5 MG/ML	10 ML	VL	U	ML	5 MG	1	01/01/2002	5/5/2008									
54868-0721-00	Q0169			1/1/2002	99/99/9999	HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	12 EA	BO	PO	EA	12.5 MG	1	01/01/2002	99/99/9999									
54868-0734-00	J3490			8/27/2002	99/99/9999	UNCLASSIFIED DRUGS	ENERGEX-B (S.D.V.,PF) 20 MCG/ML	1 ML	VL	IM	ML	1 EA	1	08/27/2002	99/99/9999									
54868-0740-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	U	ML	0.3 MG	1.33333	01/01/2002	12/31/2009									
54868-0740-01	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	U	ML	0.3 MG	1.33333	01/01/2002	12/31/2009									
54868-0748-00	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFILLED,MIN-I-JET) 0.4 MG/ML	1 ML	SR	U	ML	1 MG	0.4	01/01/2002	99/99/9999									
54868-0753-00	J0560			1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2 ML	SR	IM	ML	600000 U	1	01/01/2002	12/31/2010									
54868-0753-01	J0560			1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2 ML	SR	IM	ML	600000 U	1	01/01/2002	12/31/2010									
54868-0756-00	J3250			1/1/2002	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG	0.5	01/01/2002	99/99/9999									
54868-0762-00	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG	1	01/01/2002	99/99/9999									
54868-0762-01	J3420			9/18/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1 ML	VL	IM	ML	1000 MCG	1	09/18/2003	99/99/9999									
54868-0767-00	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL) 2 MEQ/ML	10 ML	VL	IV	ML	2 MEQ	1	01/01/2002	99/99/9999									
54868-0767-01	J3480			3/16/2007	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 2 MEQ/ML	250 ML	VL	IV	ML	2 MEQ	1	03/16/2007	99/99/9999									
54868-0768-00	J2920			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (S.D.V.) 40 MG	1 EA	VL	U	EA	40 MG	1	01/01/2002	99/99/9999									
54868-0776-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21 EA	DP	PO	EA	4 MG	1	01/01/2002	99/99/9999									
54868-0796-00	J1070			10/21/2004	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE 100 MG/ML	10 ML	VL	IM	ML	100 MG	1	10/21/2004	99/99/9999									
54868-0800-00	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	60 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0800-01	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	10 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0800-02	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0800-03	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	30 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0800-04	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	100 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0800-07	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE	AMANTADINE HCL 100 MG	15 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
54868-0821-00	J7510			4/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED DDT 15 MG	48 EA	BX	PO	EA	5 MG	3	04/11/2007	99/99/9999									
54868-0836-00	J7506			1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG	2	01/01/2002	99/99/9999									
54868-0836-02	J7506			1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG	2	01/01/2002	99/99/9999									
54868-0836-03	J7506			1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	5 MG	2	01/01/2002	99/99/9999									
54868-0836-04	J7506			1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA	5 MG	2	01/01/2002	99/99/9999									
54868-0836-05	J7506			1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG	2											

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0836-07	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
54868-0836-08	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG				2	01/01/2002	99/99/9999					
54868-0858-00	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1 ML	VL	IM	ML	25 MG				1	01/01/2002	99/99/9999					
54868-0871-00	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML	1 MG				4	01/01/2002	99/99/9999					
54868-0871-01	J1100			7/21/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125 ML	NA	IJ	ML	1 MG				4	07/21/2003	99/99/9999					
54868-0871-06	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML	1 MG				4	01/01/2002	99/99/9999					
54868-0908-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	30 EA	BO	PO	EA	5 MG				10	01/01/2002	99/99/9999					
54868-0908-01	J7506			11/10/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10 EA	BO	PO	EA	5 MG				10	11/10/2005	99/99/9999					
54868-0908-02	J7506			2/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3 EA	BO	PO	EA	5 MG				10	02/16/2006	99/99/9999					
54868-0908-03	J7506			5/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	50 EA	BO	PO	EA	5 MG				10	05/16/2006	99/99/9999					
54868-0908-04	J7506			2/6/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	60 EA	BO	PO	EA	5 MG				10	02/06/2007	99/99/9999					
54868-0916-00	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA	1 EA				1	01/01/2002	12/31/2005					
54868-0916-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA	0.25 MG				3	01/01/2006	99/99/9999					
54868-0921-01	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	30 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-0921-02	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	20 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-0921-04	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	50 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-0923-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	DELTAZONE 5 MG	30 EA	BO	PO	EA	5 MG				1	01/01/2002	99/99/9999					
54868-0934-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA	250 MG				1	01/01/2002	99/99/9999					
54868-0934-01	J0696			6/11/2003	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1 EA	NA	IJ	EA	250 MG				1	06/11/2003	99/99/9999					
54868-0948-00	J7616			9/19/2005	12/31/2005	COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	DUONEB 3 MG/3 ML-0.5 MG/3 ML	3 ML	PC	IH	ML	5 MG			0.16666	09/19/2005	12/31/2005						
54868-0948-00	J7620			1/1/2006	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB 3 MG/3 ML-0.5 MG/3 ML	3 ML	PC	IH	ML	2.5 MG			0.33333	01/01/2006	99/99/9999						
54868-0954-00	J7510			12/16/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML	5 MG				0.6	12/16/2003	99/99/9999					
54868-1050-00	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-1050-01	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-1050-03	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-1050-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-1050-05	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG				1	01/01/2002	99/99/9999					
54868-1050-06	Q0163			4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	DIPHENHYDRAMINE HCL 50 MG	15 EA	NA	PO	EA	50 MG				1	04/15/2002	99/99/9999					
54868-1081-02	Q0165			1/1/2002	12/31/2004	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPazine 10 MG	20 EA	BO	PO	EA	10 MG				1	01/01/2002	12/31/2004					
54868-1082-00	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	15 EA	BO	PO	EA	10 MG				1	01/01/2002	99/99/9999					
54868-1082-01	Q0165			1/29/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA	10 MG				1	01/29/2004	99/99/9999					
54868-1082-02	Q0165			6/3/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA	10 MG				1	06/03/2005	99/99/9999					
54868-1082-03	Q0165			8/24/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA	10 MG				1	08/24/2007	99/99/9999					
54868-1082-04	Q0165			2/10/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA	10 MG				1	02/10/2005	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1082-05		Q0165		6/9/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	06/09/2005	99/99/9999						
54868-1082-06		Q0165		4/16/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	90 EA	BO	PO	EA		10 MG		1	04/16/2007	99/99/9999						
54868-1119-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100 EA	BO	PO	EA		5 MG		0.2	01/01/2002	99/99/9999						
54868-1119-02		J7506		12/9/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	90 EA	BO	PO	EA		5 MG		0.2	12/09/2002	99/99/9999						
54868-1119-03		J7506		12/9/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	30 EA	BO	PO	EA		5 MG		0.2	12/09/2002	99/99/9999						
54868-1119-04		J7506		6/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	15 EA	BO	PO	EA		5 MG		0.2	06/01/2004	99/99/9999						
54868-1119-05		J7506		10/5/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	60 EA	BO	PO	EA		5 MG		0.2	10/05/2004	99/99/9999						
54868-1126-00		J8999		8/11/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	50 EA	BO	PO	EA		1 EA		1	08/11/2003	99/99/9999						
54868-1126-01		J8999		11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	30 EA	BO	PO	EA		1 EA		1	11/22/2005	99/99/9999						
54868-1126-02		J8999		11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	10 EA	BO	PO	EA		1 EA		1	11/22/2005	99/99/9999						
54868-1126-03		J8999		11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	25 EA	BO	PO	EA		1 EA		1	11/22/2005	99/99/9999						
54868-1126-04		J8999		5/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	5 EA	BO	PO	EA		1 EA		1	05/23/2006	99/99/9999						
54868-1126-05		J8999		10/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	100 EA	BO	PO	EA		1 EA		1	10/17/2006	99/99/9999						
54868-1133-00		J2910		1/1/2002	10/20/2004	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	SOLGANAL (VIAL) 50 MG/ML	10 ML	VL	IM	ML		50 MG		1	01/01/2002	10/20/2004						
54868-1183-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54868-1183-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54868-1183-02		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54868-1183-03		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54868-1183-07		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	01/01/2002	99/99/9999						
54868-1183-08		J7506		8/19/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	08/19/2003	99/99/9999						
54868-1183-09		J7506		8/15/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA		5 MG		4	08/15/2005	99/99/9999						
54868-1227-00		Q0163		2/23/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG		0.05	02/23/2006	99/99/9999						
54868-1227-02		Q0163		10/22/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	10/22/2002	99/99/9999						
54868-1284-02		Q0164		1/1/2002	12/31/2004	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	COMPazine 5 MG	30 EA	BO	PO	EA		5 MG		1	01/01/2002	12/31/2004						
54868-1323-00		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
54868-1323-01		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
54868-1323-02		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG		1	07/02/2003	99/99/9999						
54868-1323-04		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999	1/1/2002	4/15/2002	1			
54868-1323-05		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
54868-1323-06		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	01/01/2002	99/99/9999						
54868-1323-07		Q0170		6/15/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	06/15/2005	99/99/9999						
54868-1323-08		Q0170		9/21/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	50 EA	BO	PO	EA		25 MG		1	09/21/2005	99/99/9999						
54868-1363-00		J0170		1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	01/01/2002	12/31/2010						
54868-1366-00		J8999		4/6/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100 EA	BO	PO	EA		1 EA		1	04/06/2006	99/99/9999						
54868-1367-00		J8999		8/8/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100 EA	BO	PO	EA		1 EA		1	08/08/2003	99/99/9999						
54868-1429-01		J1820		1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN N 100 U/ML	10 ML	VL	SC	ML		100 U		1	01/01/2002	12/31/2002						
54868-1429-01		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10 ML	VL	SC	ML		5 U		20	01/01/2003	99/99/9999						
54868-1485-01		Q0173		1/1/2002	2/12/2002	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 100 MG	15 EA	BO	PO	EA		250 MG		0.4	01/01/2002	02/12/2002						
54868-1613-02		J8498		9/11/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 50 MG	6 EA	BX	RC	EA		1 EA		1	09/11/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1629-00	J8999			10/3/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA	1 EA		1	10/03/2005	99/99/9999							
54868-1629-01	J8999			10/3/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	14 EA	BO	PO	EA	1 EA		1	10/03/2005	99/99/9999							
54868-1629-02	J8999			7/6/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	30 EA	BO	PO	EA	1 EA		1	07/06/2007	99/99/9999							
54868-1720-00	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120 ML	BO	PO	ML	5 MG		0.2	01/01/2002	99/99/9999							
54868-1729-00	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5 ML	VL	IM	ML	5 MG		1	01/01/2002	99/99/9999							
54868-1744-00	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005							
54868-1744-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA	0.25 MG		6	01/01/2006	99/99/9999							
54868-1795-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 1%	50 ML	VL	EP	ML	50 ML		0.02	01/01/2002	12/31/2003							
54868-1795-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 1%	50 ML	VL	EP	ML	10 MG		1	01/01/2004	99/99/9999							
54868-1798-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (M.D.V.) 2%	10 ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003							
54868-1798-01	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (M.D.V.) 2%	10 ML	VL	IJ	ML	10 MG		2	01/01/2004	99/99/9999							
54868-1854-00	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							
54868-1854-01	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							
54868-1854-03	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60 EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							
54868-1854-04	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999							
54868-1867-00	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG		0.05	01/01/2002	99/99/9999							
54868-1932-00	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	1 MG		12.5	01/01/2002	12/31/2005							
54868-1932-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
54868-1932-01	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	1 EA	BX	RC	EA	1 MG		12.5	01/01/2002	12/31/2005							
54868-1932-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	1 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
54868-1932-02	K0416			9/30/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA	1 MG		12.5	09/30/2002	12/31/2005							
54868-1932-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999							
54868-1963-00	Q0174			2/11/2003	99/99/9999	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, 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	TORECAN 10 MG	15 EA	BO	PO	EA	10 MG		1	02/11/2003	99/99/9999							
54868-1963-01	Q0174			2/11/2003	99/99/9999	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, 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	TORECAN 10 MG	10 EA	BO	PO	EA	10 MG		1	02/11/2003	99/99/9999							
54868-1994-00	J1040			1/1/2002	4/16/2002	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE 80 MG/ML	5 ML	VL	IJ	ML	80 MG		1	01/01/2002	04/16/2002							
54868-2048-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1 ML	VL	IJ	ML	50 MG		1	01/01/2002	99/99/9999							
54868-2048-01	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1 ML	VL	IJ	ML	50 MG		1	01/01/2002	99/99/9999							
54868-2062-00	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (AMP) 0.4 MG/ML	1 ML	AM	IJ	ML	1 MG		0.4	01/01/2002	99/99/9999							
54868-2064-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML	50 ML		0.02	01/01/2002	12/31/2003							
54868-2064-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML	10 MG		2	01/01/2004	99/99/9999							
54868-2064-01	J2001			6/23/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL 2%	1250 ML	VL	IJ	ML	10 MG		2	06/23/2006	99/99/9999							
54868-2065-00	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL 1 MG/ML	1 ML	AM	IJ	ML	1 ML		1	01/01/2002	12/31/2010							
54868-2065-01	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL 1 MG/ML	1 ML	AM	IJ	ML	1 ML		1	01/01/2002	12/31/2010							
54868-2088-00	J2550			9/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	25 ML	AM	IJ	ML	50 MG		1	09/29/2005	99/99/9999							
54868-2184-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54868-2184-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	30 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54868-2184-03	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	25 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54868-2184-04	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	50 EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999							
54868-2219-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL, TAX INCL) 10 MCG/ML	3 ML	VL	IM	ML	1 EA		1	01/01/2002	99/99/9999							
54868-2219-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL) 10 MCG/ML	1 ML	VL	IM	ML	1 EA		1	01/01/2002	99/99/9999							
54868-2289-01	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	BAYHEP B (S.D.V., 200 IU/ML)	1 ML	VL	IM	ML	1 EA		1	01/01/2002	12/31/2002							
54868-2289-01	J3590			1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	BAYHEP B (S.D.V., 200 IU/ML)	1 ML	VL	IM	ML	1 EA		1	01/01/2003	99/99/9999							
54868-2299-00	J1940			9/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABBOJECT) 10 MG/ML	250 ML	VL	IJ	ML	20 MG		0.5	09/29/2005	99/99/9999							
54868-2302-00	Q0172			1/1/2002	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 50 MG	10 EA	BO	PO	EA	25 MG		2	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 50 MG	100 EA	BO	PO	EA	25 MG	2			01/01/2002	99/99/9999						
54868-2302-02		Q0172		1/1/2002	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL 50 MG	100 EA	BO	PO	EA	25 MG	2			01/01/2002	99/99/9999						
54868-2320-01	J3360			1/1/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	2 ML	SR	IJ	ML	5 MG	1			01/01/2002	99/99/9999						
54868-2320-02	J3360			1/1/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP) 5 MG/ML	2 ML	AM	IJ	ML	5 MG	1			01/01/2002	99/99/9999						
54868-2331-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML	50 ML	0.02			01/01/2002	12/31/2003						
54868-2331-00	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML	10 MG	1			01/01/2004	12/31/2007						
54868-2331-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	30 ML	VL	EP	ML	50 ML	0.02			01/01/2002	12/31/2003						
54868-2331-01	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	30 ML	VL	EP	ML	10 MG	1			01/01/2004	12/31/2007						
						CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 100 MG	100 EA	BO	PO	EA	25 MG	4			01/01/2002	99/99/9999						
54868-2347-00	Q0172			1/1/2002	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL 100 MG	100 EA	BO	PO	EA	25 MG	4			01/01/2002	99/99/9999						
54868-2362-01	J1990			1/1/2002	10/14/2004	INJECTION, CHLORDIAZEPAM HCL, UP TO 100 MG	LIBRIUM (DUPEX AMP W/DILUENT) 100 MG	1 EA	AM	IJ	EA	100 MG	1			01/01/2002	10/14/2004						
54868-2380-01	J1815			7/16/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N 100 U/ML	10 ML	VL	SC	ML	5 U	20			07/16/2007	99/99/9999						
54868-2407-01	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATTIVAN 2 MG/ML	10 ML	VL	IJ	ML	2 MG	1			01/01/2002	99/99/9999						
54868-2429-01	J0515			1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2 ML	AM	IJ	ML	1 MG	1			01/01/2002	99/99/9999						
						CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG	1			01/01/2002	99/99/9999						
54868-2464-00	Q0172			1/1/2002	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CHLORPROMAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG	1			01/01/2002	99/99/9999						
						CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	60 EA	NA	PO	EA	25 MG	1			08/08/2007	99/99/9999						
54868-2464-02	Q0172			8/8/2007	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BICILLIN L-A (10X4ML) 600000 U/ML	4 ML	SR	IM	ML	600000 U	1			06/12/2006	12/31/2010						
54868-2466-00	J0560			6/12/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X4ML) 600000 U/ML	4 ML	SR	IM	ML	600000 U	1			06/12/2006	12/31/2010						
						ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83			01/01/2008	03/31/2008						
54868-2472-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83			01/01/2008	03/31/2008						
54868-2472-01	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83			04/01/2008	99/99/9999						
54868-2472-00	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83			04/01/2008	99/99/9999						
54868-2472-01	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83			04/01/2008	99/99/9999						
						ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	3 ML	PC	IH	ML	1 MG	5			01/01/2008	03/31/2008						
54868-2472-01	J7602			1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	3 ML	PC	IH	ML	1 MG	5			04/01/2008	99/99/9999						
54868-2488-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA	250 MG	4			01/01/2002	99/99/9999						
54868-2489-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	THIAMINE HCL 100 MG/ML	2 ML	VL	IJ	ML	1 EA	1			01/01/2002	12/31/2003						
54868-2489-01	J3411			1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL 100 MG/ML	2 ML	VL	IJ	ML	100 MG	1			01/01/2004	99/99/9999						
54868-2522-00	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V., PF) 300 MCG/ML	1 ML	VL	IJ	ML	300 MCG	1			01/01/2002	99/99/9999						
54868-2523-00	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10			01/01/2002	12/31/2005						
54868-2523-00	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10			01/01/2006	99/99/9999						
54868-2523-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10			01/01/2002	12/31/2005						
54868-2523-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10			01/01/2006	99/99/9999						
54868-2526-00	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (VIAL/DOSETTE) 100 U/ML	1 ML	VL	IJ	ML	10 U	10			01/01/2002	99/99/9999						
54868-2527-00	A4216			6/28/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150X5ML) 0.9%	5 ML	SR	IV	ML	10 ML	0.1			06/28/2007	99/99/9999						
						PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V., PF) 300 MG	1 EA	VL	IH	EA	300 MG	1			1/1/2007	99/99/9999						
54868-2528-00	J2545			1/1/2007	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL) 30 MG/ML	10 ML	VL	IJ	ML	30 MG	1			01/01/2002	99/99/9999						
54868-2530-00	J3070			1/1/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML	6 MG	2			01/01/2002	99/99/9999						
54868-2652-00	J3030			1/1/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SDV) 6 MG/0.5 ML	5 ML	VL	SC	ML	6 MG	2			08/28/2006	99/99/9999						
54868-2652-01	J3030			8/28/2006	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE 10 MG	30 EA	BO	PO	EA	10 MG	1			02/01/2007	99/99/9999						
54868-2684-01	Q0171			2/1/2007	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA	4 MG	1			01/01/2002	99/99/9999						
54868-2686-00	Q0175			1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA	8 MG	1			01/01/2002	99/99/9999						
54868-2687-01	Q0176			1/1/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA	8 MG	1			01/01/2002	99/99/9999						
54868-2687-02	Q0176			6/12/2007	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA	8 MG	1			06/12/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2695-00	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	U	ML	50 MG			0.5	01/01/2002	99/99/9999						
54868-2746-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML	100 U			1	01/01/2002	12/31/2002						
54868-2746-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U			20	01/01/2003	99/99/9999						
54868-2777-00	J1817			5/7/2007	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG 100 U/ML	10 ML	VL	SC	ML	50 U			2	05/07/2007	99/99/9999						
54868-2825-00	J1950			3/10/2003	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT 3.75 MG	1 EA	BX	IM	EA	3.75 MG			1	03/10/2003	99/99/9999						
54868-2844-00	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 50 MG	60 EA	BO	PO	EA	25 MG			2	01/01/2002	99/99/9999						
54868-2844-01	Q0170			4/21/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 50 MG	30 EA	BO	PO	EA	25 MG			2	04/21/2008	99/99/9999						
54868-2889-00	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML	50 MG			1	01/01/2002	99/99/9999						
54868-2889-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML	50 MG			1	01/01/2002	99/99/9999						
54868-2892-00	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
54868-2892-02	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
54868-2892-03	Q0177			9/19/2005	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG			1	09/19/2005	99/99/9999						
54868-2892-04	Q0177			10/11/2005	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA	25 MG			1	10/11/2005	99/99/9999						
54868-2913-00	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	4 MG			1	01/01/2002	99/99/9999						
54868-2913-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	BO	PO	EA	4 MG			1	01/01/2002	99/99/9999						
54868-2913-02	J7509			7/29/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	60 EA	BO	PO	EA	4 MG			1	07/29/2003	99/99/9999						
54868-2973-00	Q0173			1/1/2002	12/31/2004	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	15 EA	BO	PO	EA	250 MG			1	01/01/2002	12/31/2004						
54868-2973-02	Q0173			1/1/2002	12/31/2004	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG			1	01/01/2002	12/31/2004						
54868-2973-03	Q0173			1/1/2002	12/31/2004	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	30 EA	BO	PO	EA	250 MG			1	01/01/2002	12/31/2004						
54868-2973-04	Q0173			5/26/2004	12/31/2004	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	250 MG			1	05/26/2004	12/31/2004						
54868-3004-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	120 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
54868-3004-02	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
54868-3004-03	J8999			2/2/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	180 EA	BO	PO	EA	1 EA			1	02/02/2006	99/99/9999						
54868-3004-04	J8999			4/10/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100 EA	BO	PO	EA	1 EA			1	04/10/2006	99/99/9999						
54868-3004-05	J8999			4/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	30 EA	BO	PO	EA	1 EA			1	04/13/2006	99/99/9999						
54868-3025-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15 EA	BO	PO	EA	1 EA			1	01/01/2002	99/99/9999						
54868-3050-00	J1441			8/14/2006	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN 480 MCG/0.8 ML	10 ML	SR	IJ	ML	480 MCG			1.25	08/14/2006	99/99/9999						
54868-3053-00	J1200			1/13/2006	99/99/9999	INJECTION, DIPHEHYDRAMINE HCL, UP TO 50 MG	BENADRYL 50 MG/ML	25 ML	VL	IJ	ML	50 MG			1	01/13/2006	99/99/9999						
54868-3084-00	Q0167			1/1/2002	99/99/9999	DRONABINOL, 2.5 MG, ORAL, 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	MARINOL (SOFTGEL) 2.5 MG	60 EA	BO	PO	EA	2.5 MG			1	01/01/2002	99/99/9999						
54868-3084-01	Q0167			2/11/2004	99/99/9999	DRONABINOL, 2.5 MG, ORAL, 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	MARINOL 2.5 MG	30 EA	BO	PO	EA	2.5 MG			1	02/11/2004	99/99/9999						
54868-3084-02	Q0167			1/27/2006	99/99/9999	DRONABINOL, 2.5 MG, ORAL, 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	MARINOL (SOFTGEL) 2.5 MG	90 EA	BO	PO	EA	2.5 MG			1	01/27/2006	99/99/9999						
54868-3089-00	J7799			12/11/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (10X50ML) 50%	50 ML	SR	IV	ML	1 EA			1	12/11/2006	99/99/9999						
54868-3089-01	J7799			12/5/2007	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1X1250ML) 50%	1250 ML	GC	IV	ML	1 EA			1	12/05/2007	99/99/9999						
54868-3099-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240 ML	BO	PO	ML	1 EA			1	01/01/2002	99/99/9999						
54868-3112-00	K0416			1/1/2002	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 MG			25	01/01/2002	12/31/2005						
54868-3112-01	J8498			1/1/2006	99/99/9999	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 MG			1	01/01/2006	99/99/9999						
54868-3112-01	K0416			4/12/2004	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA			25	04/12/2004	12/31/2005						
54868-3112-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA			1	01/01/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3134-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30 ML	VL	IJ	ML		1 EA		1	01/01/2002	99/99/9999						
54868-3134-01	J3490			2/2/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL 0.5%	50 ML	VL	IJ	ML		1 EA		1	02/02/2007	99/99/9999						
54868-3136-00	J2690			2/18/2004	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (VIAL,FLIPTOP) 100 MG/ML	10 ML	VL	IV	ML		1 GM		0.1	02/18/2004	99/99/9999						
54868-3157-00	Q0181			6/21/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 2 MG	10 EA	BO	PO	EA		1 EA		1	06/21/2005	12/31/2005						
54868-3157-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	10 EA	BO	PO	EA		0.25 MG		8	01/01/2006	99/99/9999						
54868-3157-01	J8540			5/10/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP, GLUTEN-FREE) 2 MG	48 EA	BO	PO	EA		0.25 MG		8	05/10/2007	99/99/9999						
54868-3179-00	J7669			1/1/2002	12/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	VL	IH	ML		10 MG		0.6	01/01/2002	12/31/2004						
54868-3179-00	KO J7669	KO		1/1/2002	12/31/2004	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	VL	IH	ML		10 MG		0.6	01/01/2002	12/31/2004						
54868-3181-00	J3030			1/1/2002	12/31/2004	INJECTION, SUMATRIPTAN SUCCLATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SRN) 6 MG/0.5 ML	2 ML	BX	SC	ML		6 MG		2	01/01/2002	12/31/2004						
54868-3188-00	J2820			5/23/2006	99/99/9999	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	5 ML	VL	IV	ML		50 MCG		10	05/23/2006	99/99/9999						
54868-3189-00	Q0168			6/7/2005	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	25 EA	BO	PO	EA		5 MG		1	06/07/2005	99/99/9999						
54868-3189-01	Q0168			1/30/2006	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL 5 MG	100 EA	BO	PO	EA		5 MG		1	01/30/2006	99/99/9999						
54868-3189-02	Q0168			2/7/2006	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL 5 MG	60 EA	BO	PO	EA		5 MG		1	02/07/2006	99/99/9999						
54868-3189-03	Q0168			6/6/2006	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL 5 MG	15 EA	NA	PO	EA		5 MG		1	06/06/2006	99/99/9999						
54868-3216-00	G9017			2/23/2005	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (RASPBERRY) 50 MG/5 ML	473 ML	BO	PO	ML		100 MG		0.1	02/23/2005	05/31/2005						
54868-3220-00	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
54868-3221-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	01/01/2002	99/99/9999						
54868-3221-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	01/01/2002	99/99/9999						
54868-3230-01	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (UNI-AMP) 50 MG/ML	25 ML	AM	IJ	ML		100 MG		0.5	01/01/2002	99/99/9999						
54868-3231-01	J7643			1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
54868-3231-01	KO J7643	KO		1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	01/01/2002	99/99/9999						
54868-3234-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (12 DAY UNI-PAK) 10 MG	48 EA	DP	PO	EA		5 MG		2	01/01/2002	99/99/9999						
54868-3236-00	J3490			1/2/2003	99/99/9999	UNCLASSIFIED DRUGS	ENERGIX-B PEDIATRIC 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA		1	01/02/2003	99/99/9999						
54868-3244-00	Q0144			6/8/2004	99/99/9999	AZITHROMYIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	3 EA	DP	PO	EA		1 GM		0.5	06/08/2004	99/99/9999						
54868-3277-00	J1950			1/1/2002	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPO SUSPENSION), PER 3.75 MG	LUPRON DEPO (S.D.V.) 3.75 MG	1 EA	BX	IM	EA		3.75 MG		1	01/01/2002	99/99/9999						
54868-3341-00	J9214			7/2/2003	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A 50 Million IU	1 EA	VL	IJ	EA		1 MU		50	07/02/2003	99/99/9999						
54868-3344-00	J3303			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN (M.D.V.) 20 MG/ML	1 ML	VL	IJ	ML		5 MG		4	01/01/2002	99/99/9999						
54868-3348-01	J1050			1/1/2002	12/31/2002	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML		100 MG		4	01/01/2002	12/31/2002						
54868-3348-01	J1051			1/1/2003	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML		50 MG		8	01/01/2003	99/99/9999						
54868-3349-00	J0560			1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (M.D.V.) 300000 U/ML	10 ML	VL	IM	ML		600000 U		0.5	01/01/2002	12/31/2010						
54868-3392-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (VIAL) 0.5%	50 ML	VL	IJ	ML		50 ML		0.02	01/01/2002	12/31/2003						
54868-3392-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (VIAL) 0.5%	50 ML	VL	IJ	ML		10 MG		0.5	01/01/2004	99/99/9999						
54868-3407-00	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2008	03/31/2008						
54868-3407-00	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	04/01/2008	99/99/9999						
54868-3429-00	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	99/99/9999						
54868-3429-01	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	01/01/2002	99/99/9999						
54868-3437-00	J3490			2/2/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE 0.25%	50 ML	VL	IJ	ML		1 EA		1	02/02/2007	99/99/9999						
54868-3441-00	G9036			12/1/2004	5/31/2005	RIMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	20 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
54868-3459-00	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG		1	01/01/2002	99/99/9999						
54868-3471-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	01/01/2002	99/99/9999						
54868-3474-00	J1820			1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		100 U		1	01/01/2002	12/31/2002						
54868-3474-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	01/01/2003	99/99/9999						
54868-3479-00	J7618			1/1/2000	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	VENTOLIN, 0.5% PENICILLIN G POTASSIUM (VIAL) 5 Million U	20 ML	BO	IH	ML		1 MG		5	01/01/2000	12/31/2004						
54868-3480-00	J2540			1/1/2002	12/8/2004	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	VENTOLIN, 0.5% PENICILLIN G POTASSIUM (VIAL) 5 Million U	1 EA	VL	IV	EA		600000 U		8.33333	01/01/2002	12/08/2004						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3481-00		J0290		1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 1 GM	1 EA	VL	IJ	EA	500 MG			2	01/01/2002	99/99/9999						
54868-3508-00		Q0179		1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
54868-3508-01		Q0179		1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	30 EA	BO	PO	EA	8 MG			0.5	01/01/2002	99/99/9999						
54868-3508-02		Q0179		10/20/2003	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	10 EA	BO	PO	EA	8 MG			0.5	10/20/2003	99/99/9999						
54868-3509-00		Q0179		1/1/2002	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA	8 MG			1	01/01/2002	99/99/9999						
54868-3509-01		Q0179		6/28/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	15 EA	BO	PO	EA	8 MG			1	06/28/2005	99/99/9999						
54868-3509-02		Q0179		7/7/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	10 EA	BO	PO	EA	8 MG			1	07/07/2005	99/99/9999						
54868-3509-03		Q0179		10/19/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 8 MG	20 EA	BO	PO	EA	8 MG			1	10/19/2005	99/99/9999						
54868-3555-00		J7631		3/24/2003	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	03/24/2003	99/99/9999						
54868-3555-00	KO	J7631	KO	3/24/2003	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2 ML	PC	IH	ML	10 MG			1	03/24/2003	99/99/9999						
54868-3559-00		J2175		1/1/2002	9/30/2005	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL 50 MG/ML	30 ML	VL	IJ	ML	100 MG			0.5	01/01/2002	09/30/2005						
54868-3566-00		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	2 MG			1	01/01/2002	99/99/9999						
54868-3566-01		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	2 MG			1	01/01/2002	99/99/9999						
54868-3566-02		J2060		1/10/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25 ML	VL	IJ	ML	2 MG			1	01/10/2007	99/99/9999						
54868-3583-00		J3490		1/1/2002	9/30/2003	UNCLASSIFIED DRUGS	DOPAMINE HCL (SRN) 40 MG/ML	10 ML	SR	IV	ML	1 EA			1	01/01/2002	09/30/2003						
54868-3583-00		Q4076		10/1/2003	7/9/2005	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (SRN) 40 MG/ML	10 ML	SR	IV	ML	40 MG			1	10/01/2003	07/09/2005						
54868-3598-00		J1815		6/30/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R 100 U/ML	10 ML	VL	IJ	ML	5 U			20	06/30/2005	99/99/9999						
54868-3608-00		J2300		1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL 10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	01/01/2002	99/99/9999						
54868-3608-01		J2300		5/24/2007	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	05/24/2007	99/99/9999						
54868-3609-00		J2300		1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 20 MG/ML	10 ML	AM	IJ	ML	10 MG			2	01/01/2002	99/99/9999						
54868-3610-00		J2175		1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (M.D.V.) 100 MG/ML	20 ML	VL	IJ	ML	100 MG			1	01/01/2002	99/99/9999						
54868-3611-00		J2175		1/1/2002	9/30/2005	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL) 100 MG/ML	20 ML	VL	IJ	ML	100 MG			1	01/01/2002	09/30/2005						
54868-3613-00		J1055		1/1/2002	99/99/9999	MG	DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1 ML	VL	IM	ML	150 MG			1	01/01/2002	99/99/9999						
54868-3615-00		J1642		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (VIAL,DOSETTE,PF) 100 U/ML	1 ML	VL	IV	ML	10 U			10	01/01/2002	99/99/9999						
54868-3618-00		J1080		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10 ML	VL	IM	ML	200 MG			1	04/14/2005	99/99/9999						
54868-3618-01		J1080		8/10/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1 ML	VL	IM	ML	200 MG			1	08/10/2007	99/99/9999	1/1/2002	11/8/2002	1			
54868-3619-00		J1820		1/1/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMULIN R 100 U/ML	10 ML	VL	IJ	ML	100 U			1	01/01/2002	12/31/2002						
54868-3619-00		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10 ML	VL	IJ	ML	5 U			20	01/01/2003	99/99/9999						
54868-3623-00		J2930		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (W/DILUENT) 500 MG	1 EA	VL	IJ	EA	125 MG			4	01/01/2002	99/99/9999						
54868-3637-00		J2930		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG			1	01/01/2002	99/99/9999						
54868-3637-01		J2930		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG			1	01/01/2002	99/99/9999						
54868-3641-00		J0170		1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML	1 ML			1	01/01/2002	12/31/2010						
54868-3644-00		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (M.D.V.) 10 MG/ML	30 ML	VL	IJ	ML	50 MG			0.2	01/01/2002	99/99/9999						
54868-3645-00		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT) 10 MG/ML	2 ML	SR	IJ	ML	20 MG			0.5	01/01/2002	99/99/9999						
54868-3648-00		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (TRI-PACK) 500 MG	3 EA	PO	PO	EA	1 GM			0.5	11/16/2005	99/99/9999						
54868-3670-00		J3360		1/1/2002	12/31/2004	INJECTION, DIAZEPAM, UP TO 5 MG	VALIUM 5 MG/ML	2 ML	AM	IJ	ML	5 MG			1	01/01/2002	12/31/2004						
54868-3682-00		J7649		1/1/2002	10/29/2004	MILLIGRAM	ISOETHARINE HCL (W/DROPPER) 1%	30 ML	BO	IH	ML	1 MG			10	01/01/2002	10/29/2004						
54868-3682-00	KO	J7649	KO	1/1/2002	10/29/2004	MILLIGRAM	ISOETHARINE HCL (W/DROPPER) 1%	30 ML	BO	IH	ML	1 MG			10	01/01/2002	10/29/2004						
54868-3686-00		J2300		1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	01/01/2002	99/99/9999						
54868-3686-01		J2300		1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	01/01/2002	99/99/9999						
54868-3692-00		J0380		1/1/2002	12/31/2004	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	ARAMINE 10 MG/ML	10 ML	VL	IJ	ML	10 MG			1	01/01/2002	12/31/2004						
54868-3694-00		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA	1 EA			1	01/01/2002	99/99/9999						
54868-3695-00		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	99/99/9999						
54868-3703-00		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (18GX1-1/2") 50%	50 ML	VL	IV	ML	1 EA			1	01/01/2002	99/99/9999						
54868-3727-00		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 2.5 GM	1 EA	VL	IV	EA	1 EA			1	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3738-00	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
54868-3738-01	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML	0.1 MG	0.5	01/01/2002	99/99/9999								
54868-3826-00	None			12/4/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16 EA	DP	PO	EA	2.5 MG		12/04/2002	99/99/9999								
54868-3826-01	None			12/4/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	12 EA	DP	PO	EA	2.5 MG		12/04/2002	99/99/9999								
54868-3826-02	None			12/9/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	24 EA	DP	PO	EA	2.5 MG		12/09/2002	99/99/9999								
54868-3826-03	None			8/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20 EA	BO	PO	EA	2.5 MG		08/25/2003	99/99/9999								
54868-3826-04	None			8/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28 EA	BO	PO	EA	2.5 MG		08/25/2003	99/99/9999								
54868-3826-05	None			7/20/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA	2.5 MG		07/20/2004	99/99/9999								
54868-3826-06	None			11/22/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50 EA	BO	PO	EA	2.5 MG		11/22/2004	99/99/9999								
54868-3826-07	None			11/4/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	BO	PO	EA	2.5 MG		11/04/2005	99/99/9999								
54868-3843-00	J1885			6/21/2002	8/6/2007	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	TORADOL IV/IM (TUBEX, 22GX1/2") 30 MG/ML	1 ML	SR	IJ	ML	15 MG	2	06/21/2002	08/06/2007								
54868-3847-00	J3490			1/1/2002	12/31/2004	UNCLASSIFIED DRUGS	CEFOTAN (VIAL) 1 GM	1 EA	VL	IJ	EA	1 EA	1	01/01/2002	12/31/2004								
54868-3851-00	J3490			1/1/2002	12/31/2004	UNCLASSIFIED DRUGS	CEFOTAN (VIAL) 2 GM	1 EA	VL	IJ	EA	1 EA	1	01/01/2002	12/31/2004								
54868-3859-01	J2560			1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (TUBEX) 30 MG/ML	1 ML	SR	IJ	ML	120 MG	0.25	01/01/2002	99/99/9999								
54868-3873-00	J1800			12/11/2006	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL (S.D.V., 10X1ML) 1 MG/ML	1 ML	VL	IJ	ML	1 MG	1	12/11/2006	99/99/9999								
54868-3889-00	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10 ML	VL	IJ	ML	1 MCG	4	01/01/2002	99/99/9999								
54868-3890-00	J1790			1/1/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (AMP) 2.5 MG/ML	1 ML	AM	IJ	ML	5 MG	0.5	01/01/2002	99/99/9999								
54868-3893-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	0.3 MG	3.33333	01/01/2002	12/31/2009								
54868-3894-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE (AMP) 2%	5 ML	AM	IJ	ML	50 ML	0.02	01/01/2002	12/31/2003								
54868-3894-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE (AMP) 2%	5 ML	AM	IJ	ML	10 MG	2	01/01/2004	99/99/9999								
54868-3896-00	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML	40 MG	1	01/01/2002	99/99/9999								
54868-3896-01	J1030			5/3/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	25 ML	VL	IJ	ML	40 MG	1	05/03/2005	99/99/9999								
54868-3896-02	J1030			2/2/2007	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL 40 MG/ML	5 ML	VL	IJ	ML	40 MG	1	02/02/2007	99/99/9999								
54868-3905-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	6000 ML	FC	IJ	ML	10 ML	0.1	01/01/2002	12/31/2003								
54868-3905-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	6000 ML	FC	IJ	ML	500 ML	0.002	01/01/2004	99/99/9999								
54868-3910-00	J0725			5/2/2003	12/13/2005	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PROFASI 10000 U	1 EA	VL	IM	EA	1000 USP Units	10	05/02/2003	12/13/2005								
54868-3975-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.)	10 ML	VL	IJ	ML	10 ML	0.1	01/01/2002	12/31/2003								
54868-3975-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IJ	ML	10 ML	0.1	01/01/2004	99/99/9999								
54868-3977-00	J1095			1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE ACETATE (VIAL) 8 MG/ML	5 ML	VL	IJ	ML	8 MG	1	01/01/2002	12/31/2002								
54868-3977-00	J1094			1/1/2003	7/27/2005	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (VIAL) 8 MG/ML	5 ML	VL	IJ	ML	1 MG	8	01/01/2003	07/27/2005								
54868-3979-00	J0740			4/12/2006	99/99/9999	INJECTION, CIDOFOVIR, 375 MG	VISTIDE 75 MG/ML	5 ML	VL	IJ	ML	375 MG	0.2	04/12/2006	99/99/9999								
54868-3996-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3996-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3996-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3996-03	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3996-04	J8499			6/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA	1 EA	1	06/17/2004	99/99/9999								
54868-3996-05	J8499			8/6/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60 EA	BO	PO	EA	1 EA	1	08/06/2007	99/99/9999								
54868-3997-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3997-01	J8499			6/12/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA	1	06/12/2003	99/99/9999								
54868-3997-02	J8499			9/25/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA	1 EA	1	09/25/2003	99/99/9999								
54868-3997-03	J8499			10/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA	1 EA	1	10/20/2003	99/99/9999								
54868-3997-04	J8499			11/3/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA	1	11/03/2003	99/99/9999								
54868-3997-05	J8499			8/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA	1 EA	1	08/01/2005	99/99/9999								
54868-3998-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3998-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	BO	PO	EA	1 EA	1	01/01/2002	99/99/9999								
54868-3998-02	J8499			3/5/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15 EA	BO	PO	EA	1 EA	1	03/05/2003	99/99/9999								
54868-3998-03	J8499			12/8/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA	1 EA	1	12/08/2003	99/99/9999								
54868-3998-04	J8499			1/28/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40 EA	BO	PO	EA	1 EA	1	01/28/2004	99/99/9999								
54868-3998-05	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA	1 EA	1	06/09/2004	99/99/9999								
54868-3998-06	J8499			7/6/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA	1 EA	1	07/06/2004	99/99/9999								
54868-3998-07	J8499			7/23/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA	1 EA	1	07/23/2004	99/99/9999								
54868-3998-08	J8499			4/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA	1 EA	1	04/22/2005	99/99/9999								
54868-4021-00	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP) 25 MG/ML	1 ML	AM	IJ	ML	50 MG	0.5	01/01/2002	99/99/9999								
54868-4047-00	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA	500 MG	1	01/01/2002	99/99/9999								
54868-4050-00	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	JR	NA	GM	100 MG	10	01/01/2002	99/99/9999								
54868-4061-00	J3360			1/1/2002	7/21/2003	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (VIAL) 5 MG/ML	1 ML	VL	IJ	ML	5 MG	1	01/01/2002	07/21/2003								
54868-4076-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	01/01/2002	99/99/9999								
54868-4078-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM	0.04	01/01/2002	99/99/9								

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
54868-4100-00	J1055			1/1/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG		1	01/01/2002	99/99/9999						
54868-4100-01	J1055			2/11/2002	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG		1	02/11/2002	99/99/9999						
54868-4103-00	J1580			2/12/2003	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (FLIPTOP VIAL) 40 MG/ML	2	ML	VL	IJ	ML	80	MG		0.5	02/12/2003	99/99/9999						
54868-4106-00	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG		0.5	01/01/2002	99/99/9999						
54868-4109-00	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	50	MG		2	01/01/2002	99/99/9999						
54868-4121-00	J0725			7/13/2007	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROP 10000 U	1	EA	VL	IM	EA	1000	USP Units		10	07/13/2007	99/99/9999						
54868-4123-00	J0585			1/1/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1	EA	VL	IM	EA	1	U		100	01/01/2002	99/99/9999						
54868-4136-00	J2180			1/1/2002	12/31/2004	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	MEPERGAN (TUBEX,22GX1 1/4") 25 MG/ML-25 MG/ML	2	ML	SR	IJ	ML	50	MG		1	01/01/2002	12/31/2004						
54868-4137-00	J0780			1/1/2002	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	10	MG		0.5	01/01/2002	99/99/9999						
54868-4138-00	Q0180			2/10/2005	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 100 MG	5	EA	BO	PO	EA	100	MG		1	02/10/2005	99/99/9999						
54868-4138-01	Q0180			9/22/2005	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	ANZEMET 100 MG	1	EA	BO	PO	EA	100	MG		1	09/22/2005	99/99/9999						
54868-4139-00	Q0166			6/3/2005	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	2	EA	BO	PO	EA	1	MG		1	06/03/2005	99/99/9999						
54868-4139-01	Q0166			6/28/2005	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	10	EA	BO	PO	EA	1	MG		1	06/28/2005	99/99/9999						
54868-4139-02	Q0166			9/7/2005	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	6	EA	BO	PO	EA	1	MG		1	09/07/2005	99/99/9999						
54868-4139-03	Q0166			10/14/2005	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	8	EA	BO	PO	EA	1	MG		1	10/14/2005	99/99/9999						
54868-4139-04	Q0166			9/22/2005	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	3	EA	BO	PO	EA	1	MG		1	09/22/2005	99/99/9999						
54868-4139-05	Q0166			1/5/2006	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	20	EA	BO	PO	EA	1	MG		1	01/05/2006	99/99/9999						
54868-4139-06	Q0166			6/7/2006	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	KYTRIL 1 MG	30	EA	BO	PO	EA	1	MG		1	06/07/2006	99/99/9999						
54868-4142-00	None			6/29/2005	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5	EA	BO	PO	EA	20	MG		1	06/29/2005	99/99/9999						
54868-4142-01	None			8/3/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	25	EA	BO	PO	EA	20	MG		1	08/03/2006	99/99/9999						
54868-4142-02	None			1/26/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	10	EA	BO	PO	EA	20	MG		1	01/26/2006	99/99/9999						
54868-4142-03	None			3/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	60	EA	BO	PO	EA	20	MG		1	03/16/2006	99/99/9999						
54868-4142-04	None			3/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	40	EA	BO	PO	EA	20	MG		1	03/23/2006	99/99/9999						
54868-4142-05	None			3/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	30	EA	BO	PO	EA	20	MG		1	03/23/2006	99/99/9999						
54868-4142-06	None			5/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20	EA	BO	PO	EA	20	MG		1	05/16/2006	99/99/9999						
54868-4143-00	None			2/10/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60	EA	BO	PO	EA	150	MG		1	02/10/2005	99/99/9999						
54868-4143-00	QR J8520	QR		2/10/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	60	EA	BO	PO	EA	150	MG		1	02/10/2005	99/99/9999						
54868-4143-01	None			8/8/2007	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	120	EA	BO	PO	EA	150	MG		1	08/08/2007	99/99/9999						
54868-4143-01	QR J8520	QR		8/8/2007	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	120	EA	BO	PO	EA	150	MG		1	08/08/2007	99/99/9999						
54868-4143-02	None			10/19/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	30	EA	BO	PO	EA	150	MG		1	10/19/2005	99/99/9999						
54868-4143-02	QR J8520	QR		10/19/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	30	EA	BO	PO	EA	150	MG		1	10/19/2005	99/99/9999						
54868-4143-03	None			5/19/2006	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	28	EA	BO	PO	EA	150	MG		1	05/19/2006	99/99/9999						
54868-4143-03	QR J8520	QR		5/19/2006	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	28	EA	BO	PO	EA	150	MG		1	05/19/2006	99/99/9999						
54868-4154-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4	ML	VL	IJ	ML	1	EA		1	01/01/2002	99/99/9999						
54868-4167-00	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10	MG		0.5	01/01/2002	99/99/9999						
54868-4169-00	J3490			3/2/2004	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	ML	1	EA		1	03/02/2004	99/99/9999						
54868-4183-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM		0.25	01/01/2002	99/99/9999						
54868-4189-00	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP,DOSETTE) 10 MG/ML	1	ML	AM	IJ	ML	10	MG		1	01/01/2002	99/99/9999						
54868-4193-00	J1460			1/1/2002	10/3/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF) 15%-18% (DF & C)	2	ML	VL	IM	ML	1	ML		1	01/01/2002	10/03/2006						
54868-4194-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 5 GM	1	EA	VL	IV	EA	1	EA		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4219-00	Q4084			1/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2	ML	NA	IJ	ML	1	DOSE		0.5	01/01/2007	12/31/2007					
54868-4219-00	J7322			1/1/2008	12/31/2008	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2	ML	NA	IJ	ML	1	DOSE		0.5	01/01/2008	12/31/2009					
54868-4287-00	J8999			1/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1	EA		1	01/17/2005	99/99/9999					
54868-4287-01	J8999			1/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	10	EA	BO	PO	EA	1	EA		1	01/17/2005	99/99/9999					
54868-4287-02	J8999			2/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1	EA		1	02/14/2005	99/99/9999					
54868-4287-03	J8999			9/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	90	EA	BO	PO	EA	1	EA		1	09/22/2005	99/99/9999					
54868-4287-04	J8999			1/18/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	60	EA	BO	PO	EA	1	EA		1	01/18/2008	99/99/9999					
54868-4296-00	A4319			1/1/2002	12/31/2003	STERILE WATER IRRIGATION SOLUTION, 1000 ML	WATER FOR IRRIGATION	500	ML	VL	IR	ML	1000	ML		0.001	01/01/2002	12/31/2003					
54868-4296-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500	ML	VL	IR	ML	500	ML		0.002	01/01/2004	99/99/9999					
54868-4298-00	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	XYLOCAINE 0.5%	50	ML	VL	IJ	ML	50	ML		0.02	01/01/2002	12/31/2003					
54868-4311-00	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE 0.5%	50	ML	VL	IJ	ML	10	MG		0.5	01/01/2004	12/31/2007					
54868-4311-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	500	ML	NA	IV	ML	10	ML		0.1	01/01/2002	12/31/2003					
54868-4311-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	500	ML	NA	IV	ML	500	ML		0.002	01/01/2004	99/99/9999					
54868-4319-00	Q4098			4/1/2008	12/31/2008	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2	ML	VL	IJ	ML	50	MG		1	04/01/2008	12/31/2008					
54868-4319-00	J1750			1/1/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2	ML	VL	IJ	ML	50	MG		1	01/01/2009	99/99/9999					
54868-4339-00	None			8/16/2005	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	4	EA	BO	PO	EA	2	MG		1	08/16/2005	99/99/9999					
54868-4339-01	None			11/22/2005	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	50	EA	BO	PO	EA	2	MG		1	11/22/2005	99/99/9999					
54868-4339-02	None			2/3/2006	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	24	EA	BO	PO	EA	2	MG		1	02/03/2006	99/99/9999					
54868-4339-03	None			4/3/2006	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	28	EA	BO	PO	EA	2	MG		1	04/03/2006	99/99/9999					
54868-4339-04	None			2/5/2008	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	32	EA	BO	PO	EA	2	MG		1	02/05/2008	99/99/9999					
54868-4377-00	G9034			12/1/2004	5/31/2005	ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, BRAND, PER 10 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	RELENZA (5X4,W/DISKHALER) 5 MG/Actuation	20	EA	IH	IH	EA	10	MG		0.5	12/01/2004	05/31/2005					
54868-4380-00	J0330			1/1/2002	6/21/2005	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (VIAL) 20 MG/ML	10	ML	VL	IV	ML	20	MG		1	01/01/2002	06/21/2005					
54868-4381-00	J1820			6/14/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	100	U		1	06/14/2002	12/31/2002					
54868-4381-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999					
54868-4409-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	1	MG		0.42	01/01/2008	03/31/2008					
54868-4409-00	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	1	MG		0.42	01/01/2008	03/31/2008					
54868-4409-00	J7614			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG		0.42	04/01/2008	99/99/9999					
54868-4409-00	KO J7614	KO		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG		0.42	04/01/2008	99/99/9999					
54868-4419-00	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG		2	01/01/2002	99/99/9999					
54868-4419-01	J1885			10/17/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	VL	IM	ML	15	MG		2	10/17/2005	99/99/9999					
54868-4464-00	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IV	ML	10	ML		0.5	01/01/2002	12/31/2003					
54868-4464-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IV	ML	10	ML		0.1	01/01/2004	99/99/9999					
54868-4476-00	G9035			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	TAMIFLU 75 MG	10	EA	BO	PO	EA	75	MG		1	12/01/2004	05/31/2005					
54868-4484-00	J3490			1/1/2002	10/24/2003	UNCLASSIFIED DRUGS	FLAGYL I.V. (S.D.V.) 500 MG	1	EA	VL	IV	EA	1	EA		1	01/01/2002	10/24/2003					
54868-4488-00	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (VIAL PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U		33.33333	01/01/2002	99/99/9999					
54868-4508-00	J1720			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL) 1 GM	1	EA	VL	IJ	EA	100	MG		10	01/01/2002	99/99/9999					
54868-4509-00	J12405			10/1/2002	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (S.D.V.) 2 MG/ML	2	ML	VL	IJ	ML	1	MG		2	10/1/2002	99/99/9999					
54868-4527-00	J0456			1/1/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG		1	01/01/2002	99/99/9999					
54868-4547-00	J0744			1/1/2002	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 100 MG/ML	40	ML	VL	IV	ML	200	MG		0.05	01/01/2002	99/99/9999					
54868-4579-00	J3280			1/1/2002	12/31/2004	INJECTION, THIETHYLPYRAZINE MALEATE, UP TO 10 MG	TORACAN (AMP) 5 MG/ML	2	ML	AM	IM	ML	10	MG		0.5	01/01/2002	12/31/2004					
54868-4580-00	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	IJ	ML	1	MG		5	01/01/2002	99/99/9999					
54868-4586-00	J3360			1/23/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (22GX1 1/4",CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	5	MG		1	01/23/2002	99/99/9999					
54868-4626-00	J1820			6/14/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	100	U		1	06/14/2002	12/31/2002					
54868-4626-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U		20	01/01/2003	99/99/9999					
54868-4628-00	J8999			6/12/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA		1	06/12/2002	99/99/9999					
54868-4629-00	J3490			10/7/2003	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20	ML	VL	IM	ML	1	EA		1	10/07/2003	99/99/9999					
54868-4644-00	Q0144			7/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM		0.25	07/26/2002	99/99/9999					
54868-4644-01	Q0144			2/21/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM		0.25	02/21/2005	99/99/9999					
54868-4644-02	Q0144			6/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM		0.25	06/01/2005	99/99/9999					
54868-4651-00	J0690			9/15/2003	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG		1	09/15/2003	99/99/9999					
54868-4660-00	J1056			9/17/2002	10/1/2004	25MG	LUNELLE MONTHLY CONTRACEPTIVE (S.D.V.) 5 MG/0.5 ML-25 MG/0.5 ML	0.5	ML	VL	IM	ML	5	MG		2	09/17/2002	10/01/2004					
54868-4684-00	G9035			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	TAMIFLU (TUTTI FRUTTI) 12 MG/ML	25	ML	BO	PO	ML	75	MG		0.16	12/01/2004	05/31/2005					
54868-4686-00	K0416			9/30/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	6	EA	BX	RC	EA	1	MG		25	09/30/2002	12/31/2005					
54868-4686-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	6	EA	BX	RC	EA	1	EA		1	01/01/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4686-01	J8498			4/26/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12 EA	NA	RC	EA		1 EA			1	04/26/2006	99/99/9999					
54868-4715-00	Q4098			4/1/2008	12/31/2008	INJECTION, IRON DEXTRAN, 50 MG	IRON DEXTRAN 50 MG/ML	20 ML	VL	U	ML		50 MG			1	04/01/2008	99/99/9999					
54868-4715-00	J1750			1/1/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	IRON DEXTRAN 50 MG/ML	20 ML	VL	U	ML		50 MG			1	01/01/2009	99/99/9999					
54868-4716-00	J9250			12/16/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (P.F.V.,PF) 25 MG/ML	10 ML	VL	U	ML		5 MG			5	12/16/2002	99/99/9999					
54868-4721-00	Q0164			2/10/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG			1	02/10/2003	99/99/9999					
54868-4721-01	Q0164			4/8/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	15 EA	BO	PO	EA		5 MG			1	04/08/2003	99/99/9999					
54868-4721-02	Q0164			6/9/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	60 EA	BO	PO	EA		5 MG			1	06/09/2005	99/99/9999					
54868-4721-03	Q0164			6/4/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG			1	06/04/2007	99/99/9999					
54868-4748-00	J7510			2/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML		5 MG			0.2	02/28/2003	99/99/9999					
54868-4749-00	J7510			2/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG				0.2/28/2003	99/99/9999					
54868-4749-01	J7510			5/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML		5 MG			0.6	05/25/2004	99/99/9999					
54868-4751-00	J2175			3/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1 ML	AM	U	ML		100 MG			1	03/11/2003	99/99/9999					
54868-4751-01	J2175			7/3/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE 100 MG/ML	1 ML	AM	U	ML		100 MG			1	07/03/2003	99/99/9999					
54868-4752-00	J2270			3/11/2003	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1 ML	VL	U	ML		10 MG			1	03/11/2003	99/99/9999					
54868-4752-01	J2270			5/26/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 10 MG/ML	1 ML	VL	U	ML		10 MG			1	05/26/2004	99/99/9999					
54868-4773-00	J8999			4/10/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	30 EA	BO	PO	EA		1 EA			1	04/10/2003	99/99/9999					
54868-4773-01	J8999			8/6/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA			1	08/06/2003	99/99/9999					
54868-4773-02	J8999			7/7/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	50 EA	BO	PO	EA		1 EA			1	07/07/2005	99/99/9999					
54868-4773-03	J8999			7/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	60 EA	BO	PO	EA		1 EA			1	07/14/2005	99/99/9999					
54868-4781-00	J3490			4/24/2003	99/99/9999	UNCLASSIFIED DRUGS	ENGERX-B PEDIATRIC (PEDIATRIC,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA			1	04/24/2003	99/99/9999					
54868-4782-00	J1438			4/30/2003	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (PF) 25 MG	4 EA	BX	SC	EA		25 MG			1	04/30/2003	99/99/9999					
54868-4794-00	K0416			5/20/2003	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 MG			12.5	05/20/2003	05/23/2005					
54868-4794-02	J8498			8/8/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	2 EA	BX	RC	EA		1 EA				08/08/2007	99/99/9999					
54868-4796-00	J9250			5/21/2003	11/30/2008	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	2 ML	VL	U	ML		5 MG			5	05/21/2003	11/30/2008					
54868-4804-00	J2270			5/30/2003	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22G,SUM PK,LATEX-FREE) 10 MG/ML	1 ML	EA	U	ML		10 MG			1	05/30/2003	99/99/9999					
54868-4809-00	J9250			6/3/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	10 ML	EA	U	ML		5 MG			5	06/03/2003	99/99/9999					
54868-4822-00	J3590			6/23/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	HUMIRA (KIT,PF) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		1 EA			1	06/23/2003	12/31/2004					
54868-4822-00	J0135			1/1/2005	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (KIT,PF) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		20 MG			4	01/01/2005	99/99/9999					
54868-4890-00	J0270			8/28/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE 20 MCG	1 EA	BX	IC	EA		1.25 MCG			16	08/28/2003	99/99/9999					
54868-4893-00	J2322			8/13/2003	8/18/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE 200 MG/ML	1 ML	VL	IM	ML		200 MG			1	08/13/2003	8/18/2007					
54868-4893-01	J2322			8/14/2003	8/18/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE 200 MG/ML	1 ML	VL	IM	ML		200 MG			1	08/14/2003	8/18/2007					
54868-4925-00	J2400			9/25/2003	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE (M.D.V.) 2%	30 ML	VL	U	ML		30 ML			0.03333	09/25/2003	99/99/9999					
54868-4952-00	J7509			10/30/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	10 EA	BO	PO	EA		4 MG			0.5	10/30/2003	99/99/9999					
54868-4952-01	J7509			10/30/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	10 EA	BO	PO	EA		4 MG			0.5	10/30/2003	99/99/9999					
54868-4972-00	J7699			1/8/2004	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER 0.012 MG	12 EA	BX	IH	EA		1 EA			1	01/08/2004	99/99/9999					
54868-4972-01	J7699			5/28/2004	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER 0.012 MG	60 EA	BX	IH	EA		1 EA			1	05/28/2004	99/99/9999					
54868-4997-00	J0725			2/18/2004	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP Units			1	02/18/2004	99/99/9999					
54868-4998-00	J1940			2/18/2004	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL FLIPTOP,ABOJECT) 10 MG/ML	2 ML	VL	U	ML		20 MG			0.5	02/18/2004	99/99/9999					
54868-5000-00	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA			1	02/19/2004	99/99/9999					
54868-5005-00	None			1/18/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA		50 MG			1	01/18/2006	99/99/9999					
54868-5005-01	None			4/13/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	50 EA	BO	PO	EA		50 MG			1	04/13/2006	99/99/9999					
54868-5016-00	J3130			3/9/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	DELATESTRYL 200 MG/ML	5 ML	VL	IM	ML		200 MG			1	03/09/2004	99/99/9999					
54868-5020-00	J1440			3/11/2004	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (PF,SINGLEJECT) 300 MCG/0.5 ML	0.5 ML	SR	U	ML		300 MCG			2	03/11/2004	99/99/9999					
54868-5026-00	J7051			3/17/2004	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (AMP,PF) 0.9%	3 ML	PC	IH	ML		5 ML			0.2	03/17/2004	12/31/2005					
54868-5026-00	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	3 ML	PC	IH	ML		10 ML			0.1	01/01/2006	99/99/9999					
54868-5036-00	J3490			3/31/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1 EA	BX	MR	EA		1 EA			1	03/31/2004	99/99/9999					
54868-5036-01	J3490			6/29/2006	99/99/9999	UNCLASSIFIED DRUGS	PEG INTRON RP 150 MCG	4 EA	BX	MR	EA		1 EA			1	06/29/2006	99/99/9999					
54868-5070-00	J1610			5/24/2004	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1 EA	BX	U	EA		1 MG			1	05/24/2004	99/99/9999					
54868-5089-00	Q0179			6/9/2004	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN ODT 8 MG	2 EA	BO	PO	EA		8 MG			1	06/09/2004	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5089-01	Q0179			6/29/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN ODT 8 MG	15 EA	BO	PO	EA		8 MG		1	06/29/2005	99/99/9999						
54868-5089-02	Q0179			9/28/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN ODT 8 MG	10 EA	BX	PO	EA		8 MG		1	09/28/2005	99/99/9999						
54868-5089-03	Q0179			9/22/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN ODT 8 MG	3 EA	BO	PO	EA		8 MG		1	09/22/2005	99/99/9999						
54868-5089-04	Q0179			12/20/2005	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN ODT 8 MG	20 EA	BO	PO	EA		8 MG		1	12/20/2005	99/99/9999						
54868-5089-05	Q0179			8/25/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN ODT 8 MG	30 EA	BX	PO	EA		8 MG		1	08/25/2006	99/99/9999						
54868-5108-00	J1817			7/15/2004	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10 ML	VL	SC	ML		50 U		2	07/15/2004	99/99/9999						
54868-5112-00	J1650			7/28/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	07/28/2004	99/99/9999						
54868-5112-01	J1650			9/8/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	09/08/2004	99/99/9999						
54868-5137-00	J1170			8/13/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAIDID (AMP) 4 MG/ML	10 ML	AM	IJ	ML		4 MG		1	08/13/2004	99/99/9999						
54868-5181-00	Q0173			11/18/2004	99/99/9999	TRIMEHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 300 MG	100 EA	BO	PO	EA		250 MG		1.2	11/18/2004	99/99/9999						
54868-5201-00	J1815			12/28/2004	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVLOG MIX 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	12/28/2004	99/99/9999						
54868-5213-00	J7506			1/25/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	48 EA	DP	PO	EA		5 MG		1	01/25/2005	99/99/9999						
54868-5218-00	None			2/10/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA		25 MG		1	02/10/2005	99/99/9999						
54868-5218-01	None			12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	10 EA	BO	PO	EA		25 MG		1	12/22/2005	99/99/9999						
54868-5218-02	None			12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	30 EA	BO	PO	EA		25 MG		1	12/22/2005	99/99/9999						
54868-5229-00	J2506			2/23/2006	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (PF) 6 MG/0.6 ML	0.6 ML	SR	SC	ML		6 MG		1.66666	02/23/2006	99/99/9999						
54868-5230-00	J7506			2/25/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21 EA	BO	PO	EA		5 MG		2	02/25/2005	99/99/9999						
54868-5231-00	J8501			6/29/2005	12/31/2009	APREPITANT, ORAL, 5 MG	EMEND 80 MG	5 EA	BO	PO	EA		5 MG		16	06/29/2005	12/31/2009						
54868-5231-01	J8501			8/3/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6 EA	BX	PO	EA		5 MG		16	08/03/2006	99/99/9999						
54868-5231-02	J8501			3/4/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	2 EA	DP	PO	EA		5 MG		16	03/04/2008	99/99/9999						
54868-5242-00	J7510			3/3/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	03/03/2005	99/99/9999						
54868-5257-00	J1055			3/30/2005	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	03/30/2005	99/99/9999						
54868-5260-00	None			6/28/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	30 EA	BO	PO	EA		500 MG		1	06/28/2005	99/99/9999						
54868-5260-01	QR J8521	QR		6/28/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	30 EA	BO	PO	EA		500 MG		1	06/28/2005	99/99/9999						
54868-5260-01	None			6/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	60 EA	BO	PO	EA		500 MG		1	06/29/2005	99/99/9999						
54868-5260-01	QR J8521	QR		6/29/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	60 EA	BO	PO	EA		500 MG		1	06/29/2005	99/99/9999						
54868-5260-02	None			6/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	06/29/2005	99/99/9999						
54868-5260-02	QR J8521	QR		6/29/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	06/29/2005	99/99/9999						
54868-5260-03	None			10/7/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	90 EA	BO	PO	EA		500 MG		1	10/07/2005	99/99/9999						
54868-5260-03	QR J8521	QR		10/7/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	90 EA	BO	PO	EA		500 MG		1	10/07/2005	99/99/9999						
54868-5260-04	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	14 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-04	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	14 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-05	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	28 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-05	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	28 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-06	None			1/11/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	42 EA	BO	PO	EA		500 MG		1	01/11/2006	99/99/9999						
54868-5260-06	QR J8521	QR		1/11/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	42 EA	BO	PO	EA		500 MG		1	01/11/2006	99/99/9999						
54868-5260-07	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	70 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-07	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	70 EA	BO	PO	EA		500 MG		1	01/12/2006	99/99/9999						
54868-5260-08	None			1/20/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	80 EA	BO	PO	EA		500 MG		1	01/20/2006	99/99/9999						
54868-5260-08	QR J8521	QR		1/20/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	80 EA	BO	PO	EA		500 MG		1	01/20/2006	99/99/9999						
54868-5260-09	None			8/16/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	20 EA	BO	PO	EA		500 MG		1	08/16/2006	99/99/9999						
54868-5260-09	QR J8521	QR		8/16/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	20 EA	BO	PO	EA		500 MG		1	08/16/2006	99/99/9999						
54868-5261-00	J8999			6/29/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	BO	PO	EA		1 EA		1	06/29/2005	99/99/9999						
54868-5282-00	J8999			5/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE 50 MG	60 EA	BO	PO	EA		1 EA		1	05/23/2005	99/99/9999						
54868-5282-01	J8999			5/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE 50 MG	25 EA	BO	PO	EA		1 EA		1	05/23/2005	99/99/9999						
54868-5310-00	J7500			5/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30 EA	BO	PO	EA		50 MG		1	05/23/2005	99/99/9999						
54868-5310-01	J7500			5/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	120 EA	BO	PO	EA		50 MG		1	05/23/2005	99/99/9999						
54868-5310-02	J7500			9/22/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA		50 MG		1	09/22/2005	99/99/9999						
54868-5310-03	J7500			2/23/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	60 EA	BO	PO	EA		50 MG		1	02/23/2006	99/99/9999						
54868-5310-04	J7500			2/28/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	90 EA	BO	PO	EA		50 MG		1	02/28/2006	99/99/9999						
54868-5319-00	J1170			5/31/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (25X1ML) 2 MG/ML	1 ML	VL	IJ	ML		4 MG		0.5	05/31/2005	99/99/9999						
54868-5325-00	J8501			6/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK 1 125MG/2 80MG)	3 EA	PG	PO	EA		5 MG		19	06/24/2005	99/99/9999						
54868-5327-00	J1815			6/9/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVLOG MIX 70/30 (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3 ML	SR	SC	ML		5 U		20	06/09/2005	99/99/9999						
54868-5334-00	Q0181			6/13/2005	12/31/2005	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	DEXPAN 1.5 MG	51 EA	DP	PO	EA		1 EA		1	06/13/2005	12/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5334-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	51 EA	DP	PO	EA	0.25 MG	6	01/01/2006	99/99/9999								
54868-5334-01	J8540			8/31/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	35 EA	NA	PO	EA	0.25 MG	6	08/31/2007	99/99/9999								
54868-5348-00	None			10/20/2005	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	25 EA	NA	PO	EA	5 MG	1	10/20/2005	99/99/9999								
54868-5348-01	None			4/13/2006	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA	5 MG	1	04/13/2006	99/99/9999								
54868-5350-00	None			10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15 EA	BO	PO	EA	100 MG	1	10/31/2007	99/99/9999								
54868-5350-01	None			10/20/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	25 EA	BO	PO	EA	100 MG	1	10/20/2005	99/99/9999								
54868-5350-02	None			11/22/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA	100 MG	1	11/22/2005	99/99/9999								
54868-5350-03	None			2/8/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	10 EA	BO	PO	EA	100 MG	1	02/08/2006	99/99/9999								
54868-5350-04	None			3/23/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	30 EA	BO	PO	EA	100 MG	1	03/23/2006	99/99/9999								
54868-5354-00	None			4/13/2006	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA	250 MG	1	04/13/2006	99/99/9999								
54868-5355-00	None			12/20/2005	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	20 EA	BX	PO	EA	50 MG	1	12/20/2005	99/99/9999								
54868-5355-01	None			1/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	7 EA	NA	PO	EA	50 MG	1	01/30/2006	99/99/9999								
54868-5355-02	None			1/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	1 EA	BO	PO	EA	50 MG	1	01/30/2006	99/99/9999								
54868-5389-00	J8999			9/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240 ML	BO	PO	ML	1 EA	1	09/01/2005	99/99/9999								
54868-5389-01	J8999			12/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480 ML	BO	PO	ML	1 EA	1	12/14/2005	99/99/9999								
54868-5404-00	Q0144			9/2/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/60 ML	1 EA	BO	PO	EA	1 GM	2	09/02/2005	99/99/9999								
54868-5406-00	J3110			9/6/2005	99/99/9999	INJECTION, TERIPARATIDE, 10 MCG	FORTEO (RONA ORIGIN) 250 MCG/ML	3 ML	SR	SC	ML	10 MCG	25	09/06/2005	99/99/9999								
54868-5428-00	J0881			8/10/2007	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP 0.2 MG/0.4 ML	0.4 ML	SR	IJ	ML	1 MCG	500	08/10/2007	99/99/9999								
54868-5429-00	J0881			3/20/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	MG/0.6 ML	0.6 ML	SR	IJ	ML	1 MCG	500	03/20/2008	99/99/9999								
54868-5440-00	J1650			9/29/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	IJ	ML	10 MG	10	09/29/2005	99/99/9999								
54868-5440-01	J1650			11/1/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	SC	ML	10 MG	10	11/01/2005	99/99/9999								
54868-5444-00	J1438			3/18/2008	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.98ML,PF) 50 MG/ML	0.98 ML	SR	SC	ML	25 MG	2	03/18/2008	99/99/9999								
54868-5459-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	PC	IH	ML	1 MG	0.84	01/01/2008	03/31/2008								
54868-5459-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	PC	IH	ML	1 MG	0.84	01/01/2008	03/31/2008								
54868-5459-00	J7614			4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3 ML	PC	IH	ML	0.5 MG	0.84	04/01/2008	99/99/9999								
54868-5459-00	KO	J7614	KO	4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3 ML	PC	IH	ML	0.5 MG	0.84	04/01/2008	99/99/9999								
54868-5471-00	Q0144			11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (PAK) 250 MG	6 EA	DP	PO	EA	1 GM	0.25	11/16/2005	99/99/9999								
54868-5478-00	Q0144			11/23/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA	1 GM	0.25	11/23/2005	99/99/9999								
54868-5478-01	Q0144			12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30 EA	BO	PO	EA	1 GM	0.25	12/13/2005	99/99/9999								
54868-5478-02	Q0144			2/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10 EA	BO	PO	EA	1 GM	0.25	02/07/2006	99/99/9999								
54868-5487-00	Q0144			12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	6 EA	BO	PO	EA	1 GM	0.5	12/13/2005	99/99/9999								
54868-5487-01	Q0144			8/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60 EA	BO	PO	EA	1 GM	0.5	08/10/2007	99/99/9999								
54868-5501-00	J1652			1/11/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML	0.5 MG	25	01/11/2006	99/99/9999								
54868-5501-01	J1652			1/11/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML	0.5 MG	25	01/11/2006	99/99/9999								
54868-5501-02	J1652			11/13/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML	0.5 MG	25	11/13/2006	99/99/9999								
54868-5511-00	J3535			10/21/2008	99/99/9999	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	IPRATROPIUM BROMIDE (0.017 MG/ACTUATION)	12.9 GM	PC	IH	GM	1 MG	0.017	10/21/2008	99/99/9999								
54868-5522-00	J7502			2/10/2006	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30 EA	BO	PO	EA	100 MG	1	02/10/2006	99/99/9999								
54868-5533-00	J0696			2/17/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA	250 MG	2	02/17/2006	99/99/9999								
54868-5551-00	J0150			3/16/2006	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE 3 MG/ML	2 ML	VL	IJ	ML	6 MG	0.5	03/16/2006	99/99/9999								
54868-5555-00	J2321			12/31/2010	99/99/9999	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DEC 100 MG/ML	20 ML	VL	IM	ML	100 MG	1	04/11/2006	12/31/2010								
54868-5568-00	J9217			4/12/2006	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT 30 MG	1 EA	BM	IM	EA	7.5 MG	4	04/12/2006	99/99/9999								
54868-5569-00	J2355			4/13/2006	99/99/9999	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA 5 MG	1 EA	VL	SC	EA	5 MG	1	04/13/2006	99/99/9999								
54868-5587-00	J1650			5/17/2006	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	0.6 ML	SR	SC	ML	10 MG	10	05/17/2006	99/99/9999								
54868-5587-01	J1650			9/25/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 60 MG/0.6 ML	6 ML	SR	SC	ML	10 MG	10	09/25/2007	99/99/9999								
54868-5589-00	J0696			5/12/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA	250 MG	1	05/12/2006	99/99/9999								
54868-5596-00	J9015			5/22/2006	99/99/9999	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	PROLEUKIN 22 Million IU	1 EA	VL	IJ	EA	1 VIAL	1	05/22/2006	99/99/9999								
54868-5601-00	J2341			5/22/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SOMATROPIN MINIQICK 0.2 MG	7 EA	CT	SC	EA	1 MG	0.2	05/22/2006	99/99/9999								
54868-5612-00	J0770			6/12/2006	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE 150 MG	1 EA	VL	IJ	EA	150 MG	1	06/12/2006	99/99/9999								
54868-5621-00	J7626			7/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60 ML	PC	IH	ML	0.25 MG	0.5	07/17/2007	99/99/9999								
54868-5621-00	KO	J7626	KO	7/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.5 MG/2 ML	60 ML	PC	IH	ML	0.25 MG	0.5	07/17/2007	99/99/9999								
54868-5634-00	J2941			6/20/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SOMATROPIN 1 MG	7 EA	CT	SC	EA	1 MG	0.4	06/20/2006	99/99/9999								
54868-5647-00	Q0144			8/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	08/01/2006	99/99/9999								
54868-5648-00	Q0144			8/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04	08/01/2006	99/99/9999								
54868-5648-01	Q0144			8/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	23 ML	BO	PO	ML	1 GM	0.04	08/01/2006	99/99/9999								
54868-5648-02	Q0144			8/3/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	08/03/2006	99/99/9999								
54868-5652-00	J1652			8/4/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA 5 MG/0.4 ML	10 ML	SR	SC	ML	0.5 MG	25	08/04/2006	99/99/9999								
54868-567																							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5673-01		J0885		3/24/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V,1X4ML) 20000 U/ML	4	ML	VL	IJ	ML	1000 U			20	03/24/2008	99/99/9999					
54868-5709-00		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1 MG			0.42	01/01/2008	03/31/2008					
54868-5709-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1 MG			0.42	01/01/2008	03/31/2008					
54868-5709-00		J7613		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1 MG			0.42	04/01/2008	99/99/9999					
54868-5709-00	KO	J7613	KO	4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1 MG			0.42	04/01/2008	99/99/9999					
54868-5711-00		J2250		12/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	IJ	ML	1 MG			1	12/27/2006	99/99/9999					
54868-5714-00		A4216		12/11/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (20X25ML) 0.9%	20	ML	VL	IV	ML	10 ML			0.1	12/11/2006	99/99/9999					
54868-5716-00		J2370		12/11/2006	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	(SDV,25X1ML) 10 MG/ML	1	ML	VL	IJ	ML	1 ML			1	12/11/2006	99/99/9999					
54868-5717-00		J1250		12/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	20	ML	VL	IV	ML	250 MG			0.05	12/11/2006	99/99/9999					
54868-5717-01		J1250		1/2/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250 MG			0.05	01/02/2007	99/99/9999					
54868-5717-02		J1250		6/28/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	200	ML	VL	IV	ML	250 MG			0.05	06/28/2007	99/99/9999					
54868-5719-00		J2001		12/11/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE (10X5ML) 2%	5	ML	SR	IV	ML	10 MG			2	12/11/2006	99/99/9999					
54868-5722-00		J0282		12/11/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE (SDV,10X3ML) 50 MG/ML	3	ML	VL	IV	ML	30 MG			1.66666	12/11/2006	99/99/9999					
54868-5724-00		J3475		12/12/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNES SULF (25X10ML) 500 MG/ML	10	ML	SR	IJ	ML	500 MG			1	12/12/2006	99/99/9999					
54868-5725-00		J0170		12/31/2010	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (10X10ML) 0.1 MG/ML	10	ML	SR	IJ	ML	1 ML			1	12/11/2006	12/31/2010					
54868-5727-00		J7799		12/12/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTRROSE (12X1000ML) 10%	1000	ML	FC	IV	ML	1 EA			1	12/12/2006	99/99/9999					
54868-5738-00		Q0179		12/29/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 8 MG	10	EA	BO	PO	EA	8 MG			1	12/29/2006	99/99/9999					
54868-5741-00		Q0173		1/5/2007	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 300 MG	100	EA	BO	PO	EA	250 MG			1.2	01/05/2007	99/99/9999					
54868-5745-00		J2270		1/10/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULF (10X1ML) 4 MG/ML	1	ML	CR	IJ	ML	10 MG			0.4	01/10/2007	99/99/9999					
54868-5749-00		Q0179		1/16/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 8 MG	10	EA	BX	PO	EA	8 MG			1	01/16/2007	99/99/9999					
54868-5749-01		Q0179		10/18/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON ODT 8 MG	15	EA	BO	PO	EA	8 MG			1	10/18/2007	99/99/9999					
54868-5752-00		J0285		1/25/2007	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B 50 MG	1	EA	VL	IV	EA	50 MG			1	01/25/2007	99/99/9999					
54868-5760-00		J2941		8/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINUQUICK 0.8 MG	1	EA	CT	SC	EA	1 MG			0.8	08/17/2007	99/99/9999					
54868-5765-00		J1815		4/4/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	15	ML	CT	SC	ML	5 U			20	04/04/2007	99/99/9999					
54868-5774-00		J7626		6/1/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 MG			0.5	06/01/2007	99/99/9999					
54868-5774-00	KO	J7626	KO	6/1/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25 MG			0.5	06/01/2007	99/99/9999					
54868-5775-00		J2780		6/6/2007	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	40	ML	VL	IJ	ML	25 MG			1	06/06/2007	99/99/9999					
54868-5801-00		Q0179		7/30/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 4 MG	30	EA	BO	PO	EA	8 MG			0.5	07/30/2007	99/99/9999					
54868-5801-01		Q0179		10/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 4 MG	15	EA	BO	PO	EA	8 MG			0.5	10/25/2007	99/99/9999					
54868-5802-00		J0885		8/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 40000 U/ML	1	ML	VL	IJ	ML	1000 U			40	08/13/2007	99/99/9999					
54868-5808-00		J2175		8/21/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (1MLX10) 50 MG/ML	1	ML	SR	IJ	ML	100 MG			0.5	08/21/2007	99/99/9999					
54868-5823-00		J1740		10/16/2007	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	BONIVA (PFS) 1 MG/ML	1	EA	BX	IV	EA	1 MG			1	10/16/2007	99/99/9999					
54868-5824-00		J1815		10/16/2007	2/15/2010	INJECTION, INSULIN, PER 5 UNITS	INSULIN HUMULIN 50/50 50 U/ML-50 U/ML	10	ML	VL	SC	ML	5 U			20	10/16/2007	2/15/2010					
54868-5825-00		J0152		10/18/2007	99/99/9999	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	30	ML	VL	IV	ML	30 MG			0.1	10/18/2007	99/99/9999					
54868-5825-01		J0152		10/18/2007	99/99/9999	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	20	ML	VL	IV	ML	30 MG			0.1	10/18/2007	99/99/9999					
54868-5835-00		J1650		11/29/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X1ML) 100 MG/ML	1	ML	SR	IJ	ML	10 MG			10	11/29/2007	99/99/9999					
54868-5836-00		J1817		12/3/2007	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN-HUMALOG (1X15ML) 100 U/ML	15	ML	CT	SC	ML	50 U			2	12/03/2007	99/99/9999					
54868-5837-00		J1650		12/4/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (8X0.8ML) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10 MG			15	12/04/2007	99/99/9999					
54868-5867-00		J0881		3/20/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1X1ML, PREFILLED,PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1 MCG			500	03/20/2008	99/99/9999					
54868-5887-00		Q0179		5/12/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (STRAWBERRY) 4 MG	10	EA	BX	PO	EA	8 MG			0.5	05/12/2008	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5888-00	J2405			5/9/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (1X10ML) 2 MG/ML	10 ML	NA	IJ	ML		1 MG			2	05/09/2008	99/99/9999					
54868-5899-00	J1815			5/12/2008	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG PEN (1X15ML) 100 U/ML	15 ML	CT	SC	ML		5 U			20	05/12/2008	99/99/9999					
54868-6624-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG			1	01/01/2002	99/99/9999					
54888-1082-03	Q0165		10/20/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	NA	PO	EA		10 MG			1	10/20/2004	99/99/9999						
					DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG			1	05/01/2004	99/99/9999							
55045-1124-00	Q0163			5/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	3 EA	BO	PO	EA	50 MG			1	05/01/2004	99/99/9999						
55045-1124-01	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-02	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-03	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	120 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-04	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG			1	01/01/2003	99/99/9999						
55045-1124-05	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-06	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-07	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG			1	01/01/2003	99/99/9999						
55045-1124-08	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	50 EA	NA	PO	EA	50 MG			1	12/06/2004	99/99/9999						
55045-1124-09	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	120 EA	NA	PO	EA	50 MG		0.5	12/06/2004	99/99/9999							
55045-1125-00	Q0163			7/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	NA	PO	EA	50 MG		0.5	07/01/2004	99/99/9999							
55045-1125-01	Q0163			2/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6 EA	NA	PO	EA	50 MG		0.5	02/01/2004	99/99/9999							
55045-1125-02	Q0163			12/6/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90 EA	NA	PO	EA	50 MG		0.5	12/06/2004	99/99/9999							
55045-1125-03	Q0163			1/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA	50 MG		0.5	01/01/2003	99/99/9999							
55045-1125-04	Q0163			1/2/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	NA	PO	EA	50 MG		0.5	01/02/2004	99/99/9999							
55045-1125-05	Q0163			1/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG		0.5	01/01/2003	99/99/9999							
55045-1125-06	Q0163			1/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG		0.5	01/01/2003	99/99/9999							
55045-1125-08	Q0163			1/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG		0.5	01/01/2003	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1125-09		Q0163		2/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	NA	PO	EA		50 MG		0.5	02/01/2004	99/99/9999						
55045-1126-02		Q0165		4/1/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	04/01/2005	99/99/9999						
55045-1126-03		Q0165		7/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	5 EA	BO	PO	EA		10 MG		1	07/01/2003	99/99/9999						
55045-1126-04		Q0165		1/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	12 EA	BO	PO	EA		10 MG		1	01/01/2003	99/99/9999						
55045-1126-06		Q0165		11/10/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	11/10/2005	99/99/9999						
55045-1126-07		Q0165		7/1/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA		10 MG		1	07/01/2005	99/99/9999						
55045-1126-08		Q0165		7/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	07/01/2003	99/99/9999						
55045-1252-02		Q0163		1/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2003	99/99/9999						
55045-1259-09	J7509			1/1/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSEPAK) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2003	99/99/9999						
55045-1260-00	J7506			12/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE (DOSEPAK) 5 MG	48 EA	DP	PO	EA		5 MG		1	12/06/2004	99/99/9999						
55045-1260-09	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE (DOSEPAK) 5 MG	21 EA	DP	PO	EA		5 MG		1	01/01/2003	99/99/9999						
55045-1297-02	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
55045-1297-03	G9033			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, BRAND, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE 100 MG	10 EA	NA	PO	EA		100 MG		1	12/01/2004	05/31/2005						
55045-1297-05	G9017			12/6/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	50 EA	BO	PO	EA		100 MG		1	12/06/2004	05/31/2005						
55045-1308-01	Q0181			12/6/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA		1 EA		1	12/06/2004	12/31/2005						
55045-1308-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-02	Q0181			12/6/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	60 EA	BO	PO	EA		1 EA		1	12/06/2004	12/31/2005						
55045-1308-02	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	60 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-03	Q0181			12/6/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	90 EA	BO	PO	EA		1 EA		1	12/06/2004	12/31/2005						
55045-1308-03	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	90 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-06	Q0181			3/1/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	6 EA	BO	PO	EA		1 EA		1	03/01/2004	12/31/2005						
55045-1308-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-07	Q0181			12/6/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	20 EA	BO	PO	EA		1 EA		1	12/06/2004	12/31/2005						
55045-1308-07	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-08	Q0181			12/6/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA		1 EA		1	12/06/2004	12/31/2005						
55045-1308-08	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1308-09	Q0181			1/1/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	36 EA	BO	PO	EA		1 EA		1	01/01/2004	12/31/2005						
55045-1308-09	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	36 EA	BO	PO	EA		0.25 MG		3	01/01/2006	99/99/9999						
55045-1444-01	J7506			12/6/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	35 EA	NA	PO	EA		5 MG		4	12/06/2004	99/99/9999						
55045-1444-02	J7506			5/1/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	42 EA	BO	PO	EA		5 MG		4	05/01/2005	99/99/9999						
55045-1444-03	J7506			1/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	01/01/2004	99/99/9999						
55045-1444-04	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	12 EA	BO	PO	EA		5 MG		4	01/01/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1444-07	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG			4	01/01/2003	99/99/9999					
55045-1444-08	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG			4	01/01/2003	99/99/9999					
55045-1480-01	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG			1	01/01/2003	99/99/9999					
55045-1480-02	J7506			12/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	NA	PO	EA		5 MG			1	12/06/2004	99/99/9999					
55045-1480-05	J7506			12/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG			1	12/06/2004	99/99/9999					
55045-1480-06	J7506			12/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	NA	PO	EA		5 MG			1	12/06/2004	99/99/9999					
55045-1480-07	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG			1	01/01/2003	99/99/9999					
55045-1480-08	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG			1	01/01/2003	99/99/9999					
55045-1480-09	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG			1	01/01/2003	99/99/9999					
55045-1533-01	J7506			5/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	NA	PO	EA		5 MG			2	05/01/2004	99/99/9999					
55045-1533-03	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG			2	01/01/2003	99/99/9999					
55045-1533-06	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG			2	01/01/2003	99/99/9999					
55045-1533-07	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG			2	01/01/2003	99/99/9999					
55045-1533-08	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG			2	01/01/2003	99/99/9999					
55045-1533-09	J7506			1/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG			2	01/01/2003	99/99/9999					
55045-1596-00	Q0170			12/6/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG			1	12/06/2004	99/99/9999					
55045-1596-01	Q0170			12/6/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	120 EA	BO	PO	EA		25 MG			1	12/06/2004	99/99/9999					
55045-1596-02	Q0170			8/9/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	NA	PO	EA		25 MG			1	08/09/2004	99/99/9999					
55045-1596-03	Q0170			1/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG			1	01/01/2003	99/99/9999					
55045-1596-04	Q0170			2/9/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	NA	PO	EA		25 MG			1	02/09/2003	99/99/9999					
55045-1596-05	Q0170			1/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG			1	01/01/2003	99/99/9999					
55045-1596-06	Q0170			1/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG			1	01/01/2003	99/99/9999					
55045-1596-08	Q0170			1/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG			1	05/23/2005	99/99/9999					
55045-1596-09	Q0170			12/6/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA		25 MG			1	12/06/2004	99/99/9999	1/1/2004	5/22/2005	1		
55045-1628-03	Q0173			1/1/2003	99/99/9999	TRIMETHOZENAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOZENAMIDE HCL 250 MG	10 EA	BO	PO	EA		250 MG			1	01/01/2003	99/99/9999					
55045-1643-09	Q0170			1/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	118 ML	BO	PO	ML		25 MG		0.05	01/01/2003	99/99/9999						
55045-1661-00	Q0178			12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100 EA	NA	PO	EA		50 MG			1	12/06/2004	99/99/9999					
55045-1661-01	Q0178			12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	120 EA	NA	PO	EA		50 MG			1	12/06/2004	99/99/9999					
55045-1661-02	Q0178			12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20 EA	NA	PO	EA		50 MG			1	12/06/2004	99/99/9999					
55045-1661-03	Q0178			9/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	40 EA	NA	PO	EA		50 MG			1	09/01/2004	99/99/9999					
55045-1661-06	Q0178			9/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60 EA	NA	PO	EA		50 MG			1	09/01/2004	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1661-08		Q0178		6/1/2003	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG			1	06/01/2003	99/99/9999					
55045-1661-09		Q0178		12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	90 EA	NA	PO	EA		50 MG			1	12/06/2004	99/99/9999					
55045-1696-02		Q0164		12/6/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	10 EA	NA	PO	EA		5 MG			1	12/06/2004	99/99/9999					
55045-1749-02		K0416		1/1/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	4 EA	BO	RC	EA		1 MG			25	01/01/2003	12/31/2005					
55045-1749-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	4 EA	BO	RC	EA		1 EA			1	01/01/2006	99/99/9999					
55045-1811-03		J7509		12/6/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	40 EA	NA	PO	EA		4 MG			1	12/06/2004	99/99/9999					
55045-1811-08		J7509		12/6/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	NA	PO	EA		4 MG			1	12/06/2004	99/99/9999					
55045-1970-05		Q0181		5/1/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	8 EA	BO	PO	EA		1 EA			1	05/01/2005	12/31/2005					
55045-1970-05		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8 EA	BO	PO	EA		0.25 MG			16	01/01/2006	99/99/9999					
55045-2043-07		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG			0.83	01/01/2008	03/31/2008					
55045-2043-07	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG			0.83	01/01/2008	03/31/2008					
55045-2043-07		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG			0.83	04/01/2008	99/99/9999					
55045-2043-07	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG			0.83	04/01/2008	99/99/9999					
55045-2133-03		J3360		3/24/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10 ML	VL	IJ	ML		5 MG			1	03/24/2003	99/99/9999					
55045-2195-02		Q0177		12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	120 EA	NA	PO	EA		25 MG			1	12/06/2004	99/99/9999					
55045-2195-04		Q0177		7/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	9 EA	BO	PO	EA		25 MG			1	07/01/2004	99/99/9999					
55045-2195-05		Q0177		3/24/2003	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA		25 MG			1	03/24/2003	99/99/9999					
55045-2195-06		Q0177		12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA		25 MG			1	12/06/2004	99/99/9999					
55045-2195-07		Q0177		3/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20 EA	NA	PO	EA		25 MG			1	03/01/2004	99/99/9999					
55045-2195-08		Q0177		2/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG			1	02/01/2004	99/99/9999					
55045-2195-09		Q0177		12/6/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	90 EA	NA	PO	EA		25 MG			1	12/06/2004	99/99/9999					
55045-2372-05		Q0144		1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM			0.02	01/19/2005	99/99/9999					
55045-2373-05		Q0144		1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM			0.04	01/19/2005	99/99/9999					
55045-2373-06		Q0144		1/1/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM			0.04	01/01/2003	99/99/9999					
55045-2373-08		Q0144		1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM			0.04	01/19/2005	99/99/9999					
55045-2400-02		K0416		5/1/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 MG			25	05/01/2003	12/31/2005					
55045-2400-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
55045-2470-02		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG			5	01/01/2008	03/31/2008					
55045-2470-02		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG			5	04/01/2008	99/99/9999					
55045-2492-06		Q0144		7/3/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z PAK 250 MG	6 EA	BX	PO	EA		1 GM			0.25	07/03/2006	99/99/9999					
55045-2533-00		J3490		3/24/2003	12/31/2003	UNCLASSIFIED DRUGS	STADOL 2 MG/ML	10 ML	VL	IJ	ML		1 EA			1	03/24/2003	12/31/2003					
55045-2533-00		J0595		1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL 2 MG/ML	10 ML	VL	IJ	ML		1 MG			2	01/01/2004	99/99/9999					
55045-2565-00		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA			1	01/01/2005	99/99/9999					
55045-2565-02		J8499		12/6/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA			1	12/06/2004	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-2565-04	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2565-05	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2565-08	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2571-00	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2571-02	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2571-04	J8499			1/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA	1	01/01/2003			99/99/9999						
55045-2571-05	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2571-06	J8499			3/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	NA	PO	EA	1 EA	1	03/01/2005			99/99/9999						
55045-2571-08	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2648-00	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2648-02	J8499			7/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15 EA	BO	PO	EA	1 EA	1	07/01/2003			99/99/9999						
55045-2648-03	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2648-05	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2648-06	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	NA	PO	EA	1 EA	1	01/01/2005			99/99/9999						
55045-2665-02	Q0181			1/1/2003	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	12 EA	BO	PO	EA	1 EA	1	01/01/2003			12/31/2005						
55045-2665-02	J8540			1/1/2006	99/99/9999	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	12 EA	BO	PO	EA	0.25 MG	2	01/01/2006			99/99/9999						
55045-2759-01	G9035			1/1/2005	5/31/2005	APPROVED DEMONSTRATION PROJECT)	TAMIFLU 75 MG	10 EA	DP	PO	EA	75 MG	1	01/01/2005			05/31/2005						
55045-2781-06	Q0163			7/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	NA	PO	EA	50 MG	0.5	07/01/2004			99/99/9999						
55045-2815-08	Q0169			2/23/2005	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	30 EA	NA	PO	EA	12.5 MG	1	02/23/2005			05/23/2005						
55045-2857-01	J2250			12/1/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	1 ML	VL	IJ	ML	1 MG	5	12/01/2005			99/99/9999						
55045-2885-00	J7510			1/2/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (10X20ML) 15 MG/5 ML	20 ML	BO	PO	ML	5 MG	0.6	01/02/2006			99/99/9999						
55045-2885-08	J7510			7/5/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	237 ML	BO	PO	ML	5 MG	0.6	07/05/2006			99/99/9999						
55045-2887-02	J2250			8/27/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2 ML	EA	IJ	ML	1 MG	1	08/27/2003			99/99/9999						
55045-2942-06	Q0144			1/1/2003	1/1/2003	INJECTION, AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK (Z-PAK) 250 MG	18 EA	NA	PO	EA	1 GM	0.25	01/01/2003			01/12/2005						
55045-2963-01	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (DOSEPAK) 10 MG	21 EA	DP	PO	EA	5 MG	2	12/06/2004			99/99/9999						
55045-2963-02	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (DOSEPAK) 10 MG	48 EA	DP	PO	EA	5 MG	2	12/06/2004			99/99/9999						
55045-2968-01	J0595			1/1/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1 ML	NA	IJ	ML	1 MG	2	01/01/2005			99/99/9999						
55045-2968-02	J0595			4/11/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	1 ML	NA	IJ	ML	1 MG	2	04/11/2006			99/99/9999						
55045-3011-02	K0416			3/1/2003	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	4 EA	BX	RC	EA	1 MG	25	03/01/2003			12/31/2005						
55045-3011-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	4 EA	BX	RC	EA	1 EA	1	01/01/2006			99/99/9999						
55045-3011-03	K0416			5/1/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	NA	RC	EA	1 MG	25	05/01/2005			12/31/2005						
55045-3011-03	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	NA	RC	EA	1 EA	1	01/01/2006			99/99/9999						
55045-3029-02	J1080			1/1/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE 200 MG/ML	10 ML	VL	IM	ML	200 MG	1	01/01/2003			99/99/9999						
55045-3203-03	Q0173			5/1/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 300 MG	10 EA	NA	PO	EA	250 MG	1.2	05/01/2005			99/99/9999						
55045-3212-03	J1100			7/1/2006	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE 4 MG/ML	30 ML	NA	IJ	ML	1 MG	4	07/01/2006			99/99/9999						
55045-3231-01	J2001			7/1/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE 1%	50 ML	NA	IJ	ML	10 MG	1	07/01/2006			99/99/9999						
55045-3232-01	J0690			9/1/2004	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1 EA	NA	IJ	EA	500 MG	2	09/01/2004			99/99/9999						
55045-3242-02	J1030			7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO MEDROL 40 MG/ML	10 ML	NA	IJ	ML	40 MG	1	07/01/2006			99/99/9999						
55045-3242-05	J1030			7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO MEDROL 40 MG/ML	5 ML	NA	IJ	ML	40 MG	1	07/01/2006			99/99/9999						
55045-3243-01	J1040			7/20/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	DEPO MEDROL 80 MG/ML	1 ML	VL	IJ	ML	80 MG	1	07/20/2006			99/99/9999						
55045-3248-01	J3301			7/21/2006	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 40 40 MG/ML	1 ML	VL	IJ	ML	10 MG	4	07/21/2006			99/99/9999						
55045-3249-05	J2001			7/1/2001	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE 2%	50 ML	NA	IJ	ML	10 MG	2	07/01/2006			99/99/9999						
55045-3251-05	J3490			7/1/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.5%	50 ML	NA	IJ	ML	1 EA	1	07/01/2006			99/99/9999						
55045-3252-02	J3490			7/1/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.25%	50 ML	NA	IJ	ML	1 EA	1	07/01/2006			99/99/9999						
55045-3281-03	J7506			12/20/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	NA	PO	EA	5 MG	2	12/20/2004			99/99/9999						
55045-3281-04	J7506			2/11/2005	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	18 EA	NA	PO	EA	5 MG	2	02/11/2005			99/99/9999						
55045-3298-01	J1200			1/1/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL UP TO 50 MG	BENADRYL 50 MG/ML	10 ML	NA	IJ	ML	50 MG	1	01/01/2005			99/99/9999						
55045-3339-04	G9020			3/21/2005	5/31/2005	APPROVED DEMONSTRATION PROJECT)	RIMANTADINE HCL 100 MG	14 EA	NA	PO	EA	100 MG	1	03/21/2005			05/31/2005						
55045-3442-05	Q0144			12/5/2005	12/5/2005	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	NA	PO	EA	1 GM	0.25	12/05/2005			99/99/9999						
55045-3442-06	Q0144			12/5/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	NA	PO	EA	1 GM	0.25	12/05/2005			99/99/9999						
55045-3471-01	J7500			3/1/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG	1	03/01/2006			99/99/9999						
55045-3503-01	J0696			6/28/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA	250 MG	2	06/28/2006			99/99/9999						
55045-3505-01	J1055			6/28/2006	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO PROVERA 150 MG/ML	1 ML	VL	IM	ML	150 MG	1	06/28/2006			99/99/9999						
55045-3506-01	J1815			6/28/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R U-100 100 U/ML	10 ML	VL	IJ	ML	5 U	20	06/28/2006			99/99/9999						
55045-3508-01	J1815			6/30/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U	20	06/30/2006			99/99/9999						
55045-3509-01	J2930			7/10/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU MEDROL 125 MG	1 EA	VL	IJ	EA	125 MG	1	07/10/2006			99/99/9999						
55045-3511-01	J0696			7/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA	250 MG	4	07/11/2006			99/99/9999						
55045-3511-02	J0696			7/14/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG																	

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-3513-01	J7509			6/23/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BO	PO	EA		4 MG		2	06/23/2006	99/99/9999						
55045-3514-01	J2550			7/12/2006	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE (25X1ML) 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	07/12/2006	99/99/9999						
55045-3515-01	J2310			7/12/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	1 ML	AM	IJ	ML		1 MG		0.4	07/12/2006	99/99/9999						
55045-3516-01	J0696			7/12/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/12/2006	99/99/9999						
55045-3532-01	J1956			1/2/2007	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN 25 MG/ML	20 ML	NA	IV	ML		250 MG		0.1	01/02/2007	99/99/9999						
55045-3565-01	J3250			7/1/2006	7/31/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN 100 MG/ML	20 ML	NA	IM	ML		200 MG		0.5	07/01/2006	07/31/2008						
55045-3684-02	J0540			11/15/2005	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN CR 900/300 (10X2ML)	2 ML	SR	IM	ML		1200000 U		0.5	11/15/2005	12/31/2009						
55045-3685-01	J1815			11/15/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	11/15/2006	99/99/9999						
55045-3693-01	Q0144			12/6/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	NA	PO	EA		1 GM		0.5	12/06/2006	99/99/9999						
55045-3696-03	J0170			8/17/2006	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN CHLORIDE 1 MG/ML	30 ML	NA	IJ	ML		1 ML		1	08/17/2006	12/31/2010						
55045-3698-03	Q0144			12/26/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	12/26/2006	99/99/9999						
55045-3710-01	J2912			7/24/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (10MLX25) 0.9%	10 ML	NA	IJ	ML		0.9 %		0.5	07/24/2006	12/31/2006						
55045-3710-01	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (10MLX25) 0.9%	10 ML	NA	IJ	ML		10 ML		0.1	01/01/2007	99/99/9999						
55045-3725-01	Q0144			12/26/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	12/26/2006	99/99/9999						
55045-3726-02	Q0144			12/26/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	12/26/2006	99/99/9999						
55045-3727-01	Q0144			12/26/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	12/26/2006	99/99/9999						
55045-3729-03	Q0179			2/1/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE 4 MG	30 EA	BO	PO	EA		8 MG		0.5	02/01/2007	99/99/9999						
55045-3773-05	J3490			4/6/2007	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN 50000 U	1 EA	NA	IM	EA		1 EA		1	04/06/2007	99/99/9999						
55045-3815-01	Q0179			7/26/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 8 MG	10 EA	BX	PO	EA		8 MG		1	07/26/2007	99/99/9999						
55045-9903-03	J0170			3/15/2003	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SYRINGE,LATEX-FREE) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	03/15/2003	12/31/2010						
55111-0153-13	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 4 MG	3 EA	BX	PO	EA		8 MG		0.5	12/26/2006	99/99/9999						
55111-0153-30	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	12/26/2006	99/99/9999						
55111-0154-13	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3 EA	BX	PO	EA		8 MG		1	12/26/2006	99/99/9999						
55111-0154-30	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	12/26/2006	99/99/9999						
55111-0156-11	Q0179			12/26/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1 EA	BX	PO	EA		8 MG		3	12/26/2006	99/99/9999						
55111-0525-01	J7507			5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100 EA	CAP	PO	EA		1 MG		0.5	5/14/2010	99/99/9999						
55111-0526-01	J7507			5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100 EA	CAP	PO	EA		1 MG		1	5/14/2010	99/99/9999						
55111-0527-01	J7507			5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100 EA	CAP	PO	EA		1 MG		5	5/14/2010	99/99/9999						
55289-0006-10	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	10 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
55289-0006-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
55289-0006-35	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	35 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
55289-0006-50	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
55289-0012-10	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
55289-0012-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
55289-0012-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
55289-0033-04	Q0165			1/1/2002	5/21/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPAPAZINE 10 MG	4 EA	BO	PO	EA		10 MG		1	01/01/2002	05/21/2003						
55289-0033-10	Q0165			1/1/2002	5/21/2003	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPAPAZINE 10 MG	10 EA	BO	PO	EA		10 MG		1	01/01/2002	05/21/2003						
55289-0033-97	Q0165			1/1/2002	10/1/2002	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPAPAZINE 10 MG	25 EA	BX	PO	EA		10 MG		1	01/01/2002	10/01/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0100-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
55289-0100-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
55289-0100-15		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
55289-0100-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
55289-0100-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
55289-0100-40		Q0163		9/9/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50 MG		1	09/09/2002	99/99/9999						
55289-0119-02	K0416			10/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1 MG		25	10/01/2002	12/31/2005						
55289-0119-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0119-06	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005						
55289-0119-06	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0195-10		Q0178		1/1/2002	12/23/2002	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	01/01/2002	12/23/2002						
55289-0219-20		Q0173		1/1/2002	10/9/2006	TRIMETHOGENAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOGENAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG		1	01/01/2002	10/09/2006						
55289-0224-04		Q0165		5/21/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	4	EA	BO	PO	EA	10 MG		1	05/21/2002	99/99/9999						
55289-0224-06		Q0165		3/7/2008	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG		1	03/07/2008	99/99/9999						
55289-0224-12		Q0165		4/2/2008	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	10 MG		1	04/02/2008	99/99/9999						
55289-0226-10		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
55289-0226-15	Q0177			3/6/2008	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25 MG		1	03/06/2008	99/99/9999						
55289-0273-10	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0273-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0273-30	J8499			8/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	08/01/2006	99/99/9999						
55289-0273-35	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0273-50	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0274-02	Q0144			10/16/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	2	EA	BO	PO	EA	1 GM		0.5	10/16/2007	99/99/9999						
55289-0274-03	Q0144			4/2/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1 GM		0.5	04/02/2008	99/99/9999						
55289-0310-04	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
55289-0310-06	Q0144			1/1/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	01/15/2004	99/99/9999						
55289-0310-14	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
55289-0330-05	J7506			4/25/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	5 MG		10	04/25/2008	99/99/9999						
55289-0330-07	J7506			9/16/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	7	EA	BO	PO	EA	5 MG		10	09/16/2008	99/99/9999						
55289-0330-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10	EA	BO	PO	EA	5 MG		10	01/01/2002	99/99/9999						
55289-0352-05	J7506			5/1/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	5	EA	BO	PO	EA	5 MG		4	05/01/2008	99/99/9999						
55289-0352-07	J7506			3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7	EA	BO	PO	EA	5 MG		4	03/01/2004	99/99/9999						
55289-0352-09	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	9	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
55289-0352-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
55289-0352-12	J7506			5/1/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	12	EA	BO	PO	EA	5 MG		4	05/01/2008	99/99/9999						
55289-0352-14	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
55289-0352-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
55289-0352-20	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
55289-0352-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0352-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	PREDNISON 20 MG	30 EA	BO	PO	EA		5 MG			4	01/01/2002	99/99/9999					
55289-0354-10	Q0178			10/1/2002	99/99/9999	HYDROXYZINE PAMOATE 50 MG HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 50 MG	10 EA	BO	PO	EA		50 MG			1	10/01/2002	99/99/9999					
55289-0373-01	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	100 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-12	J7506			12/13/2002	10/9/2006	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	12 EA	BO	PO	EA		5 MG			1	12/13/2002	10/09/2006					
55289-0373-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	30 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-36	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	36 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-42	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	42 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-46	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	46 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-55	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	50 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-60	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	60 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0373-72	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 5 MG	72 EA	BO	PO	EA		5 MG			1	01/01/2002	99/99/9999					
55289-0414-04	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA		1 MG			12.5	01/01/2002	12/31/2005					
55289-0414-04	J8498			1/1/2006	10/9/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4 EA	BX	RC	EA		1 EA			1	01/01/2006	10/09/2006					
55289-0414-06	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA		1 MG			12.5	01/01/2002	12/31/2005					
55289-0414-06	J8498			1/1/2006	10/9/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA		1 EA			1	01/01/2006	10/09/2006					
55289-0417-14	G9036			12/1/2004	5/31/2005	MEDICARE APPROVED DEMONSTRATION PROJECT)	FLUMADINE 100 MG	14 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55289-0428-10	Q0173			1/1/2002	6/29/2006	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	10 EA	BO	PO	EA		250 MG			1	02/12/2002	06/29/2006					
55289-0428-17	Q0173			1/1/2002	10/9/2006	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TIGAN 250 MG	100 EA	BX	PO	EA		250 MG			1	02/12/2002	10/09/2006	1/1/2002	2/11/2002			1
55289-0438-01	J7506			1/1/2002	9/17/2002	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	100 EA	BO	PO	EA		5 MG			2	01/01/2002	09/17/2002	1/1/2002	2/11/2002			1
55289-0438-20	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-21	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-30	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-36	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	36 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-38	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	38 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-40	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-42	J7506			3/18/2008	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON (USP) 10 MG	42 EA	BO	PO	EA		5 MG			2	03/18/2008	99/99/9999					
55289-0438-50	J7506			1/1/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	50 EA	BO	PO	EA		5 MG			2	01/01/2002	99/99/9999					
55289-0438-60	J7506			3/5/2002	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	60 EA	BO	PO	EA		5 MG			2	03/05/2002	99/99/9999					
55289-0462-05	J8499			1/15/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	5 EA	BO	PO	EA		1 EA			1	01/15/2004	99/99/9999					
55289-0462-12	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
55289-0462-15	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
55289-0462-21	J8499			8/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA		1 EA			1	08/17/2006	99/99/9999					
55289-0462-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
55289-0462-30	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA			1	01/01/2002	99/99/9999					
55289-0462-35	J8499			4/21/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	35 EA	BO	PO	EA		1 EA			1	04/21/2008	99/99/9999					
55289-0462-60	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	60 EA	BO	PO	EA		1 EA			1	03/01/2006	99/99/9999					
55289-0464-15	Q0170			12/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG			1	12/01/2003	99/99/9999					
55289-0464-79	Q0170			2/1/2005	99/99/9999	HOUR DOSAGE REGIMEN	PROMETHAZINE HCL 25 MG	1 EA	BO	PO	EA		25 MG			1	05/24/2005	99/99/9999					
55289-0479-01	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG			0.5	01/01/2002	99/99/9999	2/1/2005	5/23/2005			1
55289-0479-10	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG			0.5	01/01/2002	99/99/9999					
55289-0479-12	Q0163			7/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG			0.5	07/01/2006	99/99/9999					
55289-0479-15	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG			0.5	01/01/2002	99/99/9999					
55289-0479-20	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG			0.5	01/01/2002	99/99/9999					
55289-0479-24	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA		50 MG			0.5	01/01/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0479-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
55289-0531-04	Q0170			2/26/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	4	EA	BO	PO	EA	25 MG		2	02/26/2008	99/99/9999						
55289-0559-03	Q0179			4/25/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	8 MG		0.5	04/25/2008	99/99/9999						
55289-0559-05	Q0179			6/3/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP, STRAWBERRY) 4 MG	5	EA	BO	PO	EA	8 MG		0.5	06/03/2008	99/99/9999						
55289-0559-06	Q0179			4/25/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 4 MG	6	EA	BO	PO	EA	8 MG		0.5	04/25/2008	99/99/9999						
55289-0564-15	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	15	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0564-20	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	20	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0564-48	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	48	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0568-10	Q0164			7/1/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5 MG		1	07/01/2005	99/99/9999						
55289-0568-12	Q0164			10/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	12	EA	BO	PO	EA	5 MG		1	10/01/2002	99/99/9999						
55289-0568-30	Q0164			11/15/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5 MG		1	11/15/2007	99/99/9999						
55289-0582-04	J8540			10/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	10/01/2007	99/99/9999						
55289-0582-10	J8540			4/10/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25 MG		16	04/10/2008	99/99/9999						
55289-0585-30	J8999			1/1/2002	11/14/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	11/14/2006						
55289-0629-10	J8499			8/26/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1 EA		1	08/26/2002	99/99/9999						
55289-0629-30	J8499			6/5/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	06/05/2007	99/99/9999						
55289-0629-50	J8499			4/23/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	50	EA	BO	PO	EA	1 EA		1	04/23/2008	99/99/9999						
55289-0649-30	J7509			10/15/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4 MG		1	10/15/2003	99/99/9999						
55289-0649-98	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	120	EA	BO	PO	EA	4 MG		1	01/01/2002	99/99/9999						
55289-0691-12	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	12	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0691-15	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0691-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	25	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
55289-0832-14	G9020			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	RIMANTADINE HCL 100 MG	14	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
55289-0924-30	None			11/1/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5 MG		1	11/01/2005	99/99/9999						
55289-0928-02	J8498			3/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 25 MG	2	EA	BX	RC	EA	1 EA		1	03/01/2006	99/99/9999						
55289-0928-04	J8498			5/9/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	4	EA	BX	RC	EA	1 EA		1	05/09/2006	99/99/9999						
55289-0928-06	K0416			11/1/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	6	EA	BX	RC	EA	1 MG		25	11/01/2005	12/31/2005						
55289-0928-06	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	6	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0928-79	K0416			11/1/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	1	EA	BX	RC	EA	1 MG		25	11/01/2005	12/31/2005						
55289-0928-79	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	1	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
55289-0940-02	J8498			3/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	2	EA	BX	RC	EA	1 EA		1	03/01/2006	99/99/9999						
55289-0940-06	J8498			5/9/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1 EA		1	05/09/2006	99/99/9999						
55289-0948-02	Q0169			5/9/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	2	EA	BO	PO	EA	12.5 MG		1	05/09/2006	99/99/9999						
55289-0953-06	Q0173			5/9/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE 300 MG	6	EA	BO	PO	EA	250 MG		1.2	05/09/2006	99/99/9999						
55289-0964-04	Q0144			11/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1 GM		0.25	11/01/2005	99/99/9999						
55289-0964-14	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	14	EA	BO	PO	EA	1 GM		0.25	02/01/2006	99/99/9999						
55370-0202-02	J3490			1/1/2002	9/29/2005	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL) 150 MG/ML	2	ML	VL	IV	ML	1 EA		1	01/01/2002	09/29/2005						
55370-0202-04	J3490			1/1/2002	9/29/2005	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL) 150 MG/ML	8	ML	VL	IV	ML	1 EA		1	01/01/2002	09/29/2005						
55370-0555-07	J8499			1/1/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	09/01/2006						
55370-0555-09	J8499			1/1/2002	7/14/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1 EA		1	01/01/2002	07/14/2003						
55370-0556-07	J8499			1/1/2002	7/14/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	07/14/2003						
55370-0556-08	J8499			1/1/2002	7/14/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1 EA		1	01/01/2002	07/14/2003						
55370-0557-07	J8499			1/1/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	09/01/2006						
55370-0557-09	J8499			1/1/2002	7/14/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	1000	EA	BO	PO	EA	1 EA		1	01/01/2002	07/14/2003						
55390-0003-10	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0004-01	J1610			1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1 EA	VL	U	EA	1 MG		1	01/01/2002	99/99/9999							
55390-0004-10	J1610			1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN (VIAL) 1 MG	1 EA	VL	U	EA	1 MG		1	01/01/2002	99/99/9999							
55390-0005-01	J9040			3/10/2003	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.,USP) 15 U	1 EA	VL	U	EA	15 U		1	03/10/2003	99/99/9999							
55390-0006-01	J9040			3/10/2003	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.,USP) 30 U	1 EA	VL	U	EA	15 U		2	03/10/2003	99/99/9999							
55390-0009-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 10 MG/ML	50 ML	VL	U	ML	50 MG		0.2	01/01/2002	99/99/9999							
55390-0012-01	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 200 MG/100 ML	100 ML	VL	U	ML	200 MG		0.01	07/29/2004	99/99/9999							
55390-0013-10	J1110			9/3/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (VIAL) 1 MG/ML	1 ML	VL	U	ML	1 MG		1	09/03/2003	99/99/9999							
55390-0014-02	J1190			4/8/2005	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE 250 MG	1 EA	VL	U	EA	250 MG		1	04/08/2005	99/99/9999							
55390-0019-10	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0020-10	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0021-01	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0026-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (BULK VIAL) 10 MG/ML	50 ML	VL	U	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0027-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	20 ML	VL	U	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0028-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	4 ML	VL	U	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0029-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	U	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0030-10	J9340			1/1/2002	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 15 MG	1 EA	VL	U	EA	15 MG		1	01/01/2002	99/99/9999							
55390-0031-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2 ML	VL	U	ML	5 MG		5	01/01/2002	99/99/9999							
55390-0032-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4 ML	VL	U	ML	5 MG		5	01/01/2002	99/99/9999							
55390-0033-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8 ML	VL	U	ML	5 MG		5	01/01/2002	99/99/9999							
55390-0034-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10 ML	VL	U	ML	5 MG		5	01/01/2002	99/99/9999							
55390-0042-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	INAMRINONE LACTATE (S.D.V.) 5 MG/ML	20 ML	VL	U	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0045-01	J9209			2/24/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	U	ML	200 MG		0.5	02/24/2004	99/99/9999							
55390-0046-01	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 400 MG/200 ML	200 ML	VL	U	ML	200 MG		0.01	07/29/2004	99/99/9999							
55390-0051-10	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 50 MG	1 EA	VL	U	EA	50 MG		1	01/01/2002	99/99/9999							
55390-0052-10	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 100 MG	1 EA	VL	U	EA	50 MG		2	01/01/2002	99/99/9999							
55390-0053-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL) 200 MG	1 EA	VL	U	EA	50 MG		4	01/01/2002	99/99/9999							
55390-0054-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 350 MG	1 EA	VL	U	EA	50 MG		7	01/01/2002	99/99/9999							
55390-0057-01	J0282			10/25/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (20ML MULTIPLE USE VIAL) 50 MG/ML	18 ML	VL	U	ML	30 MG		1.66666	10/25/2002	99/99/9999							
55390-0057-10	J0282			12/1/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.,PF) 50 MG/ML	3 ML	VL	U	ML	30 MG		1.66666	12/01/2003	99/99/9999							
55390-0058-10	J0282			10/18/2002	11/30/2003	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (5ML AMPULE,PF) 50 MG/ML	3 ML	VL	U	ML	30 MG		1.66666	10/18/2002	11/30/2003							
55390-0059-10	J2360			4/28/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (S.D.V.) 30 MG/ML	2 ML	VL	U	ML	60 MG		0.5	04/28/2003	99/99/9999							
55390-0060-02	J1190			4/8/2005	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE 500 MG	1 EA	VL	U	EA	250 MG		2	04/08/2005	99/99/9999							
55390-0066-10	J0500			7/14/2003	99/99/9999	INJECTION, DICYLOMINE HCL, UP TO 20 MG	DICYCLOMINE HCL (U.S.P.) 10 MG/ML	2 ML	VL	U	ML	20 MG		0.5	07/14/2003	99/99/9999							
55390-0067-10	J0150			6/16/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (S.D.V.) 3 MG/ML	2 ML	VL	U	ML	6 MG		0.5	06/16/2004	99/99/9999							
55390-0068-01	J0150			9/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (S.D.V.) 3 MG/ML	4 ML	VL	U	ML	6 MG		0.5	09/01/2004	99/99/9999							
55390-0069-01	J9390			2/3/2004	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	U	ML	10 MG		1	02/03/2004	99/99/9999							
55390-0070-01	J9390			2/3/2004	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	U	ML	10 MG		1	02/03/2004	99/99/9999							
55390-0074-10	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	10 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0075-10	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	20 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0076-01	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	50 ML	VL	U	ML	5 MG		0.2	05/31/2002	99/99/9999							
55390-0077-01	J0780			7/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P., M.D.V.) 5 MG/ML	10 ML	VL	U	ML	10 MG		0.5	07/22/2004	99/99/9999							
55390-0077-10	J0780			7/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.,M.D.V.) 5 MG/ML	2 ML	VL	U	ML	10 MG		0.5	07/22/2004	99/99/9999							
55390-0083-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP CONCENTRATE,PF) 2 MG/ML	10 ML	VL	U	ML	5 MG		0.4	04/11/2006	99/99/9999							
55390-0084-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP CONCENTRATE,PF) 2 MG/ML	12.5 ML	VL	U	ML	5 MG		0.4	04/11/2006	99/99/9999							
55390-0085-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP CONCENTRATE,PF) 2 MG/ML	15 ML	VL	U	ML	5 MG		0.4	04/11/2006	99/99/9999							
55390-0090-10	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	U	EA	200 MG		1	01/01/2002	12/31/2010							
55390-0091-10	J9360			1/1/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (VIAL) 10 MG	1 EA	VL	U	EA	1 MG		10	01/01/2002	99/99/9999							
55390-0097-10	J0282			3/5/2008	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	NOVAPLUS AMIODARONE HYDROCHLORIDE (10X3ML,S.D.V) 50 MG/ML	3 ML	VL	U	ML	30 MG		1.66666	03/05/2008	99/99/9999							
55390-0100-10	J0592			6/3/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE 0.3 MG/ML	1 ML	VL	U	ML	0.1 MG		3.24	06/03/2005	99/99/9999							
55390-0101-10	J3105			4/28/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	2 ML	VL	U	ML	1 MG		1	04/28/2004	99/99/9999							
55390-0104-20	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	20 ML	VL	U	ML	1 EA		1	06/23/2005	1/1/2008							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0104-50	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	50 ML	VL	IV	ML		1 EA			1	06/23/2005	1/1/2008					
55390-0104-99	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML		1 EA			1	06/23/2005	1/1/2008					
55390-0105-01	J0282			9/7/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (M.D.V.) 50 MG/ML	9 ML	VL	IV	ML		30 MG			1.66666	09/07/2005	99/99/9999					
55390-0106-01	J9999			9/1/2004	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA		1 EA			1	09/01/2004	99/99/9999					
55390-0107-10	J2440			1/1/2002	2/25/2008	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (M.D.V.) 30 MG/ML	10 ML	VL	IJ	ML		60 MG			0.5	01/01/2002	02/25/2008					
55390-0108-01	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML		10 MG			0.5	01/01/2002	99/99/9999					
55390-0108-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4 ML	VL	IV	ML		10 MG			0.5	01/01/2002	99/99/9999					
55390-0109-01	J3490			4/8/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60 ML	VL	IJ	ML		1 EA			1	04/08/2005	99/99/9999					
55390-0113-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (S.D.V.) 5 MG	1 EA	VL	IJ	EA		5 MG			1	01/01/2002	99/99/9999					
55390-0114-05	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG			0.2	01/01/2002	99/99/9999					
55390-0114-20	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG			0.2	01/01/2002	99/99/9999					
55390-0114-50	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG			0.2	01/01/2002	99/99/9999					
55390-0115-01	J9065			1/1/2002	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE NOVAPLUS (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML		1 MG			1	01/01/2002	99/99/9999					
55390-0121-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG			2	12/26/2006	99/99/9999					
55390-0121-10	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG			2	12/26/2006	99/99/9999					
55390-0122-10	J7516			1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (S.D.V.) 50 MG/ML	5 ML	VL	IV	ML		250 MG			0.2	01/01/2002	99/99/9999					
55390-0123-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (VIAL,30 ML) 600 MG	1 EA	VL	IV	EA		1 EA			1	01/01/2002	99/99/9999					
55390-0124-01	J9065			1/1/2002	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML		1 MG			1	01/01/2002	99/99/9999					
55390-0125-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	10 ML	VL	IJ	ML		1 MG			1	01/01/2002	99/99/9999					
55390-0126-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5 ML	VL	IJ	ML		1 MG			5	01/01/2002	99/99/9999					
55390-0126-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	10 ML	VL	IJ	ML		1 MG			5	01/01/2002	99/99/9999					
55390-0127-01	J2430			1/1/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 30 MG	1 EA	VL	IV	EA		30 MG			1	01/01/2002	99/99/9999					
55390-0129-01	J2430			1/1/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 90 MG	1 EA	VL	IV	EA		30 MG			3	01/01/2002	99/99/9999					
55390-0131-10	J9100			1/1/2002	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (VIAL) 100 MG	1 EA	VL	IJ	EA		100 MG			1	01/01/2002	99/99/9999					
55390-0132-10	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG			1	01/01/2002	12/31/2010					
55390-0133-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG			2	01/01/2002	12/31/2010					
55390-0134-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG			4	01/01/2002	12/31/2010					
55390-0135-01	J9200			1/1/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (VIAL) 0.5 GM	1 EA	VL	IJ	EA		500 MG			1	01/01/2002	99/99/9999					
55390-0136-05	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (S.G.V.) 200 MG/ML	5 ML	VL	IV	ML		1 GM			0.2	01/01/2002	99/99/9999					
55390-0137-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	2 ML	VL	IJ	ML		1 MG			1	01/01/2002	99/99/9999					
55390-0137-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG			1	01/01/2002	99/99/9999					
55390-0138-01	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	1 ML	VL	IJ	ML		1 MG			5	01/01/2002	99/99/9999					
55390-0138-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	2 ML	VL	IJ	ML		1 MG			5	01/01/2002	99/99/9999					
55390-0142-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (S.D.V.,PF) 5 MG/ML	4 ML	VL	IV	ML		10 MG			0.5	01/01/2002	99/99/9999					
55390-0143-01	J9260			9/7/2005	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,30ML VIAL,PF) 1 GM	1 EA	VL	IJ	EA		50 MG			20	09/07/2005	99/99/9999					
55390-0147-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML		5 MG			1	01/01/2002	99/99/9999					
55390-0147-10	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG			1	01/01/2002	99/99/9999					
55390-0150-01	J9045			1/17/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA		50 MG			1	01/17/2006	99/99/9999					
55390-0151-01	J9045			1/17/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG			3	01/17/2006	99/99/9999					
55390-0152-01	J9045			1/17/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG			9	01/17/2006	99/99/9999					
55390-0153-01	J9045			10/15/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		50 MG			0.2	10/15/2004	99/99/9999					
55390-0154-01	J9045			10/15/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	15 ML	VL	IV	ML		50 MG			0.2	10/15/2004	99/99/9999					
55390-0155-01	J9045			10/15/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	45 ML	VL	IV	ML		50 MG			0.2	10/15/2004	99/99/9999					
55390-0156-01	J9045			3/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	60 ML	VL	IV	ML		50 MG			0.2	03/01/2006	99/99/9999					
55390-0157-01	J2430			1/1/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 30 MG	1 EA	VL	IV	EA		30 MG			1	01/01/2003	99/99/9999					
55390-0159-01	J2430			1/1/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 90 MG	1 EA	VL	IV	EA		30 MG			3	01/01/2003	99/99/9999					
55390-0160-10	J2354			5/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 50 MCG/ML	1 ML	VL	IJ	ML		25 MCG			2	05/04/2005	99/99/9999					
55390-0161-10	J2354			4/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 100 MCG/ML	1 ML	VL	IJ	ML		25 MCG			4	04/04/2005	99/99/9999					
55390-0162-10	J2354			4/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 500 MCG/ML	1 ML	VL	IJ	ML		25 MCG			20	04/04/2005	99/99/9999					
55390-0163-01	J2354			5/25/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5 ML	VL	IJ	ML		25 MCG			8	05/25/2005	99/99/9999					
55390-0164-01	J2354			5/25/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG			40	05/25/2005	99/99/9999					
55390-0168-10	J2060			9/13/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,SDV,1MLX10,PF) 2 MG/ML	1 ML	VL	IJ	ML		2 MG			1	09/13/2006	99/99/9999					
55390-0169-10	J2060			9/13/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,SDV,1MLX10,PF) 4 MG/ML	1 ML	VL	IJ	ML		2 MG			2	09/13/2006	99/99/9999					
55390-0170-10	J2060			9/13/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,MDV,10MLX10) 2 MG/ML	10 ML	VL	IJ	ML		2 MG			1	09/13/2006	99/99/9999					
55390-0171-10	J2060			9/13/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,MDV,10MLX10) 4 MG/ML	10 ML	VL	IJ	ML		2 MG			2	09/13/2006	99/99/9999					
55390-0175-10	Q2009			8/6/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV,USP,10X2ML) 75 MG/ML	20 ML	VL	IJ	ML		50 MG			1.5	08/06/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0176-10	Q2009			8/6/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV, USP, 10X10ML) 75 MG/ML	100 ML	VL	IJ	ML	50 MG		1.5	08/06/2007	99/99/9999							
55390-0183-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2003							
55390-0183-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 MG		1	01/01/2004	99/99/9999							
55390-0184-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2003							
55390-0184-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 MG		2	01/01/2004	99/99/9999							
55390-0184-02	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2003							
55390-0184-02	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML	1 MG		2	01/01/2004	99/99/9999							
55390-0185-10	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2003							
55390-0185-10	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 MG		2	01/01/2004	99/99/9999							
55390-0193-10	J3105			11/19/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE NOVAPLUS 1 MG/ML	1 ML	VL	SC	ML	1 MG		1	11/19/2004	99/99/9999							
55390-0197-01	J0744			8/28/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (USP, SDV) 10 MG/ML	20 ML	VL	IV	ML	200 MG		0.05	08/28/2006	99/99/9999							
55390-0198-01	J0744			8/28/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (USP, SDV) 10 MG/ML	40 ML	VL	IV	ML	200 MG		0.05	08/28/2006	99/99/9999							
55390-0199-01	J0744			11/6/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (PHARMACY BULK PACKAGE) 10 MG/ML	120 ML	VL	IV	ML	200 MG		0.05	11/06/2006	99/99/9999							
55390-0204-01	J2430			4/2/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V., FLIPTOP) 3 MG/ML	10 ML	VL	IV	ML	30 MG		0.1	04/02/2002	99/99/9999							
55390-0207-01	J9178			8/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-DOSE, PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG		1	08/07/2007	99/99/9999							
55390-0208-01	J9178			8/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-DOSE, PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG		1	08/07/2007	99/99/9999							
55390-0209-10	J2920			2/22/2007	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 40 MG	1 EA	VL	IJ	EA	40 MG		1	02/22/2007	99/99/9999							
55390-0210-10	J2930			2/22/2007	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 125 MG	1 EA	VL	IJ	EA	125 MG		1	02/22/2007	99/99/9999							
55390-0211-03	J7608			1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 10%	10 ML	VL	IH	ML	1 GM		0.1	01/01/2002	03/11/2002							
55390-0211-03	KO J7608	KO		1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 10%	10 ML	VL	IH	ML	1 GM		0.1	01/01/2002	03/11/2002							
55390-0212-03	J7608			1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 10%	30 ML	VL	IH	ML	1 GM		0.1	01/01/2002	03/11/2002							
55390-0212-03	KO J7608	KO		1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 10%	30 ML	VL	IH	ML	1 GM		0.1	01/01/2002	03/11/2002							
55390-0213-03	J7608			1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 20%	10 ML	VL	IH	ML	1 GM		0.2	01/01/2002	03/11/2002							
55390-0213-03	KO J7608	KO		1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 20%	10 ML	VL	IH	ML	1 GM		0.2	01/01/2002	03/11/2002							
55390-0214-03	J7608			1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 20%	30 ML	VL	IH	ML	1 GM		0.2	01/01/2002	03/11/2002							
55390-0214-03	KO J7608	KO		1/1/2002	3/11/2002	DOSE FORM, PER GRAM	ACETYL CYSTEINE (VIAL, PF) 20%	30 ML	VL	IH	ML	1 GM		0.2	01/01/2002	03/11/2002							
55390-0215-01	J9211			8/7/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (SINGLE-DOSE, PF) 1 MG/ML	5 ML	VL	IV	ML	5 MG		0.2	08/07/2007	99/99/9999							
55390-0216-01	J9211			8/7/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (SINGLE-DOSE, PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG		0.2	08/07/2007	99/99/9999							
55390-0217-01	J9211			8/7/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (SINGLE-DOSE, PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG		0.2	08/07/2007	99/99/9999							
55390-0218-01	J2930			2/22/2007	8/1/2008	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 500 MG	1 EA	VL	IJ	EA	125 MG		4	02/22/2007	8/1/2008							
55390-0219-01	J2930			2/22/2007	8/1/2008	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 1 GM	1 EA	VL	IJ	EA	125 MG		8	02/22/2007	8/1/2008							
55390-0220-01	J9045			11/19/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN AMERINET CHOICE (M.D.V., PF) 10 MG/ML	5 ML	VL	IV	ML	50 MG		0.2	11/19/2004	99/99/9999							
55390-0221-01	J9045			11/19/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN AMERINET CHOICE (M.D.V., PF) 10 MG/ML	15 ML	VL	IV	ML	50 MG		0.2	11/19/2004	99/99/9999							
55390-0222-01	J9045			11/19/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN AMERINET CHOICE (M.D.V., PF) 10 MG/ML	45 ML	VL	IV	ML	50 MG		0.2	11/19/2004	99/99/9999							
55390-0223-02	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE PEDIATRIC NOVAPLUS (S.D.V., PF) 50 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							
55390-0223-02	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE PEDIATRIC NOVAPLUS (S.D.V., PF) 50 MG/ML	2 ML	VL	IJ	ML	100 MG		0.5	01/01/2006	99/99/9999							
55390-0224-02	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE NOVAPLUS (S.D.V., PF) 250 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							
55390-0224-02	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE NOVAPLUS (S.D.V., PF) 250 MG/ML	2 ML	VL	IJ	ML	100 MG		2.5	01/01/2006	99/99/9999							
55390-0224-04	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE NOVAPLUS (PF) 250 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							
55390-0224-04	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE NOVAPLUS (PF) 250 MG/ML	4 ML	VL	IJ	ML	100 MG		2.5	01/01/2006	99/99/9999							
55390-0225-02	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE PEDIATRIC (S.D.V., PF) 50 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	12/31/2005							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0225-02	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE PEDIATRIC (S.D.V.,PF) 50 MG/ML	2 ML	VL	IJ	ML	100 MG			0.5	01/01/2006	99/99/9999						
55390-0226-02	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2005						
55390-0226-02	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2 ML	VL	IJ	ML	100 MG			2.5	01/01/2006	99/99/9999						
55390-0226-04	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (PF) 250 MG/ML	4 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2005						
55390-0226-04	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (PF) 250 MG/ML	4 ML	VL	IJ	ML	100 MG			2.5	01/01/2006	99/99/9999						
55390-0231-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA	10 MG			1	01/01/2002	99/99/9999						
55390-0232-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	10 MG			2	01/01/2002	99/99/9999						
55390-0233-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	10 MG			5	01/01/2002	99/99/9999						
55390-0235-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.) 2 MG/ML	5 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0236-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.,PF) 2 MG/ML	10 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0237-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (S.D.V.) 2 MG/ML	25 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0238-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	ADRIAMYCIN (M.D.V.) 2 MG/ML	100 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0241-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA	10 MG			1	01/01/2002	99/99/9999						
55390-0242-10	J9000			1/1/2002	1/1/2004	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	10 MG			2	01/01/2002	01/01/2004						
55390-0243-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA	10 MG			5	01/01/2002	99/99/9999						
55390-0244-01	J9268			8/8/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG	PENTOSTATIN (SDV) 10 MG	1 EA	VL	IV	EA	10 MG			1	08/08/2007	99/99/9999						
55390-0245-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	5 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0246-10	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	10 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0247-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0248-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL NOVAPLUS (M.D.V.) 2 MG/ML	100 ML	VL	IV	ML	10 MG			0.2	01/01/2002	99/99/9999						
55390-0250-10	J1626			7/29/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,SDV) 0.1 MG/ML	1 ML	VL	IV	ML	100 MCG			1	07/29/2008	99/99/9999						
55390-0251-01	J9280			1/1/2002	99/99/9999	MITOMYCIN, 5 MG	MITOMYCIN (S.D.V.,PF) 5 MG	1 EA	VL	IV	EA	5 MG			1	01/01/2002	99/99/9999						
55390-0252-01	J9290			1/1/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	20 MG			1	01/01/2002	12/31/2010						
55390-0253-01	J9291			1/1/2002	12/31/2010	MITOMYCIN, 40 MG	MITOMYCIN (S.D.V.,PF) 40 MG	1 EA	VL	IV	EA	40 MG			1	01/01/2002	12/31/2010						
55390-0258-01	J2930			2/1/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (USP,MDV,LYOPHILIZED) 500 MG	1 EA	VL	IJ	EA	125 MG			4	02/01/2008	99/99/9999						
55390-0259-01	J2930			2/1/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (USP,MDV,LYOPHILIZED) 1 GM	1 EA	VL	IJ	EA	125 MG			8	02/01/2008	99/99/9999						
55390-0263-10	J0895			6/18/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 500 MG	1 EA	VL	IJ	EA	500 MG			1	06/18/2007	99/99/9999						
55390-0265-01	J0895			6/18/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	06/18/2007	99/99/9999						
55390-0266-01	J9209			9/21/2005	99/99/9999	INJECTION, MESNA, 200 MG	MESNA AMERINET CHOICE (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG			0.5	09/21/2005	99/99/9999						
55390-0267-01	J9390			9/21/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE AMERINET CHOICE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG			1	09/21/2005	99/99/9999						
55390-0268-01	J9390			9/21/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE AMERINET CHOICE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG			1	09/21/2005	99/99/9999						
55390-0281-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	CERUBIDINE (S.D.V.) 20 MG	1 EA	VL	IV	EA	10 MG			2	01/01/2002	99/99/9999						
55390-0291-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML	10 MG			2	01/01/2002	99/99/9999						
55390-0292-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG			2	01/01/2002	99/99/9999						
55390-0293-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG			2	01/01/2002	99/99/9999						
55390-0304-05	J9265			12/4/2006	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	5 ML	VL	IV	ML	30 MG			0.2	12/04/2006	99/99/9999						
55390-0304-20	J9265			12/4/2006	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG			0.2	12/04/2006	99/99/9999						
55390-0304-50	J9265			12/4/2006	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MULTIPLE-DOSE,USP) 6 MG/ML	50 ML	VL	IV	ML	30 MG			0.2	12/04/2006	99/99/9999						
55390-0307-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NOVAPLUS ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999						
55390-0307-10	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NOVAPLUS ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999						
55390-0308-03	J0207			4/8/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (3X10ML,LYOPHILIZED) 500 MG	1 EA	VL	IV	EA	500 MG			1	04/08/2008	99/99/9999						
55390-0314-05	J9265			1/14/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG			0.2	01/14/2004	99/99/9999						
55390-0314-20	J9265			1/14/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG			0.2	01/14/2004	99/99/9999						
55390-0314-50	J9265			1/14/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG			0.2	01/14/2004	99/99/9999						
55390-0339-10	J9140			3/5/2008	12/31/2010	DACARBAZINE, 200 MG	NOVAPLUS DACARBAZINE (USP) 200 MG	1 EA	VL	IV	EA	200 MG			1	03/05/2008	12/31/2010						
55390-0347-01	J9209			3/5/2008	99/99/9999	INJECTION, MESNA, 200 MG	NOVAPLUS MESNA (1X10ML,M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG			0.5	03/05/2008	99/99/9999						
55390-0403-20	J2400			1/1/2002	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 2%	20 ML	VL	IJ	ML	30 ML			0.03333	01/01/2002	99/99/9999						
55390-0404-20	J2400			1/1/2002	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 3%	20 ML	VL	IJ	ML	30 ML			0.03333	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0412-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.) 50 MG/ML	1 ML	VL	IM	ML	50 MG		1	01/01/2002	99/99/9999							
55390-0412-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG		1	01/01/2002	99/99/9999							
55390-0413-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.) 100 MG/ML	1 ML	VL	IM	ML	50 MG		2	01/01/2002	99/99/9999							
55390-0413-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG		2	01/01/2002	99/99/9999							
55390-0422-01	J1631			1/1/2002	1/1/2006	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE NOVAPLUS (S.D.V.) 50 MG/ML	1 ML	VL	IM	ML	50 MG		1	01/01/2002	01/01/2006							
55390-0422-05	J1631			1/1/2002	4/1/2006	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE NOVAPLUS (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG		1	01/01/2002	04/01/2006							
55390-0423-01	J1631			1/1/2002	4/1/2006	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE NOVAPLUS (S.D.V.) 100 MG/ML	1 ML	VL	IM	ML	50 MG		2	01/01/2002	04/01/2006							
55390-0423-05	J1631			1/1/2002	4/1/2006	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE NOVAPLUS (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG		2	01/01/2002	04/01/2006							
55390-0435-01	J9200			1/1/2002	11/1/2008	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE NOVAPLUS (VIAL) 0.5 GM	1 EA	VL	IJ	EA	500 MG		1	01/01/2002	11/1/2008							
55390-0436-05	J1955			1/1/2002	11/1/2008	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE NOVAPLUS (S.D.V.) 200 MG/ML	5 ML	VL	IV	ML	1 GM		0.2	01/01/2002	11/1/2008							
55390-0447-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE NOVAPLUS (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML	5 MG		1	01/01/2002	99/99/9999							
55390-0447-10	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE NOVAPLUS (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML	5 MG		1	01/01/2002	99/99/9999							
55390-0451-01	J9280			1/1/2002	99/99/9999	MITOMYCIN, 5 MG	MITOMYCIN NOVAPLUS (S.D.V.,PF) 5 MG	1 EA	VL	IV	EA	5 MG		1	01/01/2002	99/99/9999							
55390-0452-01	J9280			1/1/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN NOVAPLUS (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	20 MG		1	01/01/2002	12/31/2010							
55390-0453-01	J9291			1/1/2002	12/31/2010	MITOMYCIN, 40 MG	MITOMYCIN NOVAPLUS (S.D.V.,PF) 40 MG	1 EA	VL	IV	EA	40 MG		1	01/01/2002	12/31/2010							
55390-0460-01	J1120			1/1/2002	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE SODIUM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA	500 MG		1	01/01/2002	99/99/9999							
55390-0465-05	J2680			1/1/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (VIAL) 25 MG/ML	5 ML	VL	IJ	ML	25 MG		1	01/01/2002	99/99/9999							
55390-0480-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML	15 MG		1	01/01/2002	99/99/9999							
55390-0481-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1 ML	VL	IJ	ML	15 MG		2	01/01/2002	99/99/9999							
55390-0481-02	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML	15 MG		2	01/01/2002	99/99/9999							
55390-0481-10	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (M.D.V.) 30 MG/ML	10 ML	VL	IJ	ML	15 MG		2	01/01/2002	99/99/9999							
55390-0491-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999							
55390-0492-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999							
55390-0493-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG		2	01/01/2002	99/99/9999							
55390-0500-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0500-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0500-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML	1 EA		1	01/01/2002	99/99/9999							
55390-0501-02	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML	1 EA		1	01/01/2002	11/1/2008							
55390-0501-05	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML	1 EA		1	01/01/2002	11/1/2008							
55390-0501-10	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML	1 EA		1	01/01/2002	11/1/2008							
55390-0503-10	J0270			1/1/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL NOVAPLUS (VIAL) 0.5 MG/ML	1 ML	VL	IV	ML	1.25 MCG		400	01/01/2002	99/99/9999							
55390-0506-05	J0270			1/1/2002	1/1/2005	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (AMP) 0.5 MG/ML	1 ML	AM	IV	ML	1.25 MCG		400	01/01/2002	01/01/2005							
55390-0506-10	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (VIAL) 0.5 MG/ML	1 ML	VL	IV	ML	1.25 MCG		400	01/01/2002	99/99/9999							
55390-0514-05	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG		0.2	01/25/2005	5/1/2008							
55390-0514-20	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG		0.2	01/25/2005	5/1/2008							
55390-0514-50	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG		0.2	01/25/2005	5/1/2008							
55390-0555-01	J1245			1/1/2002	4/1/2005	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	10 ML	VL	IV	ML	10 MG		0.5	01/01/2002	4/1/2005							
55390-0555-10	J1245			1/1/2002	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML	10 MG		0.5	02/01/2008	99/99/9999							
55390-0555-90	J1245			4/8/2005	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	10 ML	VL	IV	ML	10 MG		0.5	04/08/2005	99/99/9999	1/1/2002	1/1/2005	0.5				
55390-0560-90	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (S.D.V.,PF) 12.5 MG/ML	20 ML	VL	IV	ML	250 MG		0.05	01/01/2002	99/99/9999							
55390-0600-20	J7501			1/1/2002	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE SODIUM (PF) 100 MG	1 EA	VL	IV	EA	100 MG		1	01/01/2002	99/99/9999							
55390-0604-01	J2430			4/2/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10 ML	VL	IV	ML	30 MG		0.1	04/02/2002	99/99/9999							
55390-0605-02	J0760			1/1/2002	2/25/2008	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (S.D.V.,PF) 0.5 MG/ML	2 ML	VL	IV	ML	1 MG		0.5	01/01/2002	02/25/2008							
55390-0612-10	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 500 MG	1 EA	VL	IV	EA	5 MG		100	10/01/2003	12/31/2005							
55390-0612-10	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 500 MG	1 EA	VL	IV	EA	5 MG		100	01/01/2006	99/99/9999							
55390-0613-20	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 1000 MG	1 EA	VL	IV	EA	5 MG		200	10/01/2003	12/31/2005							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0613-20	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 1000 MG	1 EA	VL	IV	EA	5 MG	200	01/01/2006	99/99/9999								
55390-0616-01	J2780			11/22/2004	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (M.D.V.) 25 MG/ML	6 ML	VL	U	ML	25 MG	1	11/22/2004	99/99/9999								
55390-0616-10	J2780			11/22/2004	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (S.D.V.) 25 MG/ML	2 ML	VL	U	ML	25 MG	1	11/22/2004	99/99/9999								
55390-0618-01	J2780			3/29/2006	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/ML	40 ML	VL	U	ML	25 MG	1	03/29/2006	99/99/9999								
55390-0805-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (S.D.V.) 20 MG	1 EA	VL	IV	EA	10 MG	2	01/01/2002	99/99/9999								
55390-0806-10	J9100			1/1/2002	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE NOVAPLUS (VIAL) 100 MG	1 EA	VL	U	EA	100 MG	1	01/01/2002	99/99/9999								
55390-0807-10	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 500 MG	1 EA	VL	U	EA	500 MG	1	01/01/2002	12/31/2010								
55390-0808-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 1 GM	1 EA	VL	U	EA	500 MG	2	01/01/2002	12/31/2010								
55390-0809-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 2 GM	1 EA	VL	U	EA	500 MG	4	01/01/2002	12/31/2010								
55390-0818-10	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 100 MG	1 EA	VL	U	EA	50 MG	2	01/01/2002	99/99/9999								
55390-0824-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 200 MG	1 EA	VL	U	EA	50 MG	4	01/01/2002	99/99/9999								
55390-0825-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (S.D.V., PF) 350 MG	1 EA	VL	U	EA	50 MG	7	01/01/2002	99/99/9999								
55390-0826-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (S.D.V., PF) 10 MG/ML	50 ML	VL	U	ML	50 MG	0.2	01/01/2002	99/99/9999								
55513-0002-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	09/11/2006	99/99/9999								
55513-0002-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (4X1ML,PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	09/11/2006	99/99/9999								
55513-0003-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	09/11/2006	99/99/9999								
55513-0003-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	09/11/2006	99/99/9999								
55513-0004-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	09/11/2006	99/99/9999								
55513-0004-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	09/11/2006	99/99/9999								
55513-0005-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	09/11/2006	99/99/9999								
55513-0005-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	09/11/2006	99/99/9999								
55513-0006-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/ML	1 ML	VL	U	ML	1 MCG	200	09/11/2006	99/99/9999								
55513-0010-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	01/01/2004	12/31/2005								
55513-0010-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	02/08/2008	99/99/9999								
55513-0010-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	01/01/2004	12/31/2005	1/1/2006	3/28/2006			25			
55513-0010-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	U	ML	1 MCG	25	02/08/2008	99/99/9999								
55513-0011-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	01/01/2004	12/31/2005	1/1/2006	3/28/2006			25			
55513-0011-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	02/08/2008	99/99/9999								
55513-0011-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	01/01/2004	12/31/2005	1/1/2006	2/16/2006			40			
55513-0011-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	U	ML	1 MCG	40	02/08/2008	99/99/9999								
55513-0012-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	01/01/2004	12/31/2005	1/1/2006	2/16/2006			40			
55513-0012-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	02/08/2008	99/99/9999								
55513-0012-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	01/01/2004	12/31/2005	1/1/2006	3/10/2006			60			
55513-0012-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1 ML	VL	U	ML	1 MCG	60	02/08/2008	99/99/9999								
55513-0013-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	01/01/2004	12/31/2005	1/1/2006	3/10/2006			60			
55513-0013-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	02/08/2008	99/99/9999								
55513-0013-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	01/01/2004	12/31/2005	1/1/2006	4/25/2006			100			
55513-0013-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1 ML	VL	U	ML	1 MCG	100	02/08/2008	99/99/9999								
55513-0014-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1 ML	VL	U	ML	1 MCG	200	01/01/2004	12/31/2005	1/1/2006	4/25/2006			100			
55513-0014-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1 ML	VL	U	ML	1 MCG	200	02/08/2008	99/99/9999								
55513-0014-04	Q0137			1/1/2004	12/13/2004	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1 ML	VL	U	ML	1 MCG	200	01/01/2004	12/13/2004	1/1/2006	4/29/2006			200			
55513-0014-04	J0881			2/8/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1 ML	VL	U	ML	1 MCG	200	02/08/2008	99/99/9999								
55513-0015-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.3 MG/ML	1 ML	VL	U	ML	1 MCG	300	01/01/2004	12/31/2005								
55513-0015-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.3 MG/ML	1 ML	VL	U	ML	1 MCG	300	02/08/2008	99/99/9999								
55513-0021-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4 ML	SR	U	ML	1 MCG	100	08/14/2006	99/99/9999			1/1/2006	4/7/2006			300	
55513-0021-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4 ML	SR	U	ML	1 MCG	100	08/14/2006	99/99/9999								
55513-0023-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3 ML	SR	U	ML	1 MCG	200	08/14/2006	99/99/9999								
55513-0023-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3 ML	SR	U	ML	1 MCG	200	08/14/2006	99/99/9999								
55513-0025-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5 ML	SR	U	ML	1 MCG	200	08/14/2006	99/99/9999								
55513-0025-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5 ML	SR	U	ML	1 MCG	200	08/14/2006	99/99/9999								
55513-0027-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3 ML	SR	U	ML	1 MCG	500	09/11/2006	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0027-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (0.3MLX4,PF) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	09/11/2006	99/99/9999						
55513-0028-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		500	08/14/2006	99/99/9999						
55513-0032-01	J0881			6/7/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,G27,1/2",PF) 0.5 MG/ML	1 ML	SR	IJ	ML		1 MCG		500	06/07/2006	99/99/9999						
55513-0037-01	Q0137			2/9/2004	11/30/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		100	02/09/2004	11/30/2005						
55513-0037-01	J0881			2/8/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		100	02/08/2008	99/99/9999						
55513-0037-04	Q0137			2/9/2004	11/30/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		100	02/09/2004	11/30/2005						
55513-0037-04	J0881			2/8/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		100	02/08/2008	99/99/9999						
55513-0039-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		200	01/01/2004	12/31/2005						
55513-0039-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0039-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		200	01/01/2004	12/31/2005	1/1/2006	2/6/2006	200			
55513-0039-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0041-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5 ML	SR	IJ	ML		1 MCG		200	01/01/2004	12/31/2005	1/1/2006	2/6/2006	200			
55513-0041-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5 ML	SR	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0041-04	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5 ML	SR	IJ	ML		1 MCG		200	01/01/2004	12/31/2005	1/1/2006	3/2/2006	200			
55513-0041-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5 ML	SR	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0043-01	Q0137			6/7/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	06/07/2004	12/31/2005	1/1/2006	3/2/2006	200			
55513-0043-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	02/08/2008	99/99/9999						
55513-0043-04	Q0137			6/7/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	06/07/2004	12/31/2005	1/1/2006	12/7/2006	500			
55513-0043-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	02/08/2008	99/99/9999						
55513-0044-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.2 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		500	01/01/2004	12/31/2005	1/1/2006	12/7/2006	500			
55513-0044-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.2 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		500	02/08/2008	99/99/9999						
55513-0046-01	Q0137			1/1/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.3 MG/0.6 ML	0.6 ML	SR	IJ	ML		1 MCG		500	01/01/2004	12/31/2005	1/1/2006	2/21/2006	500			
55513-0046-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.3 MG/0.6 ML	0.6 ML	SR	IJ	ML		1 MCG		500	02/08/2008	99/99/9999						
55513-0048-01	Q0137			2/9/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.5 MG/ML	1 ML	SR	IJ	ML		1 MCG		500	02/09/2004	12/31/2005	1/1/2006	4/7/2006	500			
55513-0048-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.5 MG/ML	1 ML	SR	IJ	ML		1 MCG		500	02/08/2008	99/99/9999						
55513-0053-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.75 ML	1 ML	VL	IJ	ML		1 MCG		200	09/11/2006	99/99/9999	1/1/2006	2/21/2006	500			
55513-0053-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.15 MG/0.75 ML	1 ML	VL	IJ	ML		1 MCG		200	09/11/2006	99/99/9999						
55513-0054-01	Q0137			1/1/2004	12/17/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.15 MG/0.75 ML	0.75 ML	VL	IJ	ML		1 MCG		200	01/01/2004	12/17/2005						
55513-0054-01	J0881			2/8/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.15 MG/0.75 ML	0.75 ML	VL	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0054-04	Q0137			1/1/2004	12/17/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SDV,ALBUMIN SOLN,PF) 0.15 MG/0.75 ML	0.75 ML	VL	IJ	ML		1 MCG		200	01/01/2004	12/17/2005						
55513-0054-04	J0881			2/8/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SDV,ALBUMIN SOLN,PF) 0.15 MG/0.75 ML	0.75 ML	VL	IJ	ML		1 MCG		200	02/08/2008	99/99/9999						
55513-0057-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42 ML	SR	IJ	ML		1 MCG		59.52381	08/14/2006	99/99/9999						
55513-0057-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42 ML	SR	IJ	ML		1 MCG		59.52381	08/14/2006	99/99/9999						
55513-0058-01	Q0137			2/9/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	1 EA	SR	IJ	ML		1 MCG		59.52381	02/09/2004	12/31/2005						
55513-0058-01	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	1 EA	SR	IJ	ML		1 MCG		59.52381	02/08/2008	99/99/9999						
55513-0058-04	Q0137			2/9/2004	12/31/2005	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	4 EA	SR	IJ	ML		1 MCG		59.52381	02/09/2004	12/31/2005	1/1/2006	3/1/2006	59.5238			
55513-0058-04	J0881			1/1/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	4 EA	SR	IJ	ML		1 MCG		59.52381	02/08/2008	99/99/9999						
55513-0090-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42 ML	SR	IJ	ML		1 MCG		59.52381	09/25/2006	2/28/2009	1/1/2006	3/1/2006	59.5238			
55513-0091-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		100	09/25/2006	2/28/2009						
55513-0092-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		200	09/25/2006	2/28/2009						
55513-0093-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5 ML	SR	IJ	ML		1 MCG		200	09/25/2006	2/28/2009						
55513-0094-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3 ML	SR	IJ	ML		1 MCG		500	09/25/2006	2/28/2009						
55513-0095-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4 ML	SR	IJ	ML		1 MCG		500	09/25/2006	2/28/2009						
55513-0096-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6 ML	SR	IJ	ML		1 MCG		500	09/25/2006	2/28/2009						
55513-0097-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,STERILE) 0.5 MG/ML	1 ML	SR	IJ	ML		1 MCG		500	09/25/2006	2/28/2009						
55513-0110-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,STERILE) 0.3 MG/ML	1 ML	VL	IJ	ML		1 MCG		300	08/14/2006	99/99/9999						
55513-0111-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6 ML	SR	IJ	ML		1 MCG		500	08/14/2006	99/99/9999						
55513-0126-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1 ML	VL	IJ	ML		1000 U		2	01/01/2002	12/31/2005						
55513-0126-01	J0885			9/9/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1 ML	VL	IJ	ML		1000 U		2	01/01/2006	99/99/9999							
55513-0126-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1 ML	VL	IJ	ML		1000 U		2	01/01/2002	12/31/2005						
55513-0126-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1 ML	VL	IJ	ML		1000 U		2	01/01/2006	99/99/9999						
55513-0144-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1 ML	VL	IJ	ML		1000 U		10	01/01/2002	12/31/2005						
55513-0144-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,																

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0144-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1 ML	VL	U	ML	1000 U				10	01/01/2002	12/31/2005					
55513-0144-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1 ML	VL	U	ML	1000 U				10	01/01/2006	99/99/9999					
55513-0148-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1 ML	VL	U	ML	1000 U				4	01/01/2002	12/31/2005					
55513-0148-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1 ML	VL	U	ML	1000 U				4	01/01/2006	99/99/9999					
55513-0148-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1 ML	VL	U	ML	1000 U				4	01/01/2002	12/31/2005					
55513-0148-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1 ML	VL	U	ML	1000 U				4	01/01/2006	99/99/9999					
55513-0177-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67 ML	SR	SC	ML	1 EA				1	01/01/2002	99/99/9999					
55513-0177-07	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67 ML	SR	SC	ML	1 EA				1	09/01/2006	99/99/9999					
55513-0177-28	J3490		2/23/2004	99/99/9999	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67 ML	SR	SC	ML	1 EA				1	02/23/2004	99/99/9999	1/1/2002	7/31/2004	1			
55513-0190-01	Q4053			7/1/2003	12/31/2003	INJECTION, PEGFILGRASTIM, 1 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6 ML	SR	SC	ML	1 MG				10	07/01/2003	12/31/2003					
55513-0190-01	J2505			1/1/2004	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6 ML	SR	SC	ML	6 MG			1.66666	01/01/2004	99/99/9999						
55513-0209-01	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8 ML	SR	IJ	ML	480 MCG				1.25	01/01/2002	99/99/9999					
55513-0209-10	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",10X0.8ML,PF,SINGLEJECT) 480 MCG/0.8 ML	0.8 ML	SR	IJ	ML	480 MCG				1.25	01/01/2002	99/99/9999					
55513-0267-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML	1000 U				3	01/01/2002	12/31/2005					
55513-0267-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML	1000 U				3	01/01/2006	99/99/9999					
55513-0267-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML	1000 U				3	01/01/2002	12/31/2005					
55513-0267-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML	1000 U				3	01/01/2006	99/99/9999					
55513-0283-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2002	12/31/2005					
55513-0283-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2006	99/99/9999					
55513-0283-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2002	12/31/2005					
55513-0283-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2006	99/99/9999					
55513-0478-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2002	12/31/2005					
55513-0478-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2006	99/99/9999					
55513-0478-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2002	12/31/2005					
55513-0478-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2006	99/99/9999					
55513-0520-01	J3490		1/24/2005	12/31/2005	UNCLASSIFIED DRUGS	KEPIVANCE (PF) 6.25 MG	1 EA	IV	EA		1 EA					1	01/24/2005	12/31/2005					
55513-0520-01	J2425			1/1/2006	99/99/9999	INJECTION, PALIFERMIN, 50 MICROGRAMS	KEPIVANCE (PF) 6.25 MG	1 EA	IV	EA	50 MCG				125	01/01/2006	99/99/9999						
55513-0520-06	J3490		1/24/2005	12/31/2005	UNCLASSIFIED DRUGS	KEPIVANCE (PF) 6.25 MG	1 EA	IV	EA	1 EA					1	01/24/2005	12/31/2005						
55513-0520-06	J2425			1/1/2006	99/99/9999	INJECTION, PALIFERMIN, 50 MICROGRAMS	KEPIVANCE (PF) 6.25 MG	1 EA	IV	EA	50 MCG				125	01/01/2006	99/99/9999						
55513-0530-01	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1 ML	VL	IJ	ML	300 MCG				1	01/01/2002	99/99/9999					
55513-0530-10	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,1MLX10,PF) 300 MCG/ML	1 ML	VL	IJ	ML	300 MCG				1	01/01/2002	99/99/9999					
55513-0546-01	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6 ML	VL	IJ	ML	480 MCG			0.625	01/01/2002	99/99/9999						
55513-0546-10	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,1.6MLX10,PF) 480 MCG/1.6 ML	1.6 ML	VL	IJ	ML	480 MCG			0.625	01/01/2002	99/99/9999						
55513-0554-01	J9212			1/1/2002	4/17/2003	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (9MCG,S.D.V.,PF) 30 MCG/ML	0.3 ML	VL	SC	ML	1 MCG			30	01/01/2002	04/17/2003						
55513-0554-06	J9212			1/1/2002	4/17/2003	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X9MCG,S.D.V.,PF) 30 MCG/ML	0.3 ML	VL	SC	ML	1 MCG			30	01/01/2002	04/17/2003						
55513-0562-01	J9212			1/1/2002	10/31/2002	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (15 MCG,S.D.V.,PF) 30 MCG/ML	0.5 ML	VL	SC	ML	1 MCG			30	01/01/2002	10/31/2002						
55513-0562-06	J9212			1/1/2002	10/31/2002	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X15MCG,S.D.V.,PF) 30 MCG/ML	0.5 ML	VL	SC	ML	1 MCG			30	01/01/2002	10/31/2002						
55513-0823-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2002	12/31/2005					
55513-0823-01	J0885			1/1/2006	7/31/2010	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2006	7/31/2010					
55513-0823-10	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2002	12/31/2005					
55513-0823-10	J0885			1/1/2006	7/31/2010	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2006	7/31/2010					
55513-0924-01	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (26GX5/8",SINGLE USE) 300 MCG/0.5 ML	0.5 ML	SR	IJ	ML	300 MCG				2	01/01/2002	99/99/9999					
55513-0924-10	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (26GX5/8",0.5MLX10,PF) 300 MCG/0.5 ML	0.5 ML	SR	IJ	ML	300 MCG			2	01/01/2002	99/99/9999						
55513-0954-01	J3490		10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	5 ML	VL	IV	ML	1 EA				1	10/10/2006	12/31/2007						
55513-0954-01	J9303			1/1/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	5 ML	VL	IV	ML	10 MG			2	01/01/2008	99/99/9999						
55513-0955-01	J3490		10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	10 ML	VL	IV	ML	1 EA				1	10/10/2006	12/31/2007						
55513-0955-01	J9303			1/1/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	10 ML	VL	IV	ML	10 MG			2	01/01/2008	2/28/2010						
55513-0956-01	J3490		10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	20 ML	VL	IV	ML	1 EA				1	10/10/2006	12/31/2007						
55513-0956-01	J9303			1/1/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	20 ML	VL	IV	ML	10 MG			2	01/01/2008	99/99/9999						
55553-0041-10	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRAGYN 5 (VIAL) 5 MG/ML	10 ML	EA	IM	ML	1 MG			5	01/01/2002	99/99/9999						
55553-0042-05	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	CLINACORT (VIAL) 40 MG/ML	5 ML	VL	IJ	ML	5 MG			8	01/01/2002	99/99/9999						
55553-0055-50	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	ANESTACAINE (VIAL) 1%	50 ML	VL	EP	ML	50 ML			0.02	01/01/2002	12/31/2003						
55553-0055-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACAINE (VIAL) 1%	50 ML	VL	EP	ML	10 MG			1	01/01/2004	99/99/9999						
55553-0056-50	J2001			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	ANESTACAINE (VIAL) 2%	50 ML	VL	IJ	ML	50 ML			0.02	01/01/2002	12/31/2003						
55553-0056-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ANESTACAINE (VIAL) 2%	50 ML	VL	IJ	ML	10 MG			2	01/01/2004	99/99/9999						
55553-0091-10	J3420																						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55553-0249-10	J2650			1/1/2002	9/25/2006	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDACORT 50 (VIAL) 50 MG/ML	10 ML	EA	IJ	ML	1 ML	1 ML			1	01/01/2002	09/25/2006					
55553-0661-10	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT 10 (VIAL) 10 MG/ML	10 ML	VL	IJ	ML	1 MG	1 MG			10	01/01/2002	99/99/9999					
55553-0807-05	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	CORTASTAT (VIAL) 4 MG/ML	5 ML	VL	IJ	ML	1 MG	1 MG			4	01/01/2002	99/99/9999					
55553-0827-10	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BANARIL (VIAL) 50 MG/ML	10 ML	VL	IJ	ML	50 MG	50 MG			1	01/01/2002	99/99/9999					
55553-0908-10	J2010			1/1/2002	1/25/2002	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	BACTRAMYCIN (VIAL) 300 MG/ML	10 ML	VL	IJ	ML	300 MG	300 MG			1	01/01/2002	01/25/2002					
55566-0081-05	J2725			1/1/2002	5/1/2002	INJECTION, PROTIRELIN, PER 250 MCG	THYREL TRH (AMP) 500 MCG/ML	1 ML	AM	IV	ML	250 MCG	250 MCG			2	01/01/2002	05/01/2002					
55566-0302-01	Q2005			1/1/2002	12/31/2005	INJECTION, CORTICORELIN OVINE TRIFLUTATE, PER DOSE	ACTHREL (S.D.V.) 0.1 MG	1 EA	VL	IV	EA	1 DOSE	1 DOSE			1	01/01/2002	12/31/2005					
55566-0302-01	J0795			1/1/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1 EA	VL	IV	EA	1 MCG	1 MCG			100	01/01/2006	99/99/9999					
55566-1501-01	J0725			1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NOVAREL (M.D.V.) 10000 U	1 EA	VL	IM	EA	1000 USP Units	1000 USP Units			10	01/01/2002	99/99/9999					
55566-4100-01	Q4085			1/1/2007	12/31/2007	DOSE	HYALURONAN OR DERIVATIVE, EUFLEXA, FOR INTRA-ARTICULAR INJECTION, PER 10 MG/ML	2 ML	SR	IJ	ML	1 DOSE	1 DOSE			0.5	01/01/2007	12/31/2007					
55566-4100-01	J7323			1/1/2008	99/99/9999	DOSE	HYALURONAN OR DERIVATIVE, EUFLEXA, FOR INTRA-ARTICULAR INJECTION, PER 10 MG/ML	2 ML	SR	IJ	ML	1 DOSE	1 DOSE			0.5	01/01/2008	99/99/9999					
55566-5030-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (AMP,PF) 4 MCG/ML	1 ML	AM	IJ	ML	1 MCG	1 MCG			4	01/01/2002	99/99/9999					
55566-5040-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10 ML	VL	IJ	ML	1 MCG	1 MCG			4	01/01/2002	99/99/9999					
55566-8505-02	Q2018			5/14/2002	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (S.D.V. W/DILUENT) 75 IU	1 EA	VL	IJ	EA	75 IU	75 IU			1	05/14/2002	12/31/2005					
55566-8505-02	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (S.D.V. W/DILUENT) 75 IU	1 EA	VL	IJ	EA	75 IU	75 IU			1	01/01/2006	99/99/9999					
55566-8505-06	Q2018			1/3/2005	12/31/2005	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/Q-CAP) 75 IU	1 EA	VL	IJ	EA	75 IU	75 IU			1	01/03/2005	12/31/2005					
55566-8505-06	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/Q-CAP) 75 IU	1 EA	VL	IJ	EA	75 IU	75 IU			1	01/01/2006	99/99/9999					
55592-0500-01	J3490			10/12/2004	12/31/2005	UNCLASSIFIED DRUGS	VANTAS 50 MG	1 EA	BX	SC	EA	1 EA	1 EA			1	10/12/2004	12/31/2005					
55592-0500-01	J9225			1/1/2006	7/25/2007	HISTRELIN IMPLANT, 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA	50 MG	50 MG			1	01/01/2006	07/25/2007					
55688-0106-02	J7191			1/1/2002	6/20/2005	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	HYATE-C (APPR. 400-700 U/IAL) 1 U	1 EA	VL	IV	EA	1 IU	1 IU			1	01/01/2002	06/20/2005					
55887-0033-15	Q0144			4/1/2008	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X15ML,CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	1 GM			0.02	04/01/2008	9/1/2008					
55887-0078-03	Q0179			4/1/2007	9/1/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 4 MG	3 EA	BO	PO	EA	8 MG	8 MG			0.5	04/01/2007	9/1/2008					
55887-0081-06	Q0173			4/1/2007	9/1/2008	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HYDROCHLORIDE 300 MG	6 EA	BO	PO	EA	250 MG	250 MG			1.2	04/01/2007	9/1/2008					
55887-0165-30	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	30 EA	NA	PO	EA	0.25 MG	0.25 MG			2	04/01/2007	9/1/2008					
55887-0165-60	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	60 EA	NA	PO	EA	0.25 MG	0.25 MG			2	04/01/2007	9/1/2008					
55887-0165-90	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	90 EA	NA	PO	EA	0.25 MG	0.25 MG			2	04/01/2007	9/1/2008					
55887-0220-12	J8498			4/1/2007	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA	1 EA			1	04/01/2007	9/1/2008					
55887-0246-15	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA	1 EA			1	04/01/2007	9/1/2008					
55887-0246-21	J8499			2/1/2005	5/1/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA	1 EA			1	02/01/2005	05/01/2007					
55887-0246-25	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA	1 EA			1	02/01/2005	9/1/2008					
55887-0246-30	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1 EA			1	02/01/2005	9/1/2008					
55887-0246-40	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA	1 EA			1	04/01/2007	9/1/2008					
55887-0246-50	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA	1 EA	1 EA			1	02/01/2005	9/1/2008					
55887-0246-60	J8499			3/23/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	NA	PO	EA	1 EA	1 EA			1	03/23/2007	9/1/2008					
55887-0311-30	Q0144			1/1/2007	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	NA	PO	ML	1 GM	1 GM			0.04	01/01/2007	9/1/2008					
55887-0332-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	1 MG	1 MG			0.42	01/01/2008	03/31/2008					
55887-0332-24	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	1 MG	1 MG			0.42	01/01/2008	03/31/2008					
55887-0332-24	J7614			4/1/2008	9/1/2008	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	0.5 MG	0.5 MG			0.42	04/01/2008	9/1/2008					
55887-0332-24	KO J7614	KO		4/1/2008	9/1/2008	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	0.5 MG	0.5 MG			0.42	04/01/2008	9/1/2008					
55887-0332-30	Q0144			11/1/2004	7/1/2006	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 600 MG	30 EA	BO	PO	EA	1 GM	1 GM			0.6	11/01/2004	07/01/2006					
55887-0333-03	Q0144			11/1/2004	7/1/2006	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	3 EA	BO	PO	EA	1 GM	1 GM			0.5	11/01/2004	07/01/2006					
55887-0333-10	Q0144			11/1/2004	7/1/2006	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	10 EA	BO	PO	EA	1 GM	1 GM			0.5	11/01/2004	07/01/2006					
55887-0373-08	J7510			4/1/2004	9/1/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	8 ML	BO	PO	ML	5 MG	5 MG			0.6	04/01/2004	9/1/2008					
55887-0377-12	J8540			3/23/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	NA	PO	EA	0.25 MG	0.25 MG			16	03/23/2007	9/1/2008					
55887-0377-30	Q0181			4/1/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	1 EA	1 EA			1	04/01/2004	12/31/2005					
55887-0377-30	J8540			1/1/2006	7/1/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG	0.25 MG			16	01/01/2006	07/01/2006					
55887-0382-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL 0.5%	20 ML	BO	IH	ML	1 MG	1 MG			5	01/01/2008	03/31/2008					
55887-0382-20	J7611			4/1/2008	9/1/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (ALBUTEROL)	ALBUTEROL 0.5%	20 ML	BO	IH	ML	1 MG	1 MG			5	04/01/2008	9/1/2008					
55887-0395-30	Q0164			4/1/2004	9/1/2008	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	30 EA	BO	PO	EA	5 MG	5 MG			1	04/01/2004	9/1/2008					

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55887-0395-60		Q0164		4/1/2004	7/1/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	60 EA	BO	PO	EA		5 MG			1	04/01/2004	07/01/2006					
55887-0395-90		Q0164		4/1/2004	7/1/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	90 EA	BO	PO	EA		5 MG			1	04/01/2004	07/01/2006					
55887-0422-30		Q0177		4/1/2004	9/1/2008	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG			1	04/01/2004	9/1/2008					
55887-0422-60		Q0177		3/23/2007	9/1/2008	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA		25 MG			1	03/23/2007	9/1/2008					
55887-0544-25		J7509		9/1/2003	7/1/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	25 EA	BO	PO	EA		4 MG			2	09/01/2003	07/01/2006					
55887-0554-50		J7509		5/31/2003	7/1/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	50 EA	BO	PO	EA		4 MG			4	05/31/2003	07/01/2006					
55887-0561-12		K0416		4/1/2004	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 MG			12.5	04/01/2004	05/23/2005					
55887-0619-12		Q0165		4/1/2004	7/1/2006	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	12 EA	BO	PO	EA		10 MG			1	04/01/2004	07/01/2006					
55887-0619-30		Q0165		4/1/2004	9/1/2008	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30 EA	BO	PO	EA		10 MG			1	04/01/2004	9/1/2008					
55887-0621-03		J8498		1/1/2006	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	3 EA	BX	RC	EA		1 EA			1	01/01/2006	9/1/2008					
55887-0621-12		K0416		4/1/2004	5/23/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 MG			25	04/01/2004	05/23/2005					
55887-0621-12		J8498		4/1/2007	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA			1	04/01/2007	9/1/2008					
55887-0643-15		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG			2	04/01/2004	9/1/2008					
55887-0643-21		J7506		1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	DP	PO	EA		5 MG			2	01/01/2006	9/1/2008					
55887-0643-30		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG			2	04/01/2004	9/1/2008					
55887-0643-40		J7506		1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG			2	01/01/2006	9/1/2008					
55887-0643-42		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG			2	04/01/2007	9/1/2008					
55887-0643-50		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA		5 MG			2	04/01/2007	9/1/2008					
55887-0643-60		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG			2	06/01/2007	9/1/2008					
55887-0643-90		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA		5 MG			2	06/01/2007	9/1/2008	4/1/2004	7/1/2006		2	
55887-0644-14		G9020		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	RIMANTADINE HCL 100 MG	14 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005	4/1/2004	7/1/2006		2	
55887-0644-28		G9020		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	RIMANTADINE HCL 100 MG	28 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55887-0675-04		Q0170		4/1/2004	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG			0.05	06/01/2007	9/1/2008	4/1/2004	5/1/2007		0.05	
55887-0696-21		J7506		1/1/2002	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21 EA	DP	PO	EA		5 MG			2	01/01/2002	9/1/2008					
55887-0696-48		J7506		1/1/2002	7/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48 EA	DP	PO	EA		5 MG			2	01/01/2002	07/01/2006					
55887-0755-10		G9035		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	TAMIFLU 75 MG	10 EA	BO	PO	EA		75 MG			1	12/01/2004	05/31/2005					
55887-0767-10		G9017		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	10 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55887-0767-14		G9017		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55887-0767-20		G9017		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55887-0767-30		G9017		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT	AMANTADINE HCL 100 MG	30 EA	BO	PO	EA		100 MG			1	12/01/2004	05/31/2005					
55887-0770-01		J7506		1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	NA	PO	EA		5 MG			1	01/01/2007	9/1/2008					
55887-0770-15		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0770-20		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0770-21		J7506		6/30/2003	5/1/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21 EA	DP	PO	EA		5 MG			1	06/30/2003	05/01/2007					
55887-0770-30		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0770-39		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	39 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0770-50		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0770-60		J7506		4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA		5 MG			1	04/01/2007	9/1/2008					
55887-0785-06		Q0144		6/1/2007	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM			0.25	06/01/2007	9/1/2008					
55887-0796-18		J7506		1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	NA	PO	EA		5 MG			4	01/01/2007	9/1/2008					
55887-0796-20		J7506		1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG			4	01/01/2006	9/1/2008					
55887-0796-21		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG			4	04/01/2004	9/1/2008					
55887-0796-30		J7506		4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG			4	04/01/2004	9/1/2008					
55887-0796-90		J7506		1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90 EA	NA	PO	EA		5 MG			4	01/01/2007	9/1/2008					
55887-0853-25		J8499		4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA			1	04/01/2004	9/1/2008					
55887-0853-30		J8499		4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA			1	04/01/2004	9/1/2008					
55887-0853-35		J8499		4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	NA	PO	EA		1 EA			1	04/01/2007	9/1/2008					
55887-0853-50		J8499		4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	BO	PO	EA		1 EA			1	04/01/2007	9/1/2008					
55887-0853-60		J8499		4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA			1	04/01/2004	9/1/2008					
55887-0853-90		J8499		4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90 EA	BO	PO	EA		1 EA			1	04/01/2004	9/1/2008					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55887-0885-20		Q0163		1/1/2002	5/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	01/01/2002	05/01/2007						
55887-0885-28		Q0163		4/1/2004	7/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	28 EA	BO	PO	EA		50 MG		1	04/01/2004	07/01/2006						
55887-0885-30		Q0163		4/1/2004	9/1/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	04/01/2004	9/1/2008						
55887-0933-06		Q0144		1/1/2002	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	DP	PO	EA		1 GM		0.25	01/01/2002	9/1/2008						
55887-0936-10		Q0170		7/1/2003	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	07/01/2003	9/1/2008						
55887-0936-12		Q0170		7/1/2003	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG		1	07/01/2003	9/1/2008						
55887-0936-15		Q0170		4/1/2004	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG		1	04/01/2004	9/1/2008						
55887-0936-20		Q0170		7/1/2003	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	07/01/2003	9/1/2008						
55887-0936-25		Q0170		1/1/2006	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	25 EA	BO	PO	EA		25 MG		1	01/01/2006	9/1/2008						
55887-0936-28		Q0170		7/1/2003	5/1/2007	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	28 EA	BO	PO	EA		25 MG		1	07/01/2003	05/01/2007						
55887-0936-30		Q0170		7/1/2003	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	07/01/2003	9/1/2008						
55887-0936-60		Q0170		1/1/2005	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	01/01/2005	9/1/2008						
55887-0936-90		Q0170		1/1/2005	9/1/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA		25 MG		1	01/01/2005	9/1/2008						
55887-0953-21		J7509		1/1/2002	12/31/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPRED DP 4 MG	21 EA	BO	PO	EA		4 MG		1	01/01/2002	12/31/2009						
55887-0973-20		Q0163		1/1/2002	9/1/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	01/01/2002	9/1/2008						
55887-0973-28		Q0163		4/1/2004	5/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28 EA	BO	PO	EA		50 MG		0.5	04/01/2004	05/01/2007						
55887-0973-30		Q0163		4/1/2004	9/1/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	04/01/2004	9/1/2008						
55887-0977-30		J8499		4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	04/01/2007	9/1/2008						
55887-0977-40		J8499		11/29/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	11/29/2005	9/1/2008						
55966-0115-01		Q0163		1/1/2002	8/28/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY RELIEF 25 MG	100 EA	BO	PO	EA		50 MG		0.5	01/01/2002	08/28/2007						
55966-0998-05		Q0163		1/1/2002	8/28/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHT TIME SLEEP-AID (CAPLET) 25 MG	16 EA	NA	PO	EA		50 MG		0.5	01/01/2002	08/28/2007						
57394-0240-24		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NITE-TIME SLEEP AID (12X24) 25 MG	12 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						
57394-0240-40		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NITE-TIME SLEEP AID (12X48) 25 MG	12 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57394-0262-24		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HAYFEVER & ALLERGY RELIEF (12X24) 25 MG	12 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						
57394-0262-52		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HAYFEVER & ALLERGY RELIEF 25 MG	600 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						
57394-0334-24		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HAYFEVER & ALLERGY RELIEF (12X24) 25 MG	12 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						
57394-0334-52		Q0163		1/1/2002	12/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HAYFEVER & ALLERGY RELIEF (12X100) 25 MG	100 EA	NA	PO	EA		50 MG		0.5	01/01/2002	12/31/2002						
57665-0001-01		Q2012		1/1/2002	12/31/2005	INJECTION, PEGADEMASE BOVINE, 25 IU	ADAGEN (VIAL) 250 U/ML	1.5 ML	VL	IM	ML		25 IU	10		01/01/2002	12/31/2005						
57665-0001-01		J2504		1/1/2006	99/99/9999	INJECTION, PEGADEMASE BOVINE, 25 IU	ADAGEN (VIAL) 250 U/ML	1.5 ML	VL	IM	ML		25 IU	10		01/01/2006	99/99/9999						
57665-0002-02		J9266		4/1/2002	99/99/9999	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V., PF) 750 IU/ML	5 ML	VL	IJ	ML		1 VIAL	0.2		04/01/2002	99/99/9999						
57665-0101-41		J0287		1/1/2004	99/99/9999	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET (W/FILTER NEEDLE) 5 MG/ML	20 ML	VL	IV	ML		10 MG	0.5		11/15/2004	99/99/9999						
57665-0331-01		J9999		5/1/2003	12/31/2003	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	DEPOCYT (S.D.V.) 10 MG/ML	5 ML	VL	IN	ML		1 EA	1		05/01/2003	12/31/2003	1/1/2004	1/1/2004	0.5			
57665-0331-01		J9098		1/1/2004	99/99/9999	INJECTION, CYTARABINE LIPOSOME, 10 MG	DEPOCYT (S.D.V.) 10 MG/ML	5 ML	VL	IN	ML		10 MG	1		01/01/2004	99/99/9999						
57844-0522-06		J8999		5/14/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	60 EA	BO	PO	EA		1 EA	1		05/14/2004	99/99/9999						
57844-0522-07		J8999		9/11/2003	5/13/2004	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	25 EA	BO	PO	EA		1 EA	1		09/11/2003	05/13/2004						
57844-0713-19		J2941		1/18/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	TEV-TROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG	5		01/18/2005	99/99/9999						
57844-0713-41		J2941		1/18/2005	8/1/2007	INJECTION, SOMATROPIN, 1 MG	TEV-TROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG	5		01/18/2005	08/01/2007						
57866-0215-01		Q0170		2/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	12 EA	BO	PO	EA		25 MG	1		02/01/2004	99/99/9999						
57866-0446-07		Q0144		4/15/2002	1/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	18 EA	BX	PO	EA		1 GM	0.25		04/15/2002	1/1/2008						
57866-1316-01		Q0144		5/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	BO	PO	EA		1 GM	0.5		05/01/2006	99/99/9999						
57866-3594-01		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	04/15/2002	99/99/9999						
57866-3594-02		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG		0.5	04/15/2002	99/99/9999						
57866-3594-05		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90 EA	BO	PO	EA		50 MG		0.5	04/15/2002	99/99/9999						
57866-3594-06		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	04/15/2002	99/99/9999						
57866-3762-01		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	04/15/2002	99/99/9999						
57866-3762-02		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	04/15/2002	99/99/9999						
57866-3762-04		Q0163		4/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA		50 MG		1	04/15/2002	99/99/9999						
57866-3762-05		Q0163		3/22/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	03/22/2006	99/99/9999						
57866-3893-01		Q0177		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	04/15/2002	99/99/9999						
57866-3893-02		Q0177		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	04/15/2002	99/99/9999						
57866-3893-03		Q0177		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	90 EA	BO	PO	EA		25 MG		1	04/15/2002	99/99/9999						
57866-3894-01		Q0178		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG		1	04/15/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57866-3894-02		Q0178		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60 EA	BO	PO	EA	50 MG			1	04/15/2002	99/99/9999						
57866-3894-03		Q0178		4/15/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	90 EA	BO	PO	EA	50 MG			1	04/15/2002	99/99/9999						
57866-4037-01		J7509		4/15/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA	4 MG			1	04/15/2002	99/99/9999						
57866-4132-01		Q0175		4/15/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA	4 MG			1	04/15/2002	99/99/9999						
57866-4132-02		Q0175		4/15/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA	4 MG			1	04/15/2002	99/99/9999						
57866-4132-03		Q0175		4/15/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	90 EA	BO	PO	EA	4 MG			1	04/15/2002	99/99/9999						
57866-4133-01		Q0176		4/15/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	30 EA	BO	PO	EA	8 MG			1	04/15/2002	99/99/9999						
57866-4133-02		Q0176		4/15/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA	8 MG			1	04/15/2002	99/99/9999						
57866-4133-03		Q0176		4/15/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	90 EA	BO	PO	EA	8 MG			1	04/15/2002	99/99/9999						
57866-4324-01		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG			1	04/15/2002	99/99/9999						
57866-4324-04		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA	5 MG			1	04/15/2002	99/99/9999						
57866-4324-05		J7506		10/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA	5 MG			1	10/01/2003	99/99/9999						
57866-4325-01		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG			2	04/15/2002	99/99/9999						
57866-4325-02		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG			2	04/15/2002	99/99/9999						
57866-4325-03		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG			2	04/15/2002	99/99/9999						
57866-4325-07		J7506		11/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA	5 MG			2	11/01/2005	99/99/9999						
57866-4325-08		J7506		1/2/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG			2	01/02/2006	99/99/9999						
57866-4326-01		J7506		10/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG			4	10/01/2003	99/99/9999						
57866-4326-02		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG			4	04/15/2002	99/99/9999						
57866-4326-04		J7506		4/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG			4	04/15/2002	99/99/9999						
57866-4326-05		J7506		10/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG			4	10/01/2003	99/99/9999						
57866-4326-07		J7506		10/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	5 EA	BO	PO	EA	5 MG			4	10/01/2003	99/99/9999						
57866-4326-08		J7506		11/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA	5 MG			4	11/01/2005	99/99/9999						
57866-4327-01		J7510		4/15/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	90 EA	BO	PO	EA	5 MG			1	04/15/2002	99/99/9999						
57866-4327-02		J7506		10/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG			1	10/01/2003	99/99/9999						
57866-4328-03		Q0170		10/1/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	20 EA	BO	PO	EA	25 MG			1	10/01/2003	99/99/9999						
57866-4356-01		Q0144		3/28/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA	1 GM			0.25	03/28/2006	99/99/9999						
57866-4379-01		Q0170		11/1/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA	25 MG			1	11/01/2005	99/99/9999						
57866-4379-02		Q0170		4/15/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG			1	04/15/2002	99/99/9999						
57866-4379-04		Q0170		4/15/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG			1	04/15/2002	99/99/9999						
57866-4379-06		Q0170		1/2/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	5 EA	BO	PO	EA	25 MG			1	01/02/2006	99/99/9999						
57866-4379-07		Q0170		1/2/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA	25 MG			1	01/02/2006	99/99/9999						
57866-4379-08		Q0170		4/11/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA	25 MG			1	04/11/2006	99/99/9999						
57866-4436-01		J8999		4/15/2002	1/1/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	30 EA	BO	PO	EA	1 EA			1	04/15/2002	1/1/2008						
57866-4822-01		J8999		4/15/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	30 EA	BO	PO	EA	1 EA			1	04/15/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57866-6298-01		Q0165		4/15/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	04/15/2002	99/99/9999						
57866-6299-01		Q0164		4/15/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5 MG		1	04/15/2002	99/99/9999						
57866-6299-02	Q0164			10/1/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5 MG		1	10/01/2003	99/99/9999						
57866-6615-01	J8999			4/15/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60	EA	BO	PO	EA	1 EA		1	04/15/2002	09/01/2006						
57866-6618-01	J8999			4/15/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 20 MG	60	EA	BO	PO	EA	1 EA		1	04/15/2002	09/01/2006						
57866-6950-02	J8499			4/15/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	04/15/2002	99/99/9999						
57866-6950-03	J8499			4/15/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1 EA		1	04/15/2002	99/99/9999						
57866-7100-01	J7509			1/22/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4 MG		2	01/22/2008	99/99/9999						
57866-8002-01	G9035			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	TAMIFLU 75 MG	10	EA	BO	PO	EA	75 MG		1	12/01/2004	05/31/2005						
57866-9021-01	J7500			4/15/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30	EA	BO	PO	EA	50 MG		1	04/15/2002	99/99/9999						
57884-0522-07	J8999			9/10/2003	9/10/2003	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	25	EA	BO	PO	EA	1 EA		1	09/10/2003	09/10/2003						
57894-0030-01	J1745			1/1/2002	99/99/9999	INJECTION INFlixIMAB, 10 MG	REMICADE (S.D.V.,PF) 100 MG	1	EA	VL	IV	EA	10 MG		10	01/01/2002	99/99/9999						
57894-0040-01	J2993			1/1/2002	11/29/2005	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (2X18.1 MG VIALS,PF) 10.4 U	2	EA	BX	IV	EA	18.1 MG		2	01/01/2002	11/29/2005						
57894-0040-02	J2993			1/1/2002	11/29/2005	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (1X18.1 MG VIALS,PF) 10.4 U	1	EA	BX	IV	EA	18.1 MG		1	01/01/2002	11/29/2005						
57896-0351-01	Q0163			1/1/2002	7/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	07/31/2002						
57896-0352-01	Q0163			1/1/2002	7/31/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL (CAPLET) 25 MG	100	EA	NA	PO	EA	50 MG		0.5	01/01/2002	07/31/2002						
57896-0781-01	Q0163			8/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL 25 MG	100	EA	NA	PO	EA	50 MG		0.5	08/01/2002	99/99/9999						
57896-0782-01	Q0163			8/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GERIDRYL (CAPLET) 25 MG	100	EA	NA	PO	EA	50 MG		0.5	08/01/2002	99/99/9999						
58016-0084-00	Q0179			2/1/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	100	EA	BO	PO	EA	8 MG		1	02/01/2006	99/99/9999						
58016-0084-10	Q0179			2/1/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	10	EA	BO	PO	EA	8 MG		1	02/01/2006	99/99/9999						
58016-0084-30	Q0179			2/1/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	30	EA	BO	PO	EA	8 MG		1	02/01/2006	99/99/9999						
58016-0084-60	Q0179			2/1/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	60	EA	BO	PO	EA	8 MG		1	02/01/2006	99/99/9999						
58016-0084-90	Q0179			2/1/2006	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 8 MG	90	EA	BO	PO	EA	8 MG		1	02/01/2006	99/99/9999						
58016-0086-00	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	100	EA	BO	PO	EA	1 GM		0.25	02/01/2006	99/99/9999						
58016-0086-30	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1 GM		0.25	02/01/2006	99/99/9999						
58016-0086-60	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1 GM		0.25	02/01/2006	99/99/9999						
58016-0086-90	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	90	EA	BO	PO	EA	1 GM		0.25	02/01/2006	99/99/9999						
58016-0111-00	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-15	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-20	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-25	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-30	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-60	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0111-90	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	90	EA	BO	PO	EA	1 EA		1	09/01/2006	99/99/9999						
58016-0112-00	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	05/31/2005	99/99/9999						
58016-0112-20	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	05/31/2005	99/99/9999						
58016-0112-30	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	05/31/2005	99/99/9999						
58016-0112-60	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1 EA		1	05/31/2005	99/99/9999						
58016-0112-90	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1 EA		1	05/31/2005	99/99/9999						
58016-0126-12	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	NA	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0153-00	G9017			12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	100	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0153-10	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
58016-0153-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
58016-0153-15	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	15	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
58016-0153-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
58016-0153-30	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	30	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
58016-0170-00	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	100	EA	BO	PO	EA	1 EA		1	02/01/2006	99/99/9999						
58016-0170-30	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	30	EA	BO	PO	EA	1 EA		1	02/01/2006	99/99/9999						
58016-0170-60	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	60	EA	BO	PO	EA	1 EA		1	02/01/2006	99/99/9999						
58016-0170-90	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	90	EA	BO	PO	EA	1 EA		1	02/01/2006	99/99/9999						
58016-0170-99	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1 EA		1	02/01/2006	99/99/9999						
58016-0216-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-10	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	10	EA	NA	PO	EA	5 MG		2	01/01/2007	99/99/9999						
58016-0216-12	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5 MG		2	03/22/2002	99/99/9999						
58016-0216-14	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5 MG		2	03/22/2002	99/99/9999						
58016-0216-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-20	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	03/22/2002	99/99/9999						
58016-0216-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-22	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	22	EA	NA	PO	EA	5 MG		2	01/01/2007	99/99/9999						
58016-0216-24	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	24	EA	BO	PO	EA	5 MG		2	03/22/2002	99/99/9999						
58016-0216-28	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-32	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	32	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-42	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	42	EA	NA	PO	EA	5 MG		2	01/01/2007	99/99/9999						
58016-0216-50	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58016-0216-84	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	84	EA	NA	PO	EA	5 MG		2	01/01/2007	99/99/9999						
58016-0216-90	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	90	EA	BO	PO	EA	5 MG		2	01/01/2007	99/99/9999						
58016-0217-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-05	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	5	EA	NA	PO	EA	5 MG		4	01/01/2007	99/99/9999						
58016-0217-07	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	7	EA	NA	PO	EA	5 MG		4	01/01/2007	99/99/9999						
58016-0217-10	J7506			3/21/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG		4	03/21/2002	99/99/9999						
58016-0217-12	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	12	EA	NA	PO	EA	5 MG		4	01/01/2007	99/99/9999						
58016-0217-15	J7506			3/21/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG		4	03/21/2002	99/99/9999						
58016-0217-16	J7506			3/21/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	16	EA	BO	PO	EA	5 MG		4	03/21/2002	99/99/9999						
58016-0217-18	J7506			3/21/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	18	EA	BO	PO	EA	5 MG		4	03/21/2002	99/99/9999						
58016-0217-20	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-22	J7506			3/21/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	22	EA	BO	PO	EA	5 MG		4	03/21/2002	99/99/9999						
58016-0217-23	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	23	EA	NA	PO	EA	5 MG		4	01/01/2007	99/99/9999						
58016-0217-24	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	24	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-28	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	28	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	40	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0217-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5 MG		4	01/01/2002	99/99/9999						
58016-0218-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-20	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG		1	03/22/2002	99/99/9999						
58016-0218-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-24	J7506			3/22/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	24	EA	BO	PO	EA	5 MG		1	03/22/2002	99/99/9999						
58016-0218-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-33	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	33	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-36	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-50	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-55	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	55	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5 MG		1	01/01/2002	99/99/9999						
58016-0218-69	J7506			1/1/2007	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	69	EA	NA	PO	EA	5 MG		1	01/01/2007	99/99/9999						
58016-0218-90	J7506			5/31/2005	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	90	EA	BO	PO	EA	5 MG		1	05/31/2005	99/99/9999						
58016-0259-00	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25 MG		1	01/01/2002	99/99/9999						
58016-0259-02	Q0177			1/1/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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																	

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0259-30		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG		1	01/01/2002	99/99/9999					
58016-0259-50		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	50	EA	BO	PO	EA	25	MG		1	01/01/2002	99/99/9999					
58016-0259-60		Q0177		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG		1	01/01/2002	99/99/9999					
58016-0259-90		Q0177		1/1/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	90	EA	NA	PO	EA	25	MG		1	01/01/2007	99/99/9999					
58016-0283-00		Q0169		8/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	100	EA	BO	PO	EA	12.5	MG		1	08/01/2004	05/23/2005					
58016-0283-02		Q0169		8/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	120	EA	BO	PO	EA	12.5	MG		1	08/01/2004	05/23/2005					
58016-0283-30		Q0169		8/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	30	EA	BO	PO	EA	12.5	MG		1	08/01/2004	05/23/2005					
58016-0283-60		Q0169		8/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	60	EA	BO	PO	EA	12.5	MG		1	08/01/2004	05/23/2005					
58016-0283-90		Q0169		8/1/2004	5/23/2005	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HCL 12.5 MG	90	EA	BO	PO	EA	12.5	MG		1	08/01/2004	05/23/2005					
58016-0290-00		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
58016-0290-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-02		Q0181		9/15/2003	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	120	EA	BO	PO	EA	1	EA		1	09/15/2003	12/31/2005					
58016-0290-02		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	120	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-03		Q0181		9/15/2003	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	150	EA	BO	PO	EA	1	EA		1	09/15/2003	12/31/2005					
58016-0290-03		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	150	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-12		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
58016-0290-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-15		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	15	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
58016-0290-15		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	15	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-20		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	20	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
58016-0290-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	20	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-30		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	30	EA	BO	PO	EA	1	EA		1	01/01/2002	12/31/2005					
58016-0290-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	30	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-73		Q0181		9/15/2003	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	300	EA	BO	PO	EA	1	EA		1	09/15/2003	12/31/2005					
58016-0290-73		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	300	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					
58016-0290-89		Q0181		9/15/2003	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	200	EA	BO	PO	EA	1	EA		1	09/15/2003	12/31/2005					
58016-0290-89		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	200	EA	BO	PO	EA	0.25	MG		2	01/01/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0291-60		J8540		1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG	60	EA	BO	PO	EA	0.25 MG		2	01/01/2007	99/99/9999						
58016-0293-00	Q0181			1/1/2002	12/31/2005	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005						
58016-0293-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
58016-0293-06	J8540			1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6	EA	NA	PO	EA	0.25 MG		3	01/01/2007	99/99/9999						
58016-0293-12	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005						
58016-0293-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
58016-0293-15	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	15	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005						
58016-0293-15	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	15	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
58016-0293-20	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005						
58016-0293-20	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
58016-0293-30	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	1 EA		1	01/01/2002	12/31/2005						
58016-0293-30	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25 MG		3	01/01/2006	99/99/9999						
58016-0326-00	Q0164			3/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5 MG		1	03/01/2007	99/99/9999						
58016-0326-12	Q0164			9/15/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	12	EA	BO	PO	EA	5 MG		1	09/15/2003	99/99/9999						
58016-0326-30	Q0164			3/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5 MG		1	03/01/2007	99/99/9999						
58016-0326-60	Q0164			3/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	60	EA	BO	PO	EA	5 MG		1	03/01/2007	99/99/9999						
58016-0326-90	Q0164			3/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	90	EA	BO	PO	EA	5 MG		1	03/01/2007	99/99/9999						
58016-0350-20	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.5 MG/5 ML	100	ML	BO	PO	ML	1 EA		1	01/01/2002	12/31/2005						
58016-0350-20	J8540			1/1/2006	12/31/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG/5 ML	100	ML	BO	PO	ML	0.25 MG		0.4	01/01/2006	12/31/2006						
58016-0391-00	Q0144			1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1 GM		0.25	01/15/2004	99/99/9999						
58016-0391-01	Q0144			4/3/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6	EA	BX	PO	EA	1 GM		0.25	04/03/2002	99/99/9999						
58016-0391-06	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-10	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-15	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-18	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	18	EA	BX	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-20	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	20	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-28	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	28	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-30	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/01/2002	99/99/9999						
58016-0391-60	Q0144			1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1 GM		0.25	01/15/2004	99/99/9999						
58016-0391-90	Q0144			1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1 GM		0.25	01/15/2004	99/99/9999						
58016-0408-00	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-09	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-10	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0408-12		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-14		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-15		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-21		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-24		Q0163		1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	NA	PO	EA	50 MG		0.5	01/01/2007	99/99/9999						
58016-0408-25		Q0163		1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	25	EA	NA	PO	EA	50 MG		0.5	01/01/2007	99/99/9999						
58016-0408-28		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-40		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0408-60		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999						
58016-0409-00		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-10		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-12		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-15		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-21		Q0163		1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	21	EA	BO	PO	EA	50 MG		1	01/01/2007	99/99/9999						
58016-0409-24		Q0163		3/26/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	24	EA	BO	PO	EA	50 MG		1	03/26/2002	99/99/9999						
58016-0409-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
58016-0409-40		Q0163		1/1/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	40	EA	NA	PO	EA	50 MG		1	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0409-60		Q0163		8/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA	50 MG			1	08/01/2006	99/99/9999						
58016-0409-90		Q0163		8/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA	50 MG			1	08/01/2006	99/99/9999						
58016-0424-00		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-02		Q0170		9/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	120 EA	BO	PO	EA	25 MG			1	09/15/2003	99/99/9999						
58016-0424-03		Q0170		9/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	150 EA	BO	PO	EA	25 MG			1	09/15/2003	99/99/9999						
58016-0424-10		Q0170		3/26/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG			1	03/26/2002	99/99/9999						
58016-0424-12		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-15		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-20		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-30		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-40		Q0170		1/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	40 EA	NA	PO	EA	25 MG			1	01/01/2007	99/99/9999						
58016-0424-48		Q0170		1/1/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	48 EA	NA	PO	EA	25 MG			1	01/01/2007	99/99/9999						
58016-0424-50		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	50 EA	BO	PO	EA	25 MG			1	01/01/2002	99/99/9999						
58016-0424-60		Q0170		7/13/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA	25 MG			1	07/13/2003	99/99/9999						
58016-0424-73		Q0170		9/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	300 EA	BO	PO	EA	25 MG			1	09/15/2003	99/99/9999						
58016-0424-89		Q0170		9/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	200 EA	BO	PO	EA	25 MG			1	09/15/2003	99/99/9999						
58016-0424-90		Q0170		9/15/2003	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA	25 MG			1	09/15/2003	99/99/9999						
58016-0464-10		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	10 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
58016-0464-15		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	15 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						
58016-0464-20		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0464-30	Q0178			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
58016-0603-01	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE 0.9%	3 ML	EA	IH	ML		5 ML		0.2	01/01/2002	12/31/2005						
58016-0603-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3 ML	EA	IH	ML		10 ML		0.1	01/01/2006	99/99/9999						
58016-0627-00	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	01/29/2002	99/99/9999						
58016-0627-20	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA		1 EA		1	01/29/2002	99/99/9999						
58016-0627-30	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	01/29/2002	99/99/9999						
58016-0627-60	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	01/29/2002	99/99/9999						
58016-0627-90	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90 EA	BO	PO	EA		1 EA		1	01/29/2002	99/99/9999						
58016-0657-60	J8999			1/1/2002	9/1/2006	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60 EA	BO	PO	EA		1 EA		1	01/01/2002	09/01/2006						
58016-0673-12	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	60 ML	EA	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
58016-0673-24	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	120 ML	EA	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
58016-0673-48	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	240 ML	EA	PO	ML		5 MG		0.6	01/01/2002	99/99/9999						
58016-0706-00	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0706-02	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	120 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0706-03	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	150 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0706-08	Q0165			1/1/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	8 EA	NA	PO	EA		10 MG		1	01/01/2007	99/99/9999						
58016-0706-30	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0706-60	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0706-90	Q0165			9/23/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	90 EA	BO	PO	EA		10 MG		1	09/23/2004	99/99/9999						
58016-0781-00	Q0181			1/1/2002	12/31/2005	REGIMEN	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-08	J8540			1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8 EA	NA	PO	EA		0.25 MG		16	01/01/2007	99/99/9999						
58016-0781-10	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-10	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-12	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-14	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	14 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-14	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	14 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-15	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	15 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-15	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-20	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-20	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						
58016-0781-21	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	21 EA	BO	PO	EA		1 EA		1	01/01/2002	12/31/2005						
58016-0781-21	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	21 EA	BO	PO	EA		0.25 MG		16	01/01/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0781-24		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	24 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
58016-0781-24		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	24 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
58016-0781-28		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
58016-0781-28		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
58016-0781-30		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
58016-0781-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
58016-0781-40		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
58016-0781-40		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
58016-0781-50		Q0181		1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	50 EA	BO	PO	EA	1 EA			1	01/01/2002	12/31/2005						
58016-0781-50		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50 EA	BO	PO	EA	0.25 MG			16	01/01/2006	99/99/9999						
58016-0826-00		Q0179		1/15/2004	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 4 MG	100 EA	BO	PO	EA	8 MG			0.5	01/15/2004	99/99/9999						
58016-0826-30		Q0179		1/15/2004	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 4 MG	30 EA	BO	PO	EA	8 MG			0.5	01/15/2004	99/99/9999						
58016-0826-60		Q0179		1/15/2004	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 4 MG	60 EA	BO	PO	EA	8 MG			0.5	01/15/2004	99/99/9999						
58016-0826-90		Q0179		1/15/2004	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFTRAN 4 MG	90 EA	BO	PO	EA	8 MG			0.5	01/15/2004	99/99/9999						
58016-0951-00		Q0168		4/1/2004	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	100 EA	BO	PO	EA	5 MG			1	04/01/2004	99/99/9999						
58016-0951-30		Q0168		4/1/2004	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	30 EA	BO	PO	EA	5 MG			1	04/01/2004	99/99/9999						
58016-0951-60		Q0168		4/1/2004	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	60 EA	BO	PO	EA	5 MG			1	04/01/2004	99/99/9999						
58016-0951-90		Q0168		4/1/2004	99/99/9999	DRONABINOL, 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	90 EA	BO	PO	EA	5 MG			1	04/01/2004	99/99/9999						
58016-0973-00		Q0173		1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999						
58016-0973-02		Q0173		9/15/2003	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	120 EA	BO	PO	EA	250 MG			1	09/15/2003	99/99/9999						
58016-0973-03		Q0173		9/15/2003	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	150 EA	BO	PO	EA	250 MG			1	09/15/2003	99/99/9999						
58016-0973-08		Q0173		1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	8 EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999						
58016-0973-10		Q0173		9/15/2003	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	250 MG			1	09/15/2003	99/99/9999						
58016-0973-12		Q0173		1/1/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	12 EA	BO	PO	EA	250 MG			1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0973-15		Q0173		1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	15	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
58016-0973-20		Q0173		1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
58016-0973-24		Q0173		1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	24	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
58016-0973-30		Q0173		1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	30	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
58016-0973-50		Q0173		1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	50	EA	BO	PO	EA	250 MG		1	01/01/2002	99/99/9999						
58016-0973-60		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	60	EA	BO	PO	EA	250 MG		1	09/15/2003	99/99/9999						
58016-0973-73		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	300	EA	BO	PO	EA	250 MG		1	09/15/2003	99/99/9999						
58016-0973-89		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	200	EA	BO	PO	EA	250 MG		1	09/15/2003	99/99/9999						
58016-0973-90		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	90	EA	BO	PO	EA	250 MG		1	09/15/2003	99/99/9999						
58016-2001-01		J7509		10/1/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	10/01/2006	99/99/9999						
58016-2004-01		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4 MG		1	01/01/2002	99/99/9999						
58016-3018-03		K0416		1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12	EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005						
58016-3018-03		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
58016-3066-01		K0416		1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1 MG		12.5	01/01/2002	12/31/2005						
58016-3066-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
58016-3067-01		K0416		1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12	EA	BX	RC	EA	1 MG		25	01/01/2002	12/31/2005						
58016-3067-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
58016-3222-01		K0416		1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 5 MG	12	EA	BX	RC	EA	1 MG		5	01/01/2002	12/31/2005						
58016-3222-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 5 MG	12	EA	BX	RC	EA	1 EA		1	01/01/2006	99/99/9999						
58016-4008-01		Q0170		1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	01/01/2002	99/99/9999						
58016-4144-01		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPREP 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/01/2002	99/99/9999						
58016-4719-01		J7509		2/16/2005	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4 MG		2	02/16/2005	99/99/9999						
58016-4770-01		J2300		2/1/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML AMPS) 10 MG/ML	1	ML	AM	IJ	ML	10 MG		1	02/01/2006	99/99/9999						
58016-4771-01		J2941		2/1/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1	EA	CT	SC	EA	1 MG		13.8	02/01/2006	99/99/9999						
58016-4786-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250 MG		4	02/01/2006	99/99/9999						
58016-4788-01		J1815		2/1/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5 U		20	02/01/2006	99/99/9999						
58016-4790-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250 MG		1	02/01/2006	99/99/9999						
58016-4811-01		J2765		2/1/2006	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (25X2ML) 5 MG/ML	2	ML	VL	IJ	ML	10 MG		0.5	02/01/2006	99/99/9999						
58016-4814-01		Q0144		12/20/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1 GM		0.25	12/20/2005	99/99/9999						
58016-4832-01		J7506		2/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21	EA	DP	PO	EA	5 MG		1	02/01/2006	99/99/9999						
58016-4834-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250 MG		8	02/01/2006	99/99/9999						
58016-4838-01		A4216		2/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9% AEROSOL 0.9%	240	ML	BO	IH	ML	10 ML		0.1	02/01/2006	99/99/9999						
58016-4840-01		J2001		2/1/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE (SDA) 1%	5	ML	AM	EP	ML	10 MG		1	02/01/2006	99/99/9999						
58016-4843-01		J7510		2/1/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	02/01/2006	99/99/9999						
58016-4849-01		J7644		2/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2006	99/99/9999						
58016-4849-01	KO	J7644	KO	2/1/2006	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	02/01/2006	99/99/9999						
58016-4855-01		J3303		2/1/2006	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	ARISTOSPAN 20 MG/ML	5	ML	VL	IJ	ML	5 MG		4	02/01/2006	99/99/9999						
58016-4868-01		J0595		3/15/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1 MG		2	03/15/2006	99/99/9999						
58016-4872-01		J1650		4/1/2006	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10 MG		10	04/01/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-4893-01	J1040			6/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE 80 MG/ML	1 ML	VL	U	ML		80 MG			1	06/01/2006	99/99/9999					
58016-4897-01	J2920			7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (SDV) 40 MG	1 EA	VL	U	EA		40 MG			1	07/01/2006	99/99/9999					
58016-4995-01	J2912			7/1/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (10MLX100) 0.9%	10 ML	SR	U	ML		0.9 %			0.5	07/01/2006	12/31/2006					
58016-4995-01	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (10MLX100) 0.9%	10 ML	SR	U	ML		10 ML			0.1	01/01/2007	99/99/9999					
58016-5009-01	K0416			1/1/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 MG			25	01/01/2005	12/31/2005					
58016-5009-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
58016-6040-01	J7602			1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG			5	01/01/2008	03/31/2008					
58016-6040-01	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG			5	04/01/2008	99/99/9999					
58016-6506-01	K0416			1/1/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 MG			25	01/01/2002	12/31/2005					
58016-6506-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA			1	01/01/2006	99/99/9999					
58016-9191-01	J0702			1/1/2002	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	U	ML		3 MG			1	01/01/2002	99/99/9999					
58016-9299-01	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL 50 MG/ML	10 ML	VL	IM	ML		25 MG			2	01/01/2002	99/99/9999					
58016-9331-01	J2001			8/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG			1	08/01/2004	99/99/9999					
58016-9343-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50 ML	VL	U	ML		1 EA			1	01/01/2002	99/99/9999					
58016-9384-01	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (M.D.V.) 10 MG/ML	10 ML	VL	U	ML		10 MG			1	01/01/2002	99/99/9999					
58016-9413-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	2 ML	VL	IM	ML		15 MG			2	01/01/2002	99/99/9999					
58016-9438-01	J0696			2/22/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	U	EA		250 MG			4	02/22/2002	99/99/9999					
58016-9452-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL 125 MG	1 EA	VL	U	EA		125 MG			1	01/01/2002	99/99/9999					
58016-9453-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1 EA	VL	U	EA		250 MG			1	01/01/2002	99/99/9999					
58016-9464-01	A4712			1/3/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION	50 ML	VL	IV	ML		10 ML			0.1	01/03/2002	12/31/2003					
58016-9464-01	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION	50 ML	VL	IV	ML		10 ML			0.1	01/01/2004	99/99/9999					
58016-9551-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 500 MG	1 EA	VL	U	EA		250 MG			2	01/01/2002	99/99/9999					
58063-0457-01	J1436			1/1/2002	10/4/2004	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	DIDRONEL I.V. (AMP) 50 MG/ML	6 ML	AM	IV	ML		300 MG			0.16666	01/01/2002	10/04/2004					
58063-0797-25	K0415			8/6/2003	12/31/2004	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	ALOXI (S.D.V.,PF) 0.05 MG/ML	5 ML	VL	IV	ML		1 MG			0.05	08/06/2003	12/31/2004					
58063-0797-25	J2469			1/1/2005	4/26/2009	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (S.D.V.,PF) 0.05 MG/ML	5 ML	VL	IV	ML		25 MCG			2	01/01/2005	4/26/2009					
58063-0797-37	J2469			7/2/2008	3/31/2009	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (Single-Use, 1.5ml 5s) 0.05 MG/ML	1.5 ML	VL	IV	ML		25 MCG			2	7/2/2008	3/31/2009					
58063-0979-09	J8999			1/1/2002	4/1/2002	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MYLOCEL (UNIT OF USE,CAPLET) 1 GM	60 EA	BO	PO	EA		1 EA			1	01/01/2002	04/01/2002					
58160-0815-11	J3490			8/6/2007	99/99/9999	UNCLASSIFIED DRUGS	TWINRIX (TAX INCL, 1MLX10,PF) 720 EL U/ML-20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	08/06/2007	99/99/9999					
58160-0815-46	J3490			6/25/2007	99/99/9999	UNCLASSIFIED DRUGS	TWINRIX (TIPLK, SNGLE DSE, TAXINCL) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA			1	06/25/2007	99/99/9999					
58160-0820-11	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (10X0.5ML,SDV,TAXINCL,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA			1	02/01/2007	99/99/9999					
58160-0820-46	J3490			2/1/2007	1/11/2010	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (0.5X5,SD, TIPLK, TAXINCL) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	02/01/2007	1/11/2010					
58160-0821-11	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (SDV, TAXINCL,PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	02/01/2007	99/99/9999					
58160-0821-46	J3490			3/28/2007	6/27/2010	UNCLASSIFIED DRUGS	ENGERIX-B (5X1ML,PF) 20 MCG/ML	1 ML	SR	IM	ML		1 EA			1	03/28/2007	6/27/2010					
58160-0850-01	J3490			1/1/2002	9/30/2005	UNCLASSIFIED DRUGS	TWINRIX (S.D.V.,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	01/01/2002	09/30/2005					
58160-0850-11	J3490			1/1/2002	8/5/2007	UNCLASSIFIED DRUGS	TWINRIX (S.D.V.,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	VL	IM	ML		1 EA			1	01/01/2002	08/05/2007					
58160-0850-35	J3490			1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	TWINRIX (TIPLK,23GX1,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA			1	01/01/2002	06/10/2002					
58160-0850-46	J3490			3/20/2002	6/24/2007	UNCLASSIFIED DRUGS	TWINRIX (TIPLK W/O NDL,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA			1	03/20/2002	06/24/2007					
58160-0856-01	J3490			1/1/2002	5/3/2006	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA			1	01/01/2002	5/3/2006					
58160-0856-11	J3490			1/1/2002	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA			1	01/01/2002	01/31/2007					
58160-0856-26	J3490			1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK,23GX1,TX INC,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/01/2002	06/10/2002					
58160-0856-27	J3490			1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK,23GX1,TX INC,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/01/2002	06/10/2002					
58160-0856-35	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK,23GX1,TX INC,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/01/2002	99/99/9999					
58160-0856-36	J3490			1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK,25GX5/8,TAX,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/01/2002	06/10/2002					
58160-0856-46	J3490			1/17/2002	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK W/O NDL,TAX,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/17/2002	01/31/2007					
58160-0856-50	J3490			1/17/2002	12/9/2005	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPLK W/O NDL,TAX,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	01/17/2002	12/09/2005					
58160-0856-56	J3490			5/10/2002	5/11/2004	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC W/SAFETYGLIDE (TIPLK,23GX1,TX INC,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA			1	05/10/2002	05/11/2004					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58160-0856-57		J3490		1/1/2002	3/16/2004	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC W/SAFETYGLIDE (TIP-LOK,25GX5/8,TAX,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1 EA		1	01/01/2002	03/16/2004						
58160-0856-58		J3490		1/1/2002	5/11/2004	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC W/SAFETYGLIDE (TIP-LOK,23GX1.TX INC,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1 EA		1	01/01/2002	05/11/2004						
58160-0857-01		J3490		1/1/2002	5/24/2006	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,TAX INCL,PF) 20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	01/01/2002	05/24/2006						
58160-0857-11		J3490		3/30/2006	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B (TAX INCLUDED,SDV,PF) 20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	03/30/2006	01/31/2007						
58160-0857-16		J3490		1/1/2002	4/6/2006	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,TAX INCL,PF) 20 MCG/ML	1	ML	VL	IM	ML	1 EA		1	01/01/2002	04/06/2006						
58160-0857-26		J3490		1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	ENGERIX-B (TIPOK,23GX1,TAX INC,PF) 20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	01/01/2002	06/10/2002						
58160-0857-35		J3490		1/1/2002	6/10/2002	UNCLASSIFIED DRUGS	ENGERIX-B (TIPOK,23GX1,TAX INC,PF) 20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	01/01/2002	06/10/2002						
58160-0857-46		J3490		2/1/2002	3/27/2007	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	02/01/2002	03/27/2007						
58160-0857-50		J3490		2/1/2002	11/7/2005	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1 EA		1	02/01/2002	11/07/2005						
58177-0037-04		Q0173		1/1/2002	3/9/2004	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	100	EA	BO	PO	EA	250 MG		1	01/01/2002	03/09/2004						
58177-0363-22		Q0179		6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,10X3,STRAWBERRY) 4 MG	30	EA	BX	PO	EA	8 MG		0.5	06/27/2007	2/18/2009						
58177-0364-22		Q0179		6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,3X10,STRAWBERRY) 8 MG	30	EA	BX	PO	EA	8 MG		1	06/27/2007	2/18/2009						
58177-0364-56		Q0179		6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,STRAWBERRY) 8 MG	10	EA	BX	PO	EA	8 MG		1	06/27/2007	2/18/2009						
58177-0910-05		J7510		4/16/2002	2/18/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	04/16/2002	2/18/2009						
58177-0910-07		J7510		4/16/2002	2/18/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	04/16/2002	2/18/2009						
58177-0912-03		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.2	01/01/2002	99/99/9999						
58177-0932-05		J7510		5/25/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5 MG		0.6	05/25/2005	99/99/9999						
58178-0017-01		J0207		1/1/2002	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL (S.D.V.) 500 MG	1	EA	VL	IV	EA	500 MG		1	01/01/2002	99/99/9999						
58178-0017-03		J0207		1/1/2002	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL (S.D.V.,10MLX3) 500 MG	1	EA	VL	IV	EA	500 MG		1	01/01/2002	99/99/9999						
58178-0020-10		J3305		1/1/2002	1/31/2007	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NEUTREXIN (S.D.V.,2 TRAYS OF 25) 25 MG	1	EA	VL	IV	EA	25 MG		1	01/01/2002	01/31/2007						
58178-0020-50		J3305		1/1/2002	1/8/2004	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NEUTREXIN (S.D.V.) 25 MG	1	EA	VL	IV	EA	25 MG		1	01/01/2002	01/08/2004						
58178-0021-01		J3305		1/1/2002	1/31/2007	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NEUTREXIN (M.D.V.) 200 MG	1	EA	VL	IV	EA	25 MG		8	01/01/2002	01/31/2007						
58281-0560-01		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (1X20 ML AMP) 0.5 MG/ML	20	ML	BX	IN	EA	10 MG		1	01/01/2002	99/99/9999						
58281-0560-02		J0475		4/2/2004	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X20ML AMP) 0.5 MG/ML	20	ML	BX	MR	EA	10 MG		2	04/02/2004	99/99/9999						
58281-0561-02		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5	ML	BX	IN	EA	10 MG		2	01/01/2002	99/99/9999						
58281-0561-04		J0475		1/1/2002	10/20/2003	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (4X5 ML AMP) 2 MG/ML	5	ML	AM	IN	EA	10 MG		4	01/01/2002	10/20/2003						
58281-0562-01		J0476		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORISAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MG/ML	1	ML	AM	IN	EA	50 MCG		1	01/01/2002	99/99/9999						
58281-0563-01		J0475		10/21/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (1X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10 MG		4	10/21/2003	99/99/9999						
58281-0563-02		J0475		4/2/2004	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10 MG		8	04/02/2004	99/99/9999						
58298-0525-02		J3010		4/3/2006	5/1/2008	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	1	EA	NA	NA	GM	0.1 MG		10000	04/03/2006	5/1/2008						
58298-0525-05		J3010		4/3/2006	5/1/2008	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	1	EA	NA	NA	GM	0.1 MG		10000	04/03/2006	5/1/2008						
58298-0534-02		J1170		4/3/2006	5/1/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP)	1	EA	NA	NA	GM	4 MG		250	04/03/2006	5/1/2008						
58298-0534-03		J1170		4/3/2006	5/1/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	4 MG		250	04/03/2006	5/1/2008						
58298-0543-25		J2175		4/3/2006	5/1/2008	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP)	1	EA	NA	NA	GM	100 MG		10	04/03/2006	5/1/2008						
58298-0545-01		J2271		4/3/2006	5/1/2008	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (USP)	1	EA	BO	NA	GM	100 MG		10	04/03/2006	5/1/2008						
58298-0545-02		J2271		4/3/2006	10/1/2009	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (USP)	1	EA	NA	NA	GM	100 MG		10	04/03/2006	10/1/2009						
58394-0001-01		J7195		1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (S.D.V.,W/DILUENT,1000IU) 1 IU	1000	IU	VL	IV	EA	1 IU		1	01/01/2002	99/99/9999						
58394-0001-06		J7195		6/28/2007	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (1000IU,PF) 1 IU	1	EA	VL	IV	EA	1 IU		1	06/28/2007	99/99/9999						
58394-0002-01		J7195		1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (S.D.V.,W/DILUENT,500 IU) 1 IU	500	IU	VL	IV	EA	1 IU		1	01/01/2002	99/99/9999						
58394-0002-06		J7195		6/28/2007	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (500IU,PF) 1 IU	1	EA	VL	IV	EA	1 IU		1	06/28/2007	99/99/9999						
58394-0003-01		J7195		1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (S.D.V.,W/DILUENT,250 IU) 1 IU	250	IU	VL	IV	EA	1 IU		1	01/01/2002	99/99/9999						
58394-0003-06		J7195		6/28/2007	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (250IU,PF) 1 IU	1	EA	VL	IV	EA	1 IU		1	06/28/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58394-0004-01	J2355			1/1/2002	9/2/2009	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA (VIAL,PF) 5 MG	1 EA	VL	SC	EA	5 MG	1	01/01/2002	9/2/2009								
58394-0004-02	J2355			1/1/2002	6/15/2007	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA (VIAL,PF) 5 MG	1 EA	VL	SC	EA	5 MG	1	01/01/2002	06/15/2007								
58394-0005-01	J7192			1/1/2002	11/1/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA	1 IU	1	01/01/2002	11/01/2004								
58394-0005-02	J7192			11/2/2004	4/9/2009	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA	1 IU	1	11/02/2004	4/9/2009								
58394-0005-04	J7192			3/26/2008	99/99/9999	SPECIFIED	REFACTO (1000IU,LYOPHILIZED) 1 IU	1 EA	VL	IV	EA	1 IU	1	03/26/2008	99/99/9999								
58394-0006-01	J7192			1/1/2002	11/1/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA	1 IU	1	01/01/2002	11/01/2004								
58394-0006-02	J7192			11/2/2004	99/99/9999	SPECIFIED	REFACTO (APPROX 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA	1 IU	1	11/02/2004	99/99/9999								
58394-0007-01	J7192			1/1/2002	11/1/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA	1 IU	1	01/01/2002	11/01/2004								
58394-0007-02	J7192			11/2/2004	99/99/9999	SPECIFIED	REFACTO (APPROX 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA	1 IU	1	11/02/2004	99/99/9999								
58394-0008-02	J7195			6/28/2007	99/99/9999	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	BENEFIX (2000IU,PF) 1 IU	1 EA	VL	IV	EA	1 IU	1	06/28/2007	99/99/9999								
58394-0011-01	J7192			10/1/2002	11/1/2004	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 2000 IU/VIAL) 1 IU	2000 IU	VL	IV	EA	1 IU	1	10/01/2002	11/01/2004								
58394-0011-02	J7192			11/2/2004	4/9/2009	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	REFACTO (APPROX 2000 IU/VIAL) 1 IU	2000 IU	VL	IV	EA	1 IU	1	11/02/2004	4/9/2009								
58394-0011-04	J7192			3/26/2008	99/99/9999	SPECIFIED	REFACTO (2000IU,LYOPHILIZED) 1 IU	1 EA	VL	IV	EA	1 IU	1	03/26/2008	99/99/9999								
58406-0002-33	J2820			1/1/2002	10/22/2003	INJECTION, SARGAMOSTIM (GM-CSF), 50 MCG	LEUKINE (VIAL) 250 MCG	1 EA	VL	IV	EA	50 MCG	5	01/01/2002	10/22/2003								
58406-0050-30	J2820			1/1/2002	10/22/2003	INJECTION, SARGAMOSTIM (GM-CSF), 50 MCG	LEUKINE (M.D.V.) 500 MCG/ML	1 ML	VL	IV	ML	50 MCG	10	01/01/2002	10/22/2003								
58406-0425-34	J1438			1/1/2002	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (S.D. TRAY,PF) 25 MG	4 EA	BX	SC	EA	25 MG	1	01/01/2002	99/99/9999								
58406-0425-41	J1438			1/1/2002	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (S.D. TRAY,PF) 25 MG	1 EA	BX	SC	EA	25 MG	1	01/01/2002	99/99/9999								
58406-0435-01	J1438			11/17/2004	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98 ML	SR	SC	ML	25 MG	2	11/17/2004	99/99/9999								
58406-0435-04	J1438			11/17/2004	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98 ML	SR	SC	ML	25 MG	2	11/17/2004	99/99/9999								
58406-0445-01	J1438			7/17/2006	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98 ML	SR	SC	ML	25 MG	2	07/17/2006	99/99/9999								
58406-0445-04	J1438			7/17/2006	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98 ML	SR	SC	ML	25 MG	2	07/17/2006	99/99/9999								
58406-0455-01	J1438			4/30/2007	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (27G, 1/2",PF) 50 MG/ML	0.51 ML	SR	SC	ML	25 MG	2	04/30/2007	99/99/9999								
58406-0455-04	J1438			4/30/2007	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (4X0.51ML,27G, 1/2",PF) 50 MG/ML	0.51 ML	SR	SC	ML	25 MG	2	04/30/2007	99/99/9999								
58406-0640-03	J9293			1/1/2002	6/10/2003	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	01/01/2002	06/10/2003								
58406-0640-05	J9293			1/1/2002	6/10/2003	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	01/01/2002	06/10/2003								
58406-0640-07	J9293			1/1/2002	6/10/2003	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NOVANTRONE (M.D.V.) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	01/01/2002	06/10/2003								
58406-0662-01	J9340			1/1/2002	12/13/2002	INJECTION, THIOTEPA, 15 MG	THIOPLEX (S.D.V.) 15 MG	1 EA	VL	IJ	EA	15 MG	1	01/01/2002	12/13/2002								
58406-0662-36	J9340			1/1/2002	12/13/2002	INJECTION, THIOTEPA, 15 MG	THIOPLEX (S.D.V.) 15 MG	1 EA	VL	IJ	EA	15 MG	1	01/01/2002	12/13/2002								
58468-0040-01	J3490			5/2/2003	12/31/2004	UNCLASSIFIED DRUGS	FABRAZYME (PF) 35 MG	1 EA	VL	IV	EA	1 EA	1	05/02/2003	12/31/2004								
58468-0040-01	J0180			1/1/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 35 MG	1 EA	VL	IV	EA	1 EA	35	01/01/2005	99/99/9999								
58468-0041-01	J3490			5/14/2004	12/31/2004	UNCLASSIFIED DRUGS	FABRAZYME (PF) 5 MG	1 EA	VL	IV	EA	1 EA	1	05/14/2004	12/31/2004								
58468-0041-01	J0180			1/1/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 5 MG	1 EA	VL	IV	EA	1 MG	5	01/01/2005	99/99/9999								
58468-0070-01	J3590			5/12/2003	12/31/2004	UNCLASSIFIED BIOLOGICS	ALDURAZYME (PF) 0.58 MG/ML	5 ML	VL	IV	ML	1 EA	1	05/12/2003	12/31/2004								
58468-0070-01	J1931			1/1/2005	99/99/9999	INJECTION, LARONIDASE, 0.1 MG	ALDURAZYME (PF) 0.58 MG/ML	5 ML	VL	IV	ML	0.1 MG	5.8	01/01/2005	99/99/9999								
58468-0080-01	J7511			12/1/2005	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	THYMOGLOBULIN (VIAL,DILUENT) 25 MG	1 EA	VL	IV	EA	25 MG	1	12/01/2005	99/99/9999								
58468-0090-01	Q4084			1/1/2007	12/31/2007	DOSE	SYNVISC (3X2 ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	1 DOSE	0.5	01/01/2007	12/31/2007								
58468-0090-01	J7322			1/1/2008	12/31/2008	DOSE	SYNVISC (3X2 ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	1 DOSE	0.5	01/01/2008	12/31/2009								
58468-0100-01	J9027			1/1/2006	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML	1 MG	1	01/01/2006	99/99/9999								
58468-0100-02	J9027			1/1/2006	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML	1 MG	1	01/01/2006	99/99/9999								
58468-0122-01	J1270			6/1/2006	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (50X2ML) 2 MCG/ML	2 ML	AM	IV	ML	1 MCG	2	06/01/2006	99/99/9999								
58468-0150-01	J3490			5/11/2006	12/31/2007	UNCLASSIFIED DRUGS	MYOZYME (PF) 5 MG	1 EA	VL	IV	EA	1 EA	1	05/11/2006	12/31/2007								
58468-0150-01	J0220			1/1/2008	99/99/9999	INJECTION, AGLUCOSIDASE ALFA, 10 MG	MYOZYME (PF) 50 MG	1 EA	VL	IV	EA	10 MG	5	01/01/2008	99/99/9999								
58468-0218-02	Q0181			6/30/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	120 EA	NA	PO	EA	1 EA	1	06/30/2005	12/31/2005								
58468-0218-02	J8540			1/1/2006	99/99/9999	INJECTION, DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	120 EA	NA	PO	EA	0.25 MG	16	01/01/2006	99/99/9999								
58468-1060-01	J0205			1/1/2002	99/99/9999	INJECTION, ALGLUCERASE, PER 10 UNITS	CEREDASE 80 U/ML	5 ML	VL	IV	ML	10 U	8	01/01/2002	99/99/9999								
58468-1849-04	J3240			1/1/2002	99/99/9999	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	THYROGEN (W/2 VIALS DILUENT) 1.1 MG	1 EA	VL	IJ	EA	1.1 MG	1	01/01/2002	99/99/9999								
58468-1983-01	J1785			1/1/2002	12/31/2010	INJECTION, IMIGLUCERASE, PER UNIT	CEREZYME (VIAL) 200 U	1 EA	VL	IV	EA	1 U	200	01/01/2002	12/31/2010								
58468-4663-01	J1785			1/1/2002	12/31/2010	INJECTION, IMIGLUCERASE, PER UNIT	CEREZYME (VIAL) 400 U	1 EA	VL	IV	EA	1 U	400	01/01/2002	12/31/2010								
58634-0020-02	Q0163			1/1/2002	8/6/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF) 12.5 MG/5 ML	60 ML	BO	PO	ML	50 MG	0.05	01/01/2002	08/06/2003								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58634-0020-04		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0020-08		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0021-02		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (SF) 12.5 MG/5 ML	60 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0021-04		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (SF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0021-08		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (SF) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0022-02		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF,SF) 12.5 MG/5 ML	60 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0022-04		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF,SF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0022-08		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL (AF,SF) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0023-02		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL ALLERGY MEDICATION (AF,SF,DYE-FREE) 12.5 MG/5 ML	60 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0023-04		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL ALLERGY MEDICATION (AF,SF,DYE-FREE) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0023-08		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL ALLERGY MEDICATION (AF,SF,DYE-FREE) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	01/01/2002	08/06/2003						
58634-0027-02		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL DYE-FREE MEDICATION (AF,SF,DYE-FREE) 6.25 MG/5 ML	60 ML	BO	PO	ML		50 MG		0.025	01/01/2002	08/06/2003						
58634-0027-04		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL DYE-FREE MEDICATION (AF,SF,DYE-FREE) 6.25 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.025	01/01/2002	08/06/2003						
58634-0027-08		Q0163		1/1/2002	8/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	POLYDRYL DYE-FREE MEDICATION (AF,SF,DYE-FREE) 6.25 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.025	01/01/2002	08/06/2003						
58768-0150-15	J3396			1/1/2002	12/31/2004	INJECTION, VERTEPORFIN, 15MG	VISUDYNE 15 MG	1 EA	VL	IV	EA		15 MG		1	04/01/2004	12/31/2004						
58768-0150-15	J3396			1/1/2005	10/17/2005	INJECTION, VERTEPORFIN, 0.1 MG	VISUDYNE 15 MG	1 EA	VL	IV	EA		0.1 MG		150	01/01/2005	10/17/2005	01-Jan-02	31-Mar-04	1			
58768-0902-35	J1452			1/1/2002	3/31/2004	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	VITRAVENE (SINGLE USE VIAL,PF) 6.6 MG/ML	0.25 ML	VL	IO	ML		1.65 MG		4	01/01/2002	03/31/2004						
58864-0100-40	Q0163			1/1/2002	9/10/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 50 MG	40 EA	BO	PO	EA		50 MG		1	01/01/2002	09/10/2003						
58864-0162-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	30 EA	BO	PO	EA		50 MG		0.5	01/01/2002	99/99/9999						
58864-0162-56	Q0163			3/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	56 EA	BO	PO	EA		50 MG		0.5	03/01/2004	99/99/9999						
58864-0162-60	Q0163			1/1/2002	8/11/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	60 EA	BO	PO	EA		50 MG		0.5	01/01/2002	08/11/2004						
58864-0163-01	Q0163			7/9/2002	8/11/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	07/09/2002	08/11/2004						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58864-0163-30		Q0163		1/1/2002	10/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 50 MG	30	EA	BO	PO	EA	50 MG		1	01/01/2002	10/27/2006						
58864-0163-60		Q0163		1/1/2002	8/11/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 50 MG	60	EA	BO	PO	EA	50 MG		1	01/01/2002	08/11/2004						
58864-0191-25		J8499		3/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	25	EA	BO	PO	EA	1 EA		1	03/01/2004	99/99/9999						
58864-0191-35		J8499		3/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 800 MG	35	EA	BO	PO	EA	1 EA		1	03/01/2004	99/99/9999						
58864-0362-20		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20	EA	BO	PO	EA	5 MG		1	03/01/2004	99/99/9999						
58864-0362-56		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56	EA	BO	PO	EA	5 MG		1	03/01/2004	99/99/9999						
58864-0423-15		J7506		1/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	01/01/2005	99/99/9999						
58864-0423-20		J7506		6/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	06/01/2005	99/99/9999						
58864-0423-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	30	EA	BO	PO	EA	5 MG		2	01/01/2002	99/99/9999						
58864-0423-40		J7506		7/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	40	EA	BO	PO	EA	5 MG		2	07/01/2004	99/99/9999						
58864-0424-09		J7506		1/1/2002	10/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	9	EA	BO	PO	EA	5 MG		4	01/01/2002	10/27/2006						
58864-0424-14		J7506		3/2/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	14	EA	BO	PO	EA	5 MG		4	03/02/2004	99/99/9999						
58864-0424-20		J7506		1/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	20	EA	BO	PO	EA	5 MG		4	01/01/2005	99/99/9999						
58864-0424-30		J7506		3/2/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG		4	03/02/2004	99/99/9999						
58864-0602-01		J8499		6/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	100	EA	BO	PO	EA	1 EA		1	06/01/2004	99/99/9999						
58864-0602-30		J8499		3/2/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (REDI-SCRIPT) 400 MG	30	EA	BO	PO	EA	1 EA		1	03/02/2004	99/99/9999						
58864-0644-42		Q0165		3/1/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	10 MG		1	03/01/2004	99/99/9999						
58864-0655-04		Q0144		7/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1 GM		0.25	07/01/2005	99/99/9999						
58864-0655-06		Q0144		9/10/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (REDI-SCRIPT) 250 MG	6	EA	BO	PO	EA	1 GM		0.25	09/10/2003	99/99/9999						
58864-0655-14		Q0144		2/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14	EA	BO	PO	EA	1 GM		0.25	02/01/2005	99/99/9999						
58864-0655-30		Q0144		6/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1 GM		0.25	06/01/2006	99/99/9999						
58864-0702-01		Q0164		6/15/2006	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5 MG		1	06/15/2006	99/99/9999						
58864-0702-15		Q0164		3/1/2004	10/27/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 5 MG	15	EA	BO	PO	EA	5 MG		1	03/01/2004	10/27/2006						
58864-0761-10		Q0170		8/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	25 MG		1	08/01/2004	99/99/9999						
58864-0761-25		Q0170		11/1/2004	6/13/2006	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	25	EA	BO	PO	EA	25 MG		1	11/01/2004	06/13/2006						
58864-0761-30		Q0170		5/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG		1	05/01/2004	99/99/9999						
58864-0761-42		Q0170		8/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	42	EA	BO	PO	EA	25 MG		1	08/01/2004	99/99/9999						
58864-0791-06		Q0144		7/1/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 250 MG	6	EA	BO	PO	EA	1 GM		0.25	07/01/2004	99/99/9999						
58864-0795-10		G9017		12/1/2004	5/31/2006	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2006						
58864-0876-35		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	01/01/2005	99/99/9999						
58914-0080-52		J0500		6/22/2004	99/99/9999	INJECTION, DICYCLUMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2	ML	AM	IM	ML	20 MG		0.5	03/23/2007	99/99/9999						
58914-0155-75		J9600		1/1/2002	99/99/9999	INJECTION, PORFIMER SODIUM, 75 MG	PHOTOFIN (VIAL) 75 MG	1	EA	VL	IV	EA	75 MG		1	01/01/2002	99/99/9999	6/22/2004	11/14/2004	0.5			
58948-0024-73		Q0163		1/1/2002	1/13/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHTTIME SLEEP AID (MAX. STR.,LIQUIGEL) 50 MG	16	EA	BO	PO	EA	50 MG		1	01/01/2002	01/13/2004						
58948-0379-26		Q0163		1/1/2002	1/13/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE (AF,CHERRY) 12.5 MG/5 ML	120	ML	EA	PO	ML	50 MG		0.05	01/01/2002	01/13/2004						
58948-0462-62		Q0163		1/1/2002	1/13/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE ALLERGY RELIEF 25 MG	24	EA	NA	PO	EA	50 MG		0.5	01/01/2002	01/13/2004						
58948-0479-62		Q0163		1/1/2002	1/13/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE ALLERGY RELIEF 25 MG	24	EA	NA	PO	EA	50 MG		0.5	01/01/2002	01/13/2004						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58948-0479-78	Q0163			1/1/2002	1/13/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ANTIHISTAMINE ALLERGY RELIEF 25 MG	100 EA	NA	PO	EA	50 MG	0.5			01/01/2002	01/13/2004						
59060-1833-02	J1820			10/14/2002	12/31/2002	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NOVOLIN R (VIAL) 100 U/ML	10 ML VL	IJ	ML	100 U		1	10/14/2002	12/31/2002								
59060-1833-02	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML VL	IJ	ML	5 U		20	01/01/2003	07/12/2005								
59060-1834-02	J1820			10/14/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML VL	SC	ML	100 U		1	10/14/2002	12/31/2002								
59060-1834-02	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML VL	SC	ML	5 U		20	01/01/2003	07/12/2005								
59060-1837-02	J1820			10/14/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML VL	SC	ML	100 U		1	10/14/2002	12/31/2002								
59060-1837-02	J1815			1/1/2003	7/12/2005	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML VL	SC	ML	5 U		20	01/01/2003	07/12/2005								
59060-2314-04	J1815			12/19/2003	2/28/2006	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLIN N INNOLET (SRN, PREFILLED, INNOLET) 100 U/ML	3 ML CT	SC	ML	5 U		20	12/19/2003	2/28/2006								
59060-2317-04	J1815			12/19/2003	6/30/2006	INJECTION, INSULIN, PER 5 UNITS	RELION NOVOLIN 70/30 INNOLET (SRN, PREFILLED, INNOLET) 70 U/ML-30 U/ML	3 ML CT	SC	ML	5 U		20	12/19/2003	6/30/2006								
59075-0710-10	J0587			1/1/2002	1/27/2005	BOTULINUM TOXIN TYPE B, PER 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5 ML VL	IM	ML	100 U		50	01/01/2002	01/27/2005								
59075-0711-10	J0587			1/1/2002	1/27/2005	BOTULINUM TOXIN TYPE B, PER 100 UNITS	MYOBLOC (PF) 5000 U/ML	1 ML VL	IM	ML	100 U		50	01/01/2002	01/27/2005								
59075-0712-10	J0587			1/1/2002	6/29/2006	BOTULINUM TOXIN TYPE B, PER 100 UNITS	MYOBLOC (PF) 5000 U/ML	2 ML VL	IM	ML	100 U		50	08/01/2005	06/29/2006								
59075-0720-10	J3490			12/28/2004	12/31/2005	UNCLASSIFIED DRUGS	PRIALT (PF) 100 MCG/ML	1 ML VL	IN	ML	1 EA		1	12/28/2004	12/31/2005			1/1/2002	1/27/2005	50			
59075-0720-10	J2278			1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 100 MCG/ML	1 ML VL	IN	ML	1 MCG		100	01/01/2006	5/5/2010								
59075-0722-10	J3490			12/28/2004	12/31/2005	UNCLASSIFIED DRUGS	PRIALT (PF) 100 MCG/ML	5 ML VL	IN	ML	1 EA		1	12/28/2004	12/31/2005								
59075-0722-10	J2278			1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 100 MCG/ML	5 ML VL	IN	ML	1 MCG		100	01/01/2006	5/5/2010								
59075-0723-10	J3490			12/28/2004	12/31/2005	UNCLASSIFIED DRUGS	PRIALT (PF) 25 MCG/ML	20 ML VL	IN	ML	1 EA		1	12/28/2004	12/31/2005								
59075-0723-10	J2278			1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 25 MCG/ML	20 ML VL	IN	ML	1 MCG		25	01/01/2006	5/5/2010								
59075-0730-15	Q4079			1/1/2005	12/31/2007	INJECTION, NATALIZUMAB, 1 MG	TYASABRI 20 MG/ML	15 ML VL	IV	ML	1 MG		20	06/12/2006	12/31/2007								
59075-0730-15	J2323			1/1/2008	99/99/9999	INJECTION, NATALIZUMAB, 1 MG	TYASABRI 20 MG/ML	15 ML VL	IV	ML	1 MG		20	01/01/2008	99/99/9999			1/1/2005	2/28/2005	20			
59148-0016-65	J3490			12/8/2006	12/31/2007	UNCLASSIFIED DRUGS	ABLIFY (SDV) 9.75 MG/1.3 ML	1.3 ML VL	IM	ML	1 EA		1	12/08/2006	12/31/2007								
59148-0016-65	J0400			1/1/2008	99/99/9999	INJECTION, Aripiprazole, INTRAMUSCULAR, 0.25 MG	ABLIFY (SDV) 9.75 MG/1.3 ML	1.3 ML VL	IM	ML	0.25 MG		30	01/01/2008	99/99/9999								
59196-0010-24	J7510			1/1/2002	6/3/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML BO	PO	ML	5 MG		0.6	01/01/2002	6/3/2010								
59196-0010-48	J7510			1/1/2002	6/3/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480 ML BO	PO	ML	5 MG		0.6	01/01/2002	6/3/2010								
59196-0012-24	J7510			7/12/2002	9/15/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML BO	PO	ML	5 MG		0.6	07/12/2002	09/15/2002								
59390-0065-35	Q0163			1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALTARYL CHILDREN'S (AF, CHERRY) 12.5 MG/5 ML	118 ML BO	PO	ML	50 MG		0.05	01/01/2002	9/30/2008								
59390-0065-46	Q0163			1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALTARYL 12.5 MG/5 ML	473 ML BO	PO	ML	50 MG		0.05	01/01/2002	9/30/2008								
59390-0065-47	Q0163			1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALTARYL 12.5 MG/5 ML	3785 ML BO	PO	ML	50 MG		0.05	01/01/2002	9/30/2008								
59439-0455-02	J7510			1/1/2002	5/18/2004	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML BO	PO	ML	5 MG		0.6	01/01/2002	05/18/2004								
59572-0301-01	J9245			3/15/2004	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	ALKERAN IV 50 MG	1 EA VL	IV	EA	50 MG		1	03/15/2004	99/99/9999								
59572-0302-50	None			4/22/2004	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	50 EA BO	PO	EA	2 MG		1	04/22/2004	99/99/9999								
59618-0199-33	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENYL ELIXIR 12.5 MG/5 ML	120 ML EA	PO	ML	50 MG		0.05	01/01/2002	99/99/9999								
59618-0200-06	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENYL 25 MG	24 EA NA	PO	EA	50 MG		0.5	01/01/2002	99/99/9999								
59627-0020-01	J3590			1/31/2003	12/31/2003	UNCLASSIFIED BIOLOGICS	AMEVIVE (4 VIALS W/ADMIN. SET,PF) 7.5 MG	1 EA VL	IV	EA	1 EA		1	01/31/2003	12/31/2003								
59627-0020-01	J0215			1/1/2004	1/1/2004	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (PF) 7.5 MG	1 EA VL	IV	EA	0.5 MG		60	01/01/2004	01/01/2004								
59627-0020-02	J3590			1/31/2003	12/31/2003	UNCLASSIFIED BIOLOGICS	AMEVIVE (PF) 7.5 MG	1 EA VL	IV	EA	1 EA		1	01/31/2003	12/31/2003								
59627-0020-02	J0215			1/1/2004	1/1/2004	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (PF) 7.5 MG	1 EA VL	IV	EA	0.5 MG		15	01/01/2004	01/01/2004								
59627-0021-03	J3590			1/31/2003	12/31/2003	UNCLASSIFIED BIOLOGICS	AMEVIVE (4 VIALS, SRN, W/DILUENT) 15 MG	1 EA VL	IM	EA	1 EA		1	01/31/2003	12/31/2003								
59627-0021-03	J0215			1/1/2004	2/27/2008	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (4 VIALS, SRN, W/DILUENT) 15 MG	1 EA VL	IM	EA	0.5 MG		120	01/01/2004	02/27/2008								
59627-0021-04	J3590			1/31/2003	12/31/2003	UNCLASSIFIED BIOLOGICS	AMEVIVE (PF) 15 MG	1 EA VL	IM	EA	1 EA		1	01/31/2003	12/31/2003								
59627-0021-04	J0215			1/1/2004	12/30/2007	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (PF) 15 MG	1 EA VL	IM	EA	0.5 MG		30	01/01/2004	12/30/2007								
59676-0101-01	J7505			1/1/2002	99/99/9999	MURKONAB-CD3, PARENTERAL, 5 MG	ORTHOCLOONE OKT 3 (AMP) 1 MG/ML	5 ML AM	IV	ML	5 MG		0.2	01/01/2002	99/99/9999								
59676-0201-01	J9065			1/1/2002	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	LEUSTATIN (S.D.V.) 1 MG/ML	10 ML VL	IV	ML	1 MG		1	01/01/2002	99/99/9999								
59676-0302-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VIAL) 2000 U/ML	1 ML VL	IJ	ML	1000 U		2	01/01/2002	12/31/2005								
59676-0302-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 2000 U/ML	1 ML VL	IJ	ML	1000 U		2	01/01/2006	99/99/9999								
59676-0302-02	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 2000 U/ML	1 ML VL	IJ	ML	1000 U		2	01/01/2002	12/31/2005								
59676-0302-02	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 2000 U/ML	1 ML VL	IJ	ML	1000 U		2	01/01/2006	99/99/9999								
59676-0303-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VIAL) 3000 U/ML	1 ML VL	IJ	ML	1000 U		3	01/01/2002	12/31/2005								
59676-0303-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 3000 U/ML	1 ML VL	IJ	ML	1000 U		3	01/01/2006	99/99/9999								
59676-0303-02	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALPHA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 3000 U/ML	1 ML VL	IJ	ML	1000 U		3	01/01/2002	12/31/2005								
59676-0303-02	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 3000 U/ML	1 ML VL	IJ	ML	1000 U		3	01/01/2006	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59676-0304-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VIAL) 4000 U/ML	1 ML	VL	IJ	ML	1000 U				4	01/01/2002	12/31/2005					
59676-0304-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 4000 U/ML	1 ML	VL	IJ	ML	1000 U				4	01/01/2006	99/99/9999					
59676-0304-02	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	U/ML	1 ML	VL	IJ	ML	1000 U				4	01/01/2002	12/31/2005					
59676-0304-02	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	U/ML	1 ML	VL	IJ	ML	1000 U				4	01/01/2006	99/99/9999					
59676-0310-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VIAL) 10000 U/ML	1 ML	VL	IJ	ML	1000 U				10	01/01/2002	12/31/2005					
59676-0310-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (VIAL) 10000 U/ML	1 ML	VL	IJ	ML	1000 U				10	01/01/2006	99/99/9999					
59676-0310-02	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (VOLUME PACK VIAL) 10000 U/ML	1 ML	VL	IJ	ML	1000 U				10	01/01/2002	12/31/2005					
59676-0310-02	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	U/ML	1 ML	VL	IJ	ML	1000 U				10	01/01/2006	99/99/9999					
59676-0312-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (M.D.V.) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2002	12/31/2005					
59676-0312-01	J0885			1/1/2006	7/3/2008	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V.) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/01/2006	7/3/2008					
59676-0312-04	J0885			1/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (4X2ML.MDV) 10000 U/ML	2 ML	VL	IJ	ML	1000 U				10	01/18/2008	99/99/9999					
59676-0320-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (M.D.V.) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2002	12/31/2005					
59676-0320-01	J0885			1/1/2006	7/3/2008	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (M.D.V.) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	01/01/2006	7/3/2008					
59676-0320-04	J0886			10/15/2007	99/99/9999	INJECTION, EPOETIN ALFA, 1000 UNITS, (FOR ESRD ON DIALYSIS)	PROCRIT (MULTIDOSE) 20000 U/ML	1 ML	VL	IJ	ML	1000 U				20	10/15/2007	99/99/9999					
59676-0340-01	Q0136			1/1/2002	12/31/2005	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), PER 1000 UNITS	PROCRIT (PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2002	12/31/2005					
59676-0340-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (PF) 40000 U/ML	1 ML	VL	IJ	ML	1000 U				40	01/01/2006	99/99/9999					
59676-0360-01	Q4086			1/1/2007	12/31/2007	PER DOSE	ORTHOSIVIC (PREFILLED SYRINGE) 15 MG/ML	2 ML	SR	IJ	ML	1 DOSE				0.5	01/01/2007	12/31/2007					
59676-0360-01	J7324			1/1/2008	99/99/9999	PER DOSE	ORTHOSIVIC (PREFILLED SYRINGE) 15 MG/ML	2 ML	SR	IJ	ML	1 DOSE				0.5	01/01/2008	99/99/9999					
59730-4202-01	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	NABI-HB (S.D.V.,.312 IU/ML)	1 ML	VL	IM	ML	1 EA				1	01/01/2002	12/31/2002					
59730-4202-01	J3590			1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V.,.312 IU/ML)	1 ML	VL	IM	ML	1 EA				1	01/01/2003	99/99/9999					
59730-4203-01	J3490			1/1/2002	12/31/2002	UNCLASSIFIED DRUGS	NABI-HB (S.D.V.,.312 IU/ML)	5 ML	VL	IM	ML	1 EA				1	01/01/2002	12/31/2002					
59730-4203-01	J3590			1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V.,.312 IU/ML)	5 ML	VL	IM	ML	1 EA				1	01/01/2003	99/99/9999					
59730-4204-01	J3590			1/3/2005	9/30/2007	UNCLASSIFIED BIOLOGICS	NABI-HB NOVAPLUS (312 IU/ML)	1 ML	VL	IM	ML	1 EA				1	01/03/2005	09/30/2007					
59730-4205-01	J3590			1/1/2004	9/30/2007	UNCLASSIFIED BIOLOGICS	NABI-HB NOVAPLUS (312 IU/ML)	5 ML	VL	IM	ML	1 EA				1	01/01/2004	9/30/2007					
59730-4402-01	J3490			1/1/2002	6/24/2002	UNCLASSIFIED DRUGS	NABI-HB (S.D.V.,.312 IU/ML)	1 ML	VL	IM	ML	1 EA				1	01/01/2002	06/24/2002					
59730-4403-01	J3490			1/1/2002	6/24/2002	UNCLASSIFIED DRUGS	NABI-HB (S.D.V.,.312 IU/ML)	5 ML	VL	IM	ML	1 EA				1	01/01/2002	06/24/2002					
59730-5601-01	J9999			1/1/2002	1/8/2008	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ALOPRIM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA	1 EA				1	01/01/2002	1/8/2008					
59730-6059-07	J7198			1/1/2002	5/11/2004	ANTI-INHIBITOR, PER IU	AUTOPLEX T (390-1050 FECU) 1 IU	1050 IU	VL	IV	EA	1 IU				1	01/01/2002	05/11/2004					
59741-0119-04	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG				0.05	01/01/2002	99/99/9999					
59741-0119-08	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	240 ML	BO	PO	ML	50 MG				0.05	01/01/2002	99/99/9999					
59741-0119-16	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	480 ML	BO	PO	ML	50 MG				0.05	01/01/2002	99/99/9999					
59741-0119-20	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	3840 ML	BO	PO	ML	50 MG				0.05	01/01/2002	99/99/9999					
59746-0001-03	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA	4 MG				1	01/01/2002	99/99/9999					
59746-0001-06	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	4 MG				1	01/01/2002	99/99/9999					
59746-0001-09	J7509			1/1/2002	10/21/2005	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	500 EA	BO	PO	EA	4 MG				1	01/01/2002	10/21/2005					
59746-0002-04	J7509			9/24/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 8 MG	25 EA	BO	PO	EA	4 MG				2	09/24/2007	99/99/9999					
59746-0003-14	J7509			7/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 16 MG	50 EA	BO	PO	EA	4 MG				4	07/20/2007	99/99/9999					
59746-0007-06	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	NA	PO	EA	5 MG				1	01/01/2002	99/99/9999					
59746-0007-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	NA	PO	EA	5 MG				1	01/01/2002	99/99/9999					
59746-0008-06	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	NA	PO	EA	5 MG				2	01/01/2002	99/99/9999					
59746-0008-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	NA	PO	EA	5 MG				2	01/01/2002	99/99/9999					
59746-0015-04	J7509			7/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 32 MG	25 EA	BO	PO	EA	4 MG				8	07/20/2007	99/99/9999					
59746-0113-06	Q0164			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA	5 MG				1	01/01/2002	99/99/9999					
59746-0113-10	Q0164			1/1/2002	10/22/2006	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	1000 EA	BO	PO	EA	5 MG				1	01/01/2002	10/22/2006					
59746-0115-06	Q0165			1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA	10 MG				1	01/01/2002	99/99/9999					
59746-0115-10	Q0165			1/1/2002	10/22/2006	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	1000 EA	BO	PO	EA	10 MG				1	01/01/2002	10/22/2006					
59746-0171-06	J7506			10/21/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100 EA	BO	PO	EA	5 MG				0.2	10/21/2005	99/99/9999					
59746-0171-10	J7506			10/21/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000 EA	BO	PO	EA	5 MG				0.2	10/21/2005	99/99/9999					
59746-0172-06	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100 EA	BO	PO	EA	5 MG				1	08/03/2007	99/99/9999					
59746-0172-10	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000 EA	BO	PO	EA	5 MG				1	08/03/2007	99/99/9999					
59746-0173-06	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100 EA	BO	PO	EA	5 MG				2	08/03/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59746-0173-09	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	500 EA	BO	PO	EA	5 MG			2	08/03/2007	99/99/9999						
59746-0173-10	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1000 EA	BO	PO	EA	5 MG			2	08/03/2007	99/99/9999						
59746-0175-06	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BO	PO	EA	5 MG			4	08/03/2007	99/99/9999						
59746-0175-09	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500 EA	BO	PO	EA	5 MG			4	08/03/2007	99/99/9999						
59746-0175-10	J7506			8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	1000 EA	BO	PO	EA	5 MG			4	08/03/2007	99/99/9999						
59762-0100-01	Q2001			12/30/2005	12/31/2005	ORAL, CABERGOLINE, 0.5 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA	0.5 MG			1	12/30/2005	12/31/2005						
59762-0100-01	J8515			1/1/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA	0.25 MG			2	01/01/2006	99/99/9999						
59762-2576-01	J9211			8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	5 ML	VL	IV	ML	5 MG			0.2	08/27/2007	99/99/9999						
59762-2586-01	J9211			8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG			0.2	08/27/2007	99/99/9999						
59762-2596-01	J9211			8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	08/27/2007	99/99/9999						
59762-3051-01	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Package	10 EA	BX	PO	EA	1 GM			1	07/07/2006	99/99/9999						
59762-3051-02	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Package	3 EA	BX	PO	EA	1 GM			1	07/07/2006	99/99/9999						
59762-3060-01	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	DP	PO	EA	1 GM			0.25	11/14/2005	99/99/9999						
59762-3060-02	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA	1 GM			0.25	11/14/2005	99/99/9999						
59762-3060-03	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50 EA	BX	PO	EA	1 GM			0.25	11/14/2005	99/99/9999						
59762-3070-01	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	DP	PO	EA	1 GM			0.5	11/14/2005	99/99/9999						
59762-3070-02	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30 EA	BO	PO	EA	1 GM			0.5	11/14/2005	99/99/9999						
59762-3080-01	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	BO	PO	EA	1 GM			0.6	11/14/2005	99/99/9999						
59762-3110-01	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML	1 GM			0.02	07/07/2006	99/99/9999						
59762-3120-01	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	15 ML	BO	PO	ML	1 GM			0.04	07/07/2006	99/99/9999						
59762-3130-01	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM			0.04	07/07/2006	99/99/9999						
59762-3140-01	Q0144			7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML	1 GM			0.04	07/07/2006	99/99/9999						
59762-3327-01	J7509			1/1/2002	5/15/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA	4 MG			1	01/01/2002	05/15/2007						
59762-3327-02	J7509			1/1/2002	5/15/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	100 EA	BO	PO	EA	4 MG			1	01/01/2002	05/15/2007						
59762-4537-01	J1055			9/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 ML	VL	IM	ML	150 MG			1	09/27/2004	99/99/9999						
59762-4537-02	J1055			9/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 ML	VL	IM	ML	150 MG			1	09/27/2004	99/99/9999						
59762-4538-01	J1055			5/26/2006	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1 ML	SR	IM	ML	150 MG			1	05/26/2006	99/99/9999						
59762-5034-02	J1450			9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX,SODIUM CHLORIDE) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG			0.01	09/09/2004	12/22/2006						
59762-5035-02	J1450			9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX,SODIUM CHLORIDE) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG			0.01	09/09/2004	12/22/2006						
59762-5036-02	J1450			9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX, DEXTROSE) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG			0.01	09/09/2004	12/22/2006						
59762-5037-02	J1450			9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX, DEXTROSE) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG			0.01	09/09/2004	12/22/2006						
59762-5091-01	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG			1	08/08/2007	99/99/9999						
59762-5093-01	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG			1	08/08/2007	99/99/9999						
59762-7529-01	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV) 20 MG/ML	2 ML	VL	IV	ML	20 MG			1	02/27/2008	99/99/9999						
59762-7529-01	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV) 20 MG/ML	2 ML	VL	IV	ML	20 MG			1	02/27/2008	99/99/9999						
59762-7529-02	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV) 20 MG/ML	5 ML	VL	IV	ML	20 MG			1	02/27/2008	99/99/9999						
59762-7529-02	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV) 20 MG/ML	5 ML	VL	IV	ML	20 MG			1	02/27/2008	99/99/9999						
59879-0115-01	Q0173			1/1/2002	12/31/2002	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG			1	01/01/2002	12/31/2002						
59911-5900-01	J0295			3/14/2002	12/14/2003	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (BULK PACKAGE) 10 GM-5 GM	1 EA	VL	IV	EA	1.5 GM			10	03/14/2002	12/14/2003						
59911-5901-02	J0295			3/14/2002	12/14/2003	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (VIAL) 1 GM-0.5 GM	1 EA	VL	IJ	EA	1.5 GM			1	03/14/2002	12/14/2003						
59911-5902-02	J0295			3/14/2002	12/14/2003	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (VIAL) 2 GM-1 GM	1 EA	VL	IJ	EA	1.5 GM			2	03/14/2002	12/14/2003						
59911-5905-02	J2260			5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG			0.2	05/31/2002	12/14/2006						
59911-5906-02	J2260			5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	05/31/2002	12/14/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59911-5907-02	J2260			5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (S.D.V.,REDI-INFUSION,PF) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5 MG		0.04	05/31/2002	12/14/2006						
59911-5908-02	J2260			9/26/2002	2/6/2004	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE 5%-20 MG/100 ML	100	ML	FC	IV	ML	5 MG		0.04	09/26/2002	02/06/2004						
59911-5911-02	J2250			1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 1 MG/ML	2	ML	VL	IJ	ML	1 MG		1	01/01/2002	12/14/2006						
59911-5912-02	J2250			1/1/2002	10/5/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	5	ML	VL	IJ	ML	1 MG		1	01/01/2002	10/05/2003						
59911-5913-02	J2250			1/1/2002	10/5/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	10	ML	VL	IJ	ML	1 MG		1	01/01/2002	10/05/2003						
59911-5914-02	J2250			1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 5 MG/ML	1	ML	VL	IJ	ML	1 MG		5	01/01/2002	12/14/2006						
59911-5915-02	J2250			1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 5 MG/ML	2	ML	VL	IJ	ML	1 MG		5	01/01/2002	12/14/2006						
59911-5916-02	J2250			1/1/2002	10/5/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	10	ML	VL	IJ	ML	1 MG		5	01/01/2002	10/05/2003						
59911-5950-02	J3490			1/1/2002	10/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2	ML	VL	IV	ML	1 EA		1	01/01/2002	10/31/2003						
59911-5950-04	J3490			1/1/2002	10/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (S.D.V.,PF) 10 MG/ML	2	ML	VL	IV	ML	1 EA		1	01/01/2002	10/31/2003						
59911-5951-02	J3490			1/1/2002	10/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4	ML	VL	IV	ML	1 EA		1	01/01/2002	10/31/2003						
59911-5951-04	J3490			1/1/2002	10/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	4	ML	VL	IV	ML	1 EA		1	01/01/2002	10/31/2003						
59911-5952-02	J3490			1/1/2002	10/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	01/01/2002	10/31/2003						
59911-5952-04	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1 EA		1	01/01/2002	12/31/2003						
59911-5958-01	J9390			6/16/2003	12/30/2003	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10 MG		1	06/16/2003	12/30/2003						
59911-5959-01	J9390			6/16/2003	12/30/2003	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10 MG		1	06/16/2003	12/30/2003						
59911-5963-02	J0694			1/1/2002	11/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL) 1 GM	1	EA	IJ	EA	1 GM			1	01/01/2002	11/30/2003						
59911-5964-02	J0694			1/1/2002	11/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL) 2 GM	1	EA	IJ	EA	1 GM			2	01/01/2002	11/30/2003						
59911-5965-02	J0694			1/1/2002	11/30/2003	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1 GM		10	01/01/2002	11/30/2003						
59930-1500-06	J7619			1/1/2002	6/13/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2002	06/13/2002						
59930-1500-06	KO J7619	KO		1/1/2002	6/13/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2002	06/13/2002						
59930-1500-08	J7619			1/1/2002	6/13/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2002	06/13/2002						
59930-1500-08	KO J7619	KO		1/1/2002	6/13/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1 MG		0.83	01/01/2002	06/13/2002						
59930-1515-04	J7618			1/1/2002	6/13/2002	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (MDV) 0.5%	20	ML	BO	IH	ML	1 MG		5	01/01/2002	06/13/2002						
59930-1517-01	J7619			1/1/2002	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2002	12/31/2004						
59930-1517-01	KO J7619	KO		1/1/2002	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2002	12/31/2004						
59930-1517-01	J7613			1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2005	01/01/2007						
59930-1517-01	KO J7613	KO		1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2005	01/01/2007						
59930-1517-02	J7619			1/1/2002	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2002	12/31/2004						
59930-1517-02	KO J7619	KO		1/1/2002	12/31/2004	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2002	12/31/2004						
59930-1517-02	J7613			1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2005	01/01/2007						
59930-1517-02	KO J7613	KO		1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3	ML	VL	IH	ML	1 MG		0.83	01/01/2005	01/01/2007						
59930-1600-01	Q0175			1/1/2002	11/9/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4 MG		0.5	01/01/2002	11/09/2003						
59930-1603-01	Q0175			1/1/2002	10/16/2003	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4 MG		1	01/01/2002	10/16/2003						
59930-1605-01	Q0176			1/1/2002	10/16/2003	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8 MG		1	01/01/2002	10/16/2003						
59930-1609-01	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (AMP,PF) 0.9%	3	ML	PC	IH	ML	5 ML		0.2	01/01/2002	12/31/2005						
59930-1609-01	A4216			1/1/2006	1/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	3	ML	PC	IH	ML	10 ML		0.1	01/01/2006	01/01/2007						
59930-1609-02	J7051			1/1/2002	12/31/2005	STERILE SALINE OR WATER, UP TO 5 CC	SODIUM CHLORIDE (AMP,PF) 0.9%	5	ML	PC	IH	ML	5 ML		0.2	01/01/2002	12/31/2005						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59930-1609-02	A4216			1/1/2006	1/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML PERPHENAZINE, 8MG, ORAL, 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	SODIUM CHLORIDE (AMP,PF) 0.9%	5 ML	PC	IH	ML		10 ML		0.1	01/01/2006	01/01/2007						
59930-1610-01	Q0176			1/1/2002	10/16/2003	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	PERPHENAZINE 16 MG	100 EA	BO	PO	EA		8 MG		2	01/01/2002	10/16/2003						
59930-1647-02	J7618			1/1/2002	12/31/2004	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (MDV) 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2002	12/31/2004						
59930-1647-02	J7611			1/1/2005	1/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALBUTEROL SULFATE (MDV) 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2005	01/01/2007						
60242-0202-01	Q0163			7/6/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	100 EA	BO	PO	EA		50 MG		1	07/06/2007	99/99/9999						
60242-0202-10	Q0163			7/6/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	1000 EA	BO	PO	EA		50 MG		1	07/06/2007	99/99/9999						
60346-0045-15	Q0163			5/30/2002	3/25/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	NA	PO	EA		50 MG		1	05/30/2002	03/25/2003						
60346-0045-20	Q0163			5/30/2002	10/15/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	NA	PO	EA		50 MG		1	05/30/2002	10/15/2003						
60346-0045-30	Q0163			5/30/2002	5/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	NA	PO	EA		50 MG		1	05/30/2002	05/06/2003						
60346-0045-44	Q0163			5/30/2002	5/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	4 EA	NA	PO	EA		50 MG		1	05/30/2002	05/06/2003						
60346-0045-60	Q0163			5/30/2002	5/6/2003	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	NA	PO	EA		50 MG		1	05/30/2002	05/06/2003						
60346-0058-15	J7506			7/11/2002	1/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	NA	PO	EA		5 MG		2	07/11/2002	01/01/2006						
60346-0058-30	J7506			7/15/2002	10/15/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	07/15/2002	10/15/2003						
60346-0058-40	J7506			7/15/2002	10/15/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	NA	PO	EA		5 MG		2	07/15/2002	10/15/2003						
60346-0058-60	J7506			7/15/2002	1/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	NA	PO	EA		5 MG		2	07/15/2002	01/01/2006						
60346-0085-10	Q0170			7/11/2002	1/1/2006	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	NA	PO	EA		25 MG		1	07/11/2002	01/01/2006						
60346-0094-25	J7506			7/15/2002	1/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	NA	PO	EA		5 MG		4	07/15/2002	01/01/2006						
60346-0094-30	J7506			7/15/2002	3/25/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	NA	PO	EA		5 MG		4	07/15/2002	03/25/2003						
60346-0493-02	K0416			6/18/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	1 EA	BX	RC	EA		1 MG		25	06/18/2002	12/31/2005						
60346-0493-02	J8498			1/1/2006	1/1/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	1 EA	BX	RC	EA		1 EA		1	01/01/2006	01/01/2006						
60346-0493-03	K0416			6/18/2002	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	3 EA	BX	RC	EA		1 MG		25	06/18/2002	12/31/2005						
60346-0493-03	J8498			1/1/2006	1/1/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	3 EA	BX	RC	EA		1 EA		1	01/01/2006	01/01/2006						
60346-0515-55	J7506			7/11/2002	8/27/2002	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	NA	PO	EA		5 MG		1	07/11/2002	08/27/2002						
60346-0550-15	Q0181			6/18/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	15 EA	NA	PO	EA		1 EA		1	06/18/2002	12/31/2005						
60346-0550-15	J8540			1/1/2006	1/1/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	15 EA	NA	PO	EA		0.25 MG		3	01/01/2006	01/01/2006						
60346-0550-30	Q0181			6/18/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	30 EA	NA	PO	EA		1 EA		1	06/18/2002	12/31/2005						
60346-0550-30	J8540			1/1/2006	1/1/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	NA	PO	EA		0.25 MG		3	01/01/2006	01/01/2006						
60346-0589-06	Q0163			5/30/2002	1/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6 EA	NA	PO	EA		50 MG		0.5	05/30/2002	01/01/2006						
60346-0589-12	Q0163			5/30/2002	1/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12 EA	NA	PO	EA		50 MG		0.5	05/30/2002	01/01/2006						
60346-0589-30	Q0163			5/30/2002	1/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	NA	PO	EA		50 MG		0.5	05/30/2002	01/01/2006						
60346-0589-60	Q0163			5/30/2002	6/1/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	NA	PO	EA		50 MG		0.5	05/30/2002	06/01/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60346-0860-10		Q0165		6/18/2002	1/1/2006	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	COMPazine 10 MG	10 EA	BO	PO	EA		10 MG		1	06/18/2002	01/01/2006						
60429-0153-60		Q0175		10/22/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE (UNIT OF USE) 4 MG	60 EA	BO	PO	EA		4 MG		1	10/22/2002	99/99/9999						
60429-0154-60	Q0176			10/22/2002	99/99/9999	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE (UNIT OF USE) 8 MG	60 EA	BO	PO	EA		8 MG		1	10/22/2002	99/99/9999						
60429-0711-50	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (UNIT OF USE) 200 MG	50 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
60429-0713-50	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (UNIT OF USE) 800 MG	50 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
60432-0033-04	Q0163			1/1/2002	6/26/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/01/2002	06/26/2007						
60432-0033-08	Q0163			1/1/2002	6/27/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	01/01/2002	06/27/2007						
60432-0033-16	Q0163			1/1/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	01/01/2002	04/02/2007						
60432-0033-28	Q0163			1/1/2002	12/16/2002	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	3840 ML	BO	PO	ML		50 MG		0.05	01/01/2002	12/16/2002						
60432-0089-04	J7510			7/18/2002	9/30/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	118 ML	BO	PO	ML		5 MG		0.2	07/18/2002	9/30/2008						
60432-0093-16	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (RASPBERRY) 50 MG/5 ML	473 ML	BO	PO	ML		100 MG		0.1	12/01/2004	05/31/2005						
60432-0126-08	J8999			11/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	240 ML	BO	PO	ML		1 EA		1	11/17/2004	99/99/9999						
60432-0126-16	J8999			12/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	480 ML	BO	PO	ML		1 EA		1	12/01/2006	99/99/9999						
60432-0137-08	J7510			8/16/2004	11/23/2005	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	08/16/2004	11/23/2005						
60432-0137-16	J7510			8/16/2004	7/22/2005	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	08/16/2004	07/22/2005						
60432-0140-50	J7502			9/28/2004	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	09/28/2004	99/99/9999						
60432-0212-08	J7510			10/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	10/25/2004	99/99/9999						
60432-0466-08	Q0181			1/1/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240 ML	BO	PO	ML		1 EA		1	01/01/2002	12/31/2005						
60432-0466-08	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240 ML	BO	PO	ML		0.25 MG		0.4	01/01/2006	99/99/9999						
60432-0608-04	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	01/01/2002	99/99/9999						
60432-0608-16	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	480 ML	BO	PO	ML		25 MG		0.05	01/01/2002	99/99/9999						
60432-0676-01	J7668			1/1/2002	5/21/2002	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE 5%	10 ML	BO	IH	ML		10 MG		5	01/01/2002	05/21/2002						
60432-0676-30	J7668			1/1/2002	5/21/2002	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE 5%	30 ML	BO	IH	ML		10 MG		5	01/01/2002	05/21/2002						
60492-0021-01	J2792			1/1/2002	3/24/2005	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT	WINRHO SDF (S.D.V.) 600 IU	1 EA	VL	IV	EA		100 IU		6	01/01/2002	03/24/2005						
60492-0023-01	J2792			1/1/2002	3/24/2005	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT	WINRHO SDF (S.D.V.) 1500 IU	1 EA	VL	IV	EA		100 IU		15	01/01/2002	03/24/2005						
60492-0024-01	J2792			1/1/2002	3/24/2005	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT	WINRHO SDF (VIAL) 5000 IU	1 EA	VL	IV	EA		100 IU		50	01/01/2002	03/24/2005						
60492-0051-01	Q4090			7/1/2007	12/31/2007	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	5 ML	VL	IM	ML		0.5 ML		2	07/01/2007	12/31/2007						
60492-0051-01	J1571			1/1/2008	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	5 ML	VL	IM	ML		0.5 ML		2	01/01/2008	99/99/9999						
60492-0051-02	J3590			10/1/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	NOVAPLUS HEPAGAM B (>1560/5ML,PF)	5 ML	VL	IJ	ML		1 EA		1	10/01/2007	12/31/2007						
60492-0051-02	J1573			1/1/2008	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>1560/5ML,PF)	5 ML	VL	IJ	ML		0.5 ML		2	01/01/2008	99/99/9999						
60492-0052-01	Q4090			7/1/2007	12/31/2007	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	1 ML	VL	IM	ML		0.5 ML		2	07/01/2007	12/31/2007						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60492-0052-01	J1571			1/1/2008	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	1 ML	VL	IM	ML	0.5 ML			2	01/01/2008	99/99/9999						
60492-0052-02	J3590			10/1/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1 ML	VL	IJ	ML	1 EA			1	10/01/2007	12/31/2007						
60492-0052-02	J1573			1/1/2008	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1 ML	VL	IJ	ML	0.5 ML			2	01/01/2008	99/99/9999						
60505-0042-06	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100 EA	BO	PO	EA	1 EA			1	03/01/2006	99/99/9999						
60505-0133-00	J7515			5/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE 25 MG	30 EA	BO	PO	EA	25 MG			1	05/17/2002	99/99/9999						
60505-0134-00	J7502			5/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (U.S.P.) 100 MG/ML	30 EA	BO	PO	EA	100 MG			1	05/17/2002	99/99/9999						
60505-0354-01	J7502			8/1/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (U.S.P.) 100 MG/ML	50 ML	BO	PO	ML	100 MG			1	08/01/2005	99/99/9999						
60505-0368-01	J8999			6/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/ML	240 ML	BO	PO	ML	1 EA			1	06/23/2006	99/99/9999						
60505-0381-05	Q0179			3/10/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (USP,1X50ML) 4 MG/5 ML	50 ML	BO	PO	ML	8 MG			0.1	03/10/2008	99/99/9999						
60505-0658-00	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
60505-0658-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (VIAL) 1 MG/ML	1 ML	VL	IJ	ML	1 MG			1	01/01/2004	10/13/2010						
60505-0659-00	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
60505-0659-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (VIAL) 2 MG/ML	1 ML	VL	IJ	ML	1 MG			2	01/01/2004	10/13/2010						
60505-0659-01	J3490			1/1/2002	6/26/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (VIAL) 2 MG/ML	2 ML	VL	IJ	ML	1 EA			1	01/01/2002	06/26/2002						
60505-0660-00	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 EA			1	01/01/2002	12/31/2003						
60505-0660-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML	1 MG			2	01/01/2004	10/13/2010						
60505-0664-02	J2680			1/1/2002	10/1/2008	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML	25 MG			1	01/01/2002	10/1/2008						
60505-0679-05	J0696			9/1/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,BULK PKG) 10 GM	1 EA	VL	IV	EA	250 MG			40	09/01/2005	99/99/9999						
60505-0679-08	J0696			9/1/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,PIGGYBACK) 1 GM	1 EA	VL	IJ	EA	250 MG			4	09/01/2005	99/99/9999						
60505-0679-09	J0696			9/1/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML) 2 GM	1 EA	VL	IJ	EA	250 MG			8	09/01/2005	99/99/9999						
60505-0680-02	J0690			9/19/2005	9/20/2005	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 10 GM	1 EA	NA	IJ	EA	500 MG			20	09/19/2005	09/20/2005						
60505-0680-05	J0690			9/19/2005	9/20/2005	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 10 GM	1 EA	NA	IJ	EA	500 MG			20	09/19/2005	09/20/2005						
60505-0681-00	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1 EA	VL	IJ	EA	500 MG			4	06/19/2007	99/99/9999						
60505-0681-04	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10 EA	VL	IJ	EA	500 MG			4	06/19/2007	99/99/9999						
60505-0692-00	J1626			8/14/2008	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML SINGLE-USE) 1 MG/ML	1 ML	VL	IV	ML	100 MCG			10	8/14/2008	10/13/2010						
60505-0693-00	J1626			8/14/2008	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML MULTI-USE) 1 MG/ML	4 ML	VL	IV	ML	100 MCG			10	8/14/2008	10/13/2010						
60505-0702-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
60505-0703-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
60505-0705-00	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/ML	1 ML	VL	IJ	ML	15 MG			1	02/28/2005	99/99/9999						
60505-0706-00	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	1 ML	VL	IJ	ML	15 MG			2	02/28/2005	99/99/9999						
60505-0706-01	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML	15 MG			2	02/28/2005	99/99/9999						
60505-0711-01	J2250			1/1/2002	11/17/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	2 ML	VL	IJ	ML	1 MG			1	01/01/2002	11/17/2003						
60505-0711-02	J2250			1/1/2002	12/9/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	5 ML	VL	IJ	ML	1 MG			1	01/01/2002	12/09/2002						
60505-0711-03	J2250			1/1/2002	3/6/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	10 ML	VL	IJ	ML	1 MG			1	01/01/2002	03/06/2003						
60505-0712-01	J2250			1/1/2002	11/17/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	1 ML	VL	IJ	ML	1 MG			5	01/01/2002	11/17/2003						
60505-0712-02	J2250			1/1/2002	3/7/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	2 ML	VL	IJ	ML	1 MG			5	01/01/2002	03/07/2003						
60505-0712-03	J2250			1/1/2002	6/18/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	5 ML	VL	IJ	ML	1 MG			5	01/01/2002	06/18/2003						
60505-0712-04	J2250			1/1/2002	5/21/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	10 ML	VL	IJ	ML	1 MG			5	01/01/2002	05/21/2003						
60505-0715-00	J1245			8/1/2004	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	2 ML	VL	IV	ML	10 MG			0.5	08/01/2004	99/99/9999						
60505-0715-01	J1245			8/1/2004	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (10X10) 5 MG/ML	10 ML	VL	IV	ML	10 MG			0.5	08/01/2004	99/99/9999						
60505-0718-00	J2260			2/28/2005	10/13/2010	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF) 1 MG/ML	10 ML	VL	IV	ML	5 MG			0.2	02/28/2005	10/13/2010						
60505-0718-01	J2260			2/28/2005	10/13/2010	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	02/28/2005	10/13/2010						
60505-0722-00	J0282			6/1/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDV) 50 MG/ML	3 ML	VL	IV	ML	30 MG			1.66666	06/01/2003	99/99/9999						
60505-0722-01	J0282			12/20/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (SDS,10X3ML) 50 MG/ML	3 ML	SR	IV	ML	30 MG			1.66666	12/20/2005	99/99/9999						
60505-0725-01	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1 ML	SR	IJ	ML	15 MG			1	11/01/2004	99/99/9999						
60505-0726-01	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1 ML	SR	IJ	ML	15 MG			2	11/01/2004	99/99/9999						
60505-0726-02	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	SR	IJ	ML	15 MG			2	11/01/2004	99/99/9999						
60505-0727-03	J1630			1/24/2005	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (PF) 5 MG/ML	1 ML	SR	IM	ML	5 MG			1	01/24/2005	99/99/9999						
60505-0733-01	J1450			5/25/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG) 200 MG/100 ML	100 ML	PC	IV	ML	200 MG			0.01	05/25/2005	99/99/9999						
60505-0733-02	J1450			5/25/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG) 400 MG/200 ML	200 ML	PC	IV	ML	200 MG			0.01	05/25/2005	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
	60505-0734-01		J1450		5/25/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG		0.01	05/25/2005	99/99/9999					
	60505-0734-02		J1450		5/25/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG		0.01	05/25/2005	99/99/9999					
	60505-0744-01		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (6X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG		2	12/26/2006	99/99/9999					
	60505-0744-06		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG		2	12/26/2006	99/99/9999					
	60505-0746-05		J1165		10/24/2007	10/13/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (25X2ML) 50 MG/ML	2	ML	VL	IV	ML	50	MG		1	10/24/2007	10/13/2010					
	60505-0748-05		J0690		9/19/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG		1	09/19/2005	99/99/9999					
	60505-0749-04		J0690		9/19/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG		2	09/19/2005	99/99/9999					
	60505-0749-05		J0690		9/16/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG		2	09/16/2005	99/99/9999					
	60505-0750-00		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG		1	08/02/2005	99/99/9999					
	60505-0750-04		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG		1	08/02/2005	99/99/9999					
	60505-0751-00		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG		2	08/02/2005	99/99/9999					
	60505-0751-04		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG		2	08/02/2005	99/99/9999					
	60505-0752-00		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X20ML) 1 GM	1	EA	VL	IJ	EA	250	MG		4	08/02/2005	99/99/9999					
	60505-0752-04		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 1 GM	1	EA	VL	IJ	EA	250	MG		4	08/02/2005	99/99/9999					
	60505-0753-00		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X20ML) 2 GM	1	EA	VL	IJ	EA	250	MG		8	08/02/2005	99/99/9999					
	60505-0753-04		J0696		8/2/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	IJ	EA	250	MG		8	08/02/2005	99/99/9999					
	60505-0759-05		J0694		1/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1	EA	VL	IV	EA	1	GM		1	01/23/2006	99/99/9999					
	60505-0760-05		J0694		1/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1	EA	VL	IV	EA	1	GM		2	01/23/2006	99/99/9999					
	60505-0761-04		J0694		2/13/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM		10	02/13/2006	99/99/9999					
	60505-0764-02		J1626		12/31/2007	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML,SINGLE-USE,PF) 0.1 MG/ML	1	ML	VL	IV	ML	100	MCG		1	12/31/2007	10/13/2010					
	60505-0765-04		J1165		10/24/2007	10/13/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (10X10ML) 50 MG/ML	10	ML	VL	IV	ML	50	MG		1	10/24/2007	10/13/2010					
	60505-0769-00		J0690		6/13/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1	EA	VL	IV	EA	500	MG		20	06/13/2006	99/99/9999					
	60505-0802-01		J7631		5/31/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG		1	05/31/2002	99/99/9999					
	60505-0802-01	KO	J7631	KO	5/31/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG		1	05/31/2002	99/99/9999					
	60505-0802-02		J7631		5/31/2002	7/2/2002	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG		1	05/31/2002	07/02/2002					
	60505-0802-02	KO	J7631	KO	5/31/2002	7/2/2002	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG		1	05/31/2002	07/02/2002					
	60505-0806-01		J7644		1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAM	IPRATROPIUM BROMIDE (AMP) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	01/01/2002	99/99/9999					
	60505-0806-01	KO	J7644	KO	1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAM	IPRATROPIUM BROMIDE (AMP) 0.02%	2.5	ML	PC	IH	ML	1	MG		0.2	01/01/2002	99/99/9999					
	60505-0807-01		J7669		1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10	MG		0.4	01/01/2002	99/99/9999					
	60505-0807-01	KO	J7669	KO	1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10	MG		0.4	01/01/2002	99/99/9999					
	60505-0808-01		J7669		1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10	MG		0.6	01/01/2002	99/99/9999					
	60505-0808-01	KO	J7669	KO	1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10	MG		0.6	01/01/2002	99/99/9999					
	60505-0834-00		J0692		6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG		2	06/19/2007	99/99/9999					
	60505-0834-04		J0692		6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10	EA	VL	IJ	EA	500	MG		2	06/19/2007	99/99/9999					
	60505-5306-01		J8499		3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	100	EA	BO	PO	EA	1	EA		1	03/01/2006	99/99/9999					
	60505-5306-08		J8499		5/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1	EA		1	05/21/2007	99/99/9999					
	60505-5307-01		J8499		3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1	EA		1	03/01/2006	99/99/9999					
	60505-5307-05		J8499		5/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA		1	05/21/2007	99/99/9999					
	60505-6020-02		J1631		1/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECAANOATE (1X5ML,MDV) 50 MG/ML	5	ML	VL	IM	ML	50	MG		1	01/30/2008	99/99/9999					
	60505-6021-02		J1631		12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECAANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECAANOATE (1X5ML,MDV) 100 MG/ML	5	ML	VL	IM	ML	50	MG		2	12/14/2007	99/99/9999					
	60505-6025-05		J0694		2/27/2008	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 1 GM	1	EA	VL	IV	EA	1	GM		1	02/27/2008	99/99/9999					
	60505-6026-05		J0694		2/27/2008	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 2 GM	1	EA	VL	IV	EA	1	GM		2	02/27/2008	99/99/9999					
	60505-6030-04		J0692		4/1/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG		2	04/11/2008	99/99/9999					
	60505-6031-04		J0692		4/1/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG		4	04/11/2008	99/99/9999					
	60553-0111-10		J9017		1/1/2002	7/14/2006	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (AMP,10X10) 1 MG/ML	10	ML	AM	IV	ML	1	MG		1	01/01/2002	07/14/2006					
	60574-2101-01		J1565		1/1/2002	3/1/2004	50 MG	RESPIGAM (S.D.V.,PF)	50	ML	VL	IV	ML	50	MG		1	01/01/2002	03/01/2004					
	60574-3101-01		J0850		1/1/2002	1/31/2007	VIAL	CYTOGAM (S.D.V.,PF)	50	ML	VL	IV	ML	1	EA		0.02	01/01/2002	01/31/2007					
	60574-4111-01		J3490		1/1/2002	9/19/2006	UNCLASSIFIED DRUGS	SYNAGIS (SINGLE USE VIAL,PF) 100 MG	1	EA	VL	IM	EA	1	EA</									

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60760-0330-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	01/01/2002	99/99/9999	1/1/2002	9/26/2002	1			
60760-0630-28		J7506		1/1/2002	9/1/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG		2	01/01/2002	09/01/2007						
60760-0830-20		Q0170		6/1/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG		1	06/01/2005	99/99/9999						
60763-2041-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
60763-2041-04		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	400	EA	BO	PO	EA	1 EA		1	01/01/2002	99/99/9999						
60793-0010-12		J7631		12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	12/15/2005	8/14/2008						
60793-0010-12	KO	J7631	KO	12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	12/15/2005	8/14/2008						
60793-0010-60		J7631		12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	12/15/2005	8/14/2008						
60793-0010-60	KO	J7631	KO	12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2	ML	PC	IH	ML	10 MG		1	12/15/2005	8/14/2008						
60793-0130-10		J2510		9/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/2,1MLX10) 600000 U/ML	1	ML	SR	IM	ML	600000 U		1	09/14/2007	99/99/9999						
60793-0131-10		J2510		9/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/4,2MLX10) 600000 U/ML	2	ML	SR	IM	ML	600000 U		1	09/14/2007	99/99/9999						
60793-0225-01		J2440		1/1/2002	9/24/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (SRN, PREFILLED) 30 MG/ML	2	ML	SR	IJ	ML	60 MG		0.5	01/01/2002	09/24/2003						
60793-0225-10		J2440		1/1/2002	9/24/2003	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (SRN, PREFILLED) 30 MG/ML	2	ML	SR	IJ	ML	60 MG		0.5	01/01/2002	09/24/2003						
60793-0401-11		J0170		1/1/2002	9/24/2003	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (M.D. STERI-VIAL) 1 MG/ML	30	ML	VL	IJ	ML	1 ML		1	01/01/2002	09/24/2003						
60793-0405-71		J0720		1/1/2002	9/24/2003	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	SUCCINATE (STERI-VIAL) 1 GM	1	EA	VL	IV	EA	1 GM		1	01/01/2002	09/24/2003						
60793-0416-05		J2590		1/1/2002	9/24/2003	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (STERI-VIAL) 10 U/ML	1	ML	VL	IV	ML	10 U		1	01/01/2002	09/24/2003						
60793-0600-10		J0540		8/15/2007	12/31/2009	1,200,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R (2MLX10,21GX1&1/2")	2	ML	SR	IM	ML	1200000 U		0.5	08/15/2007	12/31/2009						
60793-0601-10		J0540		8/15/2007	12/31/2009	1,200,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R (2MLX10,21GX1",PEDIA)	2	ML	SR	IM	ML	1200000 U		0.5	08/15/2007	12/31/2009						
60793-0602-10		J0540		8/15/2007	12/31/2009	1,200,000 UNITS INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO	BICILLIN C-R 900/300 (2MLX10,21GX1",PEDIA)	2	ML	SR	IM	ML	1200000 U		0.5	08/15/2007	12/31/2009						
60793-0700-10		J0560		11/21/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X1ML) 600000 U/ML	1	ML	SR	IM	ML	600000 U		1	11/21/2006	12/31/2010						
60793-0701-10		J0560		11/21/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A 600000 U/ML	2	ML	SR	IM	ML	600000 U		1	11/21/2006	12/31/2010						
60793-0702-10		J0560		11/21/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A 600000 U/ML	4	ML	SR	IM	ML	600000 U		1	11/21/2006	12/31/2010						
60831-3086-01		J9390		12/19/2005	3/25/2007	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	1	ML	VL	IV	ML	10 MG		1	12/19/2005	03/25/2007						
60831-3086-02		J9390		12/19/2005	3/25/2007	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	5	ML	VL	IV	ML	10 MG		1	12/19/2005	03/25/2007						
60951-0637-27		J3490		1/1/2002	10/4/2002	UNCLASSIFIED DRUGS	CIMETIDINE HCL (M.D.V.) 150 MG/ML	8	ML	VL	IV	ML	1 EA		1	01/01/2002	10/04/2002						
60951-0637-53		J3490		1/1/2002	1/21/2002	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL) 150 MG/ML	2	ML	VL	IV	ML	1 EA		1	01/01/2002	01/21/2002						
60951-0637-57		J3490		1/1/2002	3/26/2002	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL) 150 MG/ML	2	ML	VL	IV	ML	1 EA		1	01/01/2002	03/26/2002						
60977-0001-01		J2550		1/1/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1	ML	AM	IJ	ML	50 MG		0.5	01/01/2004	99/99/9999						
60977-0001-03		J2550		10/21/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (25X1ML,DOSETTE) 25 MG/ML	1	ML	VL	IJ	ML	50 MG		0.5	10/21/2004	99/99/9999						
60977-0001-43		J2550		5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1	ML	AM	IJ	ML	50 MG		0.5	05/05/2007	99/99/9999						
60977-0001-44		J2550		5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1	ML	VL	IJ	ML	50 MG		0.5	05/05/2007	99/99/9999						
60977-0002-02		J2550		1/1/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 50 MG/ML	1	ML	AM	IJ	ML	50 MG		1	01/01/2004	99/99/9999						
60977-0002-04		J2550		10/21/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (1X25ML,DOSETTE) 50 MG/ML	1	ML	VL	IJ	ML	50 MG		1	10/21/2004	99/99/9999						
60977-0002-43		J2550		5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1	ML	AM	IJ	ML	50 MG		1	05/05/2007	99/99/9999						
60977-0002-44		J2550		5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1	ML	VL	IJ	ML	50 MG		1	05/05/2007	99/99/9999						
60977-0016-02		J2275		1/15/2004	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP,DOSETTE,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10 MG		0.05	01/15/2004	99/99/9999						
60977-0016-73		J2275		5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10 MG		0.05	05/05/2007	99/99/9999						
60977-0017-01		J2275		1/15/2004	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP,DOSETTE,PF) 1 MG/ML	10	ML	AM	IJ	ML	10 MG		0.1	01/15/2004	99/99/9999						
60977-0017-73		J2275		5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (PF) 1 MG/ML	10	ML	AM	IJ	ML	10 MG		0.1	05/05/2007	99/99/9999						
60977-0112-01		J2060		2/13/2004	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2 MG		1	02/13/2004	99/99/9999						
60977-0112-02		J2060		2/13/2004	3/28/2009	INJECTION, LORAZEPAM, 2 MG	ATIVAN (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	2 MG		1	02/13/2004	3/28/2009						
60977-0112-71		J2060		5/5/2007	3/28/2009	INJECTION, LORAZEPAM, 2 MG	ATIVAN (MDV) 2 MG/ML	10	ML	VL	IJ	ML	2 MG		1	05/05/2007	3/28/2009						
60977-0112-81		J2060		5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (SDV) 2 MG/ML	1	ML	VL	IJ	ML	2 MG		1	05/05/2007	99/99/9999						
60977-0113-01		J2060		2/13/2004	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (S.D.V.) 4 MG/ML	1	ML	VL	IJ	ML	2 MG		2	02/13/2004	99/99/9999						
60977-0113-02		J2060		2/13/2004	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (M.D.V.) 4 MG/ML	10	ML	VL	IJ	ML	2 MG		2	02/13/2004	99/99/9999						
60977-0113-71		J2060		5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (MDV) 4 MG/ML	10	ML	VL	IJ	ML	2 MG		2	05/05/2007	99/99/9999						
60977-0113-81		J2060		5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN 4 MG/ML	1	ML	VL	IJ	ML	2 MG		2	05/05/2007	99/99/9999						
60977-0114-01		J2275		1/1/2004	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (AMP, DOSETTE,PF) 10 MG/ML	20	ML	AM	IJ	ML	10 MG		1	01/01/2004	99/99/9999						
60977-0114-74		J2275		5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (PF) 10 MG/ML	1	ML	NA	IJ	ML	10 MG		1	05/05/2007	99/99/9999						
60977-0115-01		J2275		1/1/2004	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (AMP, DOSETTE,PF) 25 MG/ML	20	ML	AM	IJ	ML	10 MG		2.5	01/01/2004	99/99/9999						
60977-0115-74		J2275		5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (PF) 25 MG/ML	1	ML	NA	IJ	ML	10 MG		2.5	05/05/2007	99/99/9999						
60977-0141-01		J2730		12/20/2004	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	1 GM		1	12/20/2004	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60977-0141-27	J2730			5/5/2007	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE 1 GM	1 EA	VL	U	EA		1 GM			1	05/05/2007	99/99/9999					
60977-0150-01	J2800			1/1/2004	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (S.D.V.) 100 MG/ML	10 ML	VL	U	ML	10 ML				0.1	01/01/2004	99/99/9999					
60977-0150-71	J2800			5/5/2007	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN (SDV) 100 MG/ML	10 ML	VL	U	ML	10 ML				0.1	05/05/2007	99/99/9999					
60977-0155-01	J7643			2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	1 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-01	KO J7643	KO		2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	1 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-02	J7643			2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	2 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-02	KO J7643	KO		2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	2 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-03	J7643			2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	5 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-03	KO J7643	KO		2/13/2004	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	5 ML	VL	U	ML	1 MG				0.2	02/13/2004	99/99/9999					
60977-0155-04	J7643			7/19/2004	3/1/2006	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	07/19/2004	03/01/2006					
60977-0155-04	KO J7643	KO		7/19/2004	3/1/2006	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	07/19/2004	03/01/2006					
60977-0155-05	J7643			2/22/2006	2/22/2006	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	02/13/2004	02/22/2006					
60977-0155-05	KO J7643	KO		2/22/2006	2/22/2006	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	02/13/2004	02/22/2006					
60977-0155-06	J7643			3/2/2006	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (10X20ML,MDV) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	03/02/2006	99/99/9999					
60977-0155-06	KO J7643	KO		3/2/2006	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (10X20ML,MDV) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	03/02/2006	99/99/9999					
60977-0155-17	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	2 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-17	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	2 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-54	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-54	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-63	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-63	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-81	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	1 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0155-81	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	1 ML	VL	U	ML	1 MG				0.2	05/05/2007	99/99/9999					
60977-0319-03	J3470			3/30/2006	12/31/2006	INJECTION, HYALURONIDASE, UP TO 150 UNITS	HYLENEX (4X1ML VIALS,PF) 150 U/ML	1 ML	VL	U	ML	150 U				0.2	03/30/2006	12/31/2006					
60977-0319-03	J3473			1/1/2007	99/99/9999	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	HYLENEX (4X1ML VIALS,PF) 150 U/ML	1 ML	VL	U	ML	1 USP UNIT				150	01/01/2007	99/99/9999					
60977-0319-44	J3473			4/27/2007	99/99/9999	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	HYLENEX (PF) 150 U/ML	1 ML	VL	U	ML	1 USP UNIT				150	04/27/2007	99/99/9999					
60977-0451-01	J2765			1/1/2004	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	2 ML	VL	IV	ML	10 MG				0.5	01/01/2004	99/99/9999					
60977-0451-02	J2765			1/1/2004	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG				0.5	01/01/2004	99/99/9999					
60977-0451-03	J2765			1/1/2004	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG				0.5	01/01/2004	99/99/9999					
60977-0451-17	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	2 ML	VL	IV	ML	10 MG				0.5	05/05/2007	99/99/9999					
60977-0451-71	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG				0.5	05/05/2007	99/99/9999					
60977-0451-82	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG				0.5	05/05/2007	99/99/9999					
61073-0005-01	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG			0.5	01/01/2002	11/03/2006						
61073-0005-10	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA	50 MG			0.5	01/01/2002	11/03/2006						
61073-0006-01	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG			1	01/01/2002	11/03/2006						
61073-0006-10	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA	50 MG			1	01/01/2002	11/03/2006						
61073-0026-04	Q0163			9/19/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF,SF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML	50 MG			0.05	09/19/2002	11/03/2006						
61073-0026-08	Q0163			9/19/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF,SF,CHERRY) 12.5 MG/5 ML	236 ML	BO	PO	ML	50 MG			0.05	09/19/2002	11/03/2006						
61379-0120-01	J3245			5/1/2004	5/2/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	100 ML	PC	IV	ML	12.5 MG			0.004	05/01/2004	05/02/2004						
61379-0120-01	J3246			10/1/2005	3/31/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	100 ML	PC	IV	ML	0.25 MG			0.2	10/01/2005	03/31/2008						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61379-0120-02	J3245			5/1/2004	5/2/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	250 ML	PC	IV	ML	12.5 MG		0.004	05/01/2004	05/02/2004							
61379-0120-02	J3246			11/1/2005	3/31/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	250 ML	PC	IV	ML	0.25 MG		0.2	11/01/2005	03/31/2008							
61379-0120-05	J3245			5/1/2004	12/31/2004	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	AGGRASTAT (PF) 0.25 MG/ML	50 ML	VL	IV	ML	12.5 MG		0.02	05/01/2004	12/31/2004							
61379-0120-05	J3246			1/1/2005	4/1/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (PF) 0.25 MG/ML	50 ML	VL	IV	ML	0.25 MG		1	01/01/2005	04/01/2008							
61392-0010-15	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	15 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-30	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-31	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	31 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-32	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	32 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-39	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE (BLISTER PACK) 50 MG	30 EA	BP	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-45	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	45 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-51	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	500 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-54	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	2000 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-56	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	3000 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-60	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-90	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	90 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0010-91	Q0178			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	10000 EA	NA	PO	EA	50 MG		1	01/01/2002	7/27/2006							
61392-0039-30	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	30 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							
61392-0039-31	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	31 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							
61392-0039-32	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	32 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							
61392-0039-39	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL (BLISTER PACK) 10 MG	30 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							
61392-0039-45	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	45 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							
61392-0039-51	Q0171			1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	500 EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006							

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61392-0039-54		Q0171		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	2000	EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006						
61392-0039-56		Q0171		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	3000	EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006						
61392-0039-60		Q0171		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	60	EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006						
61392-0039-90		Q0171		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	90	EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006						
61392-0039-91		Q0171		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, 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	CHLORPROMAZINE HCL 10 MG	10000	EA	NA	PO	EA	10 MG		1	01/01/2002	7/27/2006						
61392-0040-30		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	30	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-31		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	31	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-32		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	32	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-39		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL (BLISTER PACK) 25 MG	30	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-45		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	45	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-51		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	500	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-54		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	2000	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-56		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	3000	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-60		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	60	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-90		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	90	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0040-91		Q0172		1/1/2002	7/27/2006	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	CHLORPROMAZINE HCL 25 MG	10000	EA	NA	PO	EA	25 MG		1	01/01/2002	7/27/2006						
61392-0081-30		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	30	EA	NA	PO	EA	4 MG		1	01/01/2002	7/27/2006						
61392-0081-31		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	31	EA	NA	PO	EA	4 MG		1	01/01/2002	7/27/2006						
61392-0081-32		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	32	EA	NA	PO	EA	4 MG		1	01/01/2002	7/27/2006						
61392-0081-39		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE (BLISTER PACK) 4 MG	30	EA	BP	PO	EA	4 MG		1	01/01/2002	7/27/2006						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #2	Prior Conversion Factor #3
61392-0081-45		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	45 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-51		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	500 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-54		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	2000 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-56		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	3000 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-60		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	60 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-90		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	90 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0081-91		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 4 MG	10000 EA	NA	PO	EA		4 MG		1	01/01/2002	7/27/2006						
61392-0082-30		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	30 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-31		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	31 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-32		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	32 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-39		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE (BLISTER PACK) 2 MG	30 EA	BP	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-45		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	45 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-51		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	500 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-54		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	2000 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-56		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	3000 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-60		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	60 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-90		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	90 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0082-91		Q0175		1/1/2002	7/27/2006	PERPHENAZINE, 4 MG, ORAL, 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	PERPHENAZINE 2 MG	10000 EA	NA	PO	EA		4 MG		0.5	01/01/2002	7/27/2006						
61392-0105-30	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	30 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
61392-0105-31	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	31 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
61392-0105-32	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	32 EA	BO	PO	EA		100 MG		1	12/01/2004	05/31/2005						
61392-0105-39	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL (BLISTER PACK) 100 MG	30 EA	PK	PO	EA		100 MG		1	12/01/2004	05/31/2005						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61392-0105-45	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	45 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0105-51	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	500 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0105-54	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	2000 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0105-60	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	60 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0105-90	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	90 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0105-91	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10000 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
61392-0123-30	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-31	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	31 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-32	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	32 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-39	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (BLISTER PACK) 25 MG	30 EA	BP	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-45	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	45 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-51	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-54	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	2000 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-60	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-90	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	90 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0123-91	Q0177			1/1/2002	7/27/2006	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	10000 EA	NA	PO	EA	25 MG			1	01/01/2002	7/27/2006						
61392-0136-30	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-31	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	31 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-32	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	32 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-39	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (BLISTER PACK) 4 MG	30 EA	BP	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-45	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	45 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-51	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	500 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-54	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	2000 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-60	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	60 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-90	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	90 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0136-91	J7509			1/1/2002	7/27/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	10000 EA	NA	PO	EA	4 MG			1	01/01/2002	7/27/2006						
61392-0142-30	Q0176			1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	30 EA	NA	PO	EA	8 MG			1	01/01/2002	7/27/2006						
61392-0142-31	Q0176			1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	31 EA	NA	PO	EA	8 MG			1	01/01/2002	7/27/2006						
61392-0142-32	Q0176			1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	32 EA	NA	PO	EA	8 MG			1	01/01/2002	7/27/2006						
61392-0142-39	Q0176			1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE (BLISTER PACK) 8 MG	30 EA	BP	PO	EA	8 MG			1	01/01/2002	7/27/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61392-0142-45		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	45 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0142-51		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	500 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0142-54		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	2000 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0142-60		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	60 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0142-90		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	90 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0142-91		Q0176		1/1/2002	7/27/2006	PERPHENAZINE, 8MG, ORAL, 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	PERPHENAZINE 8 MG	10000 EA	NA	PO	EA		8 MG		1	01/01/2002	7/27/2006						
61392-0220-15		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-30		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-31		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	31 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-32		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	32 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-39		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BLISTER PACK) 25 MG	30 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-45		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	45 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-51		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	500 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-54		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	2000 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-56		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	3000 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-60		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-90		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0220-91		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10000 EA	NA	PO	EA		50 MG		0.5	01/01/2002	7/27/2006						
61392-0223-30		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-31		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	31 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61392-0223-32		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	32 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-39		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (BLISTER PACK) 50 MG	30 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-45		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	45 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-51		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	500 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-54		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	2000 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-56		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	3000 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-60		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-90		Q0163		1/1/2002	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0223-91	Q0163		1/1/2002	7/27/2006	7/27/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10000 EA	NA	PO	EA		50 MG		1	01/01/2002	7/27/2006						
61392-0408-15	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-30	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-31	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	31 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-32	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	32 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-39	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (BLISTER PACK) 5 MG	30 EA	BP	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-45	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	45 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-51	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	500 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-54	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	2000 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-56	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	3000 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-60	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-90	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	90 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0408-91	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10000 EA	NA	PO	EA		5 MG		1	01/01/2002	7/27/2006						
61392-0417-15	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-30	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-31	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	31 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-32	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	32 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-39	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (BLISTER PACK) 10 MG	30 EA	BP	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-45	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-51	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-54	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	2000 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-56	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	3000 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-60	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0417-91	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	NA	PO	EA		5 MG		2	01/01/2002	7/27/2006						
61392-0761-30	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10000 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-31	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-32	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	31 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-39	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	32 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-45	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (BLISTER PACK) 20 MG	30 EA	BP	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-51	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	45 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-54	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-60	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	2000 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-90	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-91	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61392-0761-91	J7506		1/1/2002	7/27/2006	7/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10000 EA	NA	PO	EA		5 MG		4	01/01/2002	7/27/2006						
61553-0107-02	J3010		2/2/2004	99/99/9999	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.5 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG		0.05	02/02/2004	99/99/9999						
61553-0109-72	J3010		2/2/2004	99/99/9999	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (SRN, 12 ML) 0.5 MG/100 ML-0.9%	10 ML	SR	IV	ML		0.1 MG		0.05	02/02/2004	99/99/9999						
61553-0111-48	J3010		2/2/2004	99/99/9999	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.1	02/02/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0112-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.1	02/02/2004	99/99/9999						
61553-0113-02		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG		0.1	02/02/2004	99/99/9999						
61553-0114-02		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG		0.1	02/02/2004	99/99/9999						
61553-0116-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 2 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.2	02/02/2004	99/99/9999						
61553-0118-41		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50 ML	NA	IV	ML		0.1 MG		0.5	02/02/2004	99/99/9999						
61553-0161-41		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 10 MG/50 ML-0.9%	50 ML	BG	IV	ML		4 MG		0.05	02/02/2004	99/99/9999						
61553-0162-67		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/5 ML-0.9%	25 ML	SR	IV	ML		4 MG		0.05	02/02/2004	99/99/9999						
61553-0163-75		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,60 ML) 1 MG/5 ML-0.9%	50 ML	SR	IV	ML		4 MG		0.05	02/02/2004	99/99/9999						
61553-0165-41		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	BG	IV	ML		4 MG		0.25	02/02/2004	99/99/9999						
61553-0166-67		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/ML-0.9%	25 ML	SR	IV	ML		4 MG		0.25	02/02/2004	99/99/9999						
61553-0167-75		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,50 ML) 1 MG/ML-0.9%	50 ML	SR	IV	ML		4 MG		0.25	02/02/2004	99/99/9999						
61553-0170-41		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 500 MG/50 ML-0.9%	50 ML	BG	IV	ML		100 MG		0.1	02/02/2004	99/99/9999						
61553-0172-48		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 1 GM/100 ML-0.9%	100 ML	BG	IV	ML		100 MG		0.1	02/02/2004	99/99/9999						
61553-0173-48		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (IPUMP BAG) 1 GM/100 ML-0.9%	100 ML	BG	IV	ML		100 MG		0.1	02/02/2004	99/99/9999						
61553-0177-41		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	BG	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0178-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (IPUMP BAG) 100 MG/100 ML-0.9%	100 ML	BG	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0179-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	150 ML	BG	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0181-02		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 250 MG/250 ML-0.9%	250 ML	BG	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0183-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	100 ML	NA	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0185-02		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	250 ML	NA	IV	ML		10 MG		0.1	02/02/2004	99/99/9999						
61553-0186-67		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25 ML	NA	IV	ML		10 MG		0.2	02/02/2004	99/99/9999						
61553-0187-75		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,60 ML) 5%-2 MG/ML	50 ML	NA	IV	ML		10 MG		0.2	02/02/2004	99/99/9999						
61553-0189-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0190-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0191-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	100 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0192-02		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	250 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0193-41		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.25%-0.9%	50 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0194-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.125%-0.9%	100 ML	BG	IV	ML		1 EA		1	02/02/2004	99/99/9999						
61553-0228-02		J3490		11/21/2007	99/99/9999	UNCLASSIFIED DRUGS	ROPIVACAINE HYDROCHLORIDE-SODIUM CHLORIDE 0.2%-0.9%	250 ML	NA	EP	ML		1 EA		1	11/21/2007	99/99/9999						
61553-0421-04		J3475		2/1/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE-MAGNESIUM SULFATE (6X1000ML, VIAFLEX BAG) 5%-20 GM	1000 ML	NA	IV	ML		500 MG		0.04	02/01/2005	99/99/9999						
61553-0423-02		J3475		7/11/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE IN DEXTROSE (24X250ML) 5%-8 GM/100 ML	250 ML	NA	IV	ML		500 MG		0.16	07/11/2005	99/99/9999						
61553-0602-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.2 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.02	02/02/2004	99/99/9999						
61553-0624-48		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (IPUMP BAG) 20 MG/100 ML-0.9%	100 ML	BG	IV	ML		4 MG		0.05	02/02/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0649-75	J2271			3/3/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50 ML	EA	IJ	ML		100 MG		0.5	3/3/2005	99/99/9999						
61553-0651-76	J2271			3/3/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (5X55ML) 50 MG/ML	55 ML	EA	IJ	ML		100 MG		0.5	3/3/2005	99/99/9999						
61553-0681-76	J1170			11/21/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (5X60ML, BD SYRINGES) 0.2 MG/ML-0.9%	60 ML	SR	IV	ML		4 MG		0.05	11/21/2007	99/99/9999						
61553-0701-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.1 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.025	12/01/2006	99/99/9999						
61553-0702-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.2 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.05	12/01/2006	99/99/9999						
61553-0704-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.4 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.1	12/01/2006	99/99/9999						
61553-0705-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.5 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.125	12/01/2006	99/99/9999						
61553-0706-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.6 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.15	12/01/2006	99/99/9999						
61553-0710-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.25	12/01/2006	99/99/9999						
61553-0712-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1.2 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG		0.3	12/01/2006	99/99/9999						
61553-0730-68	J3010			11/21/2007	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 25 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG		0.25	11/21/2007	99/99/9999						
61553-0732-03	J2590			2/6/2004	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN-SODIUM CHLORIDE (12X500ML, VIAFLEX BAG) 10 U-0.9%	500 ML	NA	IV	ML		10 U		1	02/06/2004	99/99/9999						
61553-0780-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X30ML, PCA VIAL) 2 MG/ML	30 ML	VL	IV	ML		4 MG		0.5	12/01/2006	99/99/9999						
61553-0791-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 10 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG		100	12/01/2006	99/99/9999						
61553-0792-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 20 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG		200	12/01/2006	99/99/9999						
61553-0793-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 30 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG		300	12/01/2006	99/99/9999						
61553-0794-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 40 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG		400	12/01/2006	99/99/9999						
61553-0795-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X30ML, PCA VIAL) 50 MCG/ML	30 ML	VL	IV	ML		0.1 MG		500	12/01/2006	99/99/9999						
61570-0054-10	J3490			1/1/2002	1/9/2003	UNCLASSIFIED DRUGS	SEPTRA INFUSION (M.D.V.) 80 MG/ML-16 MG/ML	10 ML	VL	IV	ML		1 EA		1	01/01/2002	01/09/2003						
61570-0055-10	J3490			1/1/2002	1/9/2003	UNCLASSIFIED DRUGS	SEPTRA INFUSION (M.D.V.) 80 MG/ML-16 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	01/09/2003						
61570-0079-01	Q0173			2/13/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 300 MG	100 EA	BO	PO	EA		250 MG		1.2	02/13/2002	99/99/9999						
61570-0079-05	Q0173			9/25/2002	3/4/2004	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 300 MG	12000 EA	BO	PO	EA		250 MG		1.2	09/25/2002	03/04/2004						
61570-0085-10	J2510			12/4/2002	9/13/2007	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (TUBEX, 21GX1 1/4) 600000 U/ML	1 ML	SR	IM	ML		600000 U		1	12/04/2002	09/13/2007						
61570-0086-10	J2510			12/6/2002	9/13/2007	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (TUBEX, 21GX1 1/4) 600000 U/ML	2 ML	SR	IM	ML		600000 U		1	12/06/2002	09/13/2007						
61570-0095-01	J3490			1/9/2003	7/30/2008	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA		1	01/09/2003	7/30/2008						
61570-0095-25	J3490			1/9/2003	9/30/2008	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA		1	01/09/2003	9/30/2008						
61570-0096-25	J3490			1/9/2003	3/30/2008	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 2.5 GM	1 EA	VL	IV	EA		1 EA		1	01/09/2003	03/30/2008						
61570-0139-10	J0530			1/19/2002	8/22/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	BICILLIN C-R (TUBEX,21GX1",PEDIATRIC) 300000 U/ML-300000 U/ML	1 ML	SR	IM	ML		600000 U		1	01/19/2002	08/22/2007						
61570-0140-10	J0530			1/1/2002	8/14/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	BICILLIN C-R (TUBEX,21GX1 1/4") 300000 U/ML-300000 U/ML	2 ML	SR	IM	ML		600000 U		1	01/01/2002	08/14/2007						
61570-0141-10	J0540			5/29/2002	8/14/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R (TUBEX,21GX1",PEDIATRIC)	2 ML	SR	IM	ML		1200000 U		0.5	05/29/2002	08/14/2007						
61570-0142-10	J0530			1/1/2002	10/11/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	BICILLIN C-R (SRN) 300000 U/ML-300000 U/ML	4 ML	SR	IM	ML		600000 U		1	01/01/2002	10/11/2007						
61570-0143-10	J0540			1/1/2002	8/22/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R 900/300 PEDIATRIC (TUBEX,21GX1 1/4")	2 ML	SR	IM	ML		1200000 U		0.5	01/01/2002	08/22/2007						
61570-0144-10	J0540			1/1/2002	8/14/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R 900/300 PEDIATRIC (TUBEX,21GX1")	2 ML	SR	IM	ML		1200000 U		0.5	01/01/2002	08/14/2007						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61570-0146-10		J0560		1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX,21GX1",PEDIATRIC) 600000 U/ML	1	ML	SR	IM	ML	600000 U			1	01/01/2002	11/20/2006					
61570-0147-10		J0560		1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX,21GX1 1/4") 600000 U/ML	2	ML	SR	IM	ML	600000 U			1	01/01/2002	11/20/2006					
61570-0148-10		J0560		1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (SRN) 600000 U/ML	4	ML	SR	IM	ML	600000 U			1	01/01/2002	11/20/2006					
61570-0149-10		J2510		1/10/2002	12/3/2002	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	WYICILLIN (TUBEX, 21GX1 1/4) 600000 U/ML	1	ML	SR	IM	ML	600000 U			1	01/10/2002	12/03/2002					
61570-0150-10		J2510		1/1/2002	12/5/2002	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	WYICILLIN (TUBEX, 21GX1 1/4) 600000 U/ML	2	ML	SR	IM	ML	600000 U			1	01/01/2002	12/05/2002					
61570-0180-01		J1380		10/24/2002	12/9/2007	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (VIAL) 10 MG/ML	5	ML	VL	IM	ML	10 MG			1	10/24/2002	12/09/2007					
61570-0181-01		J1390		8/29/2002	2/4/2008	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	DELESTROGEN (VIAL) 20 MG/ML	5	ML	VL	IM	ML	20 MG			1	08/29/2002	02/04/2008					
61570-0182-01		J0970		10/24/2002	3/30/2008	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	DELESTROGEN (VIAL) 40 MG/ML	5	ML	VL	IM	ML	40 MG			1	10/24/2002	03/30/2008					
61570-0186-01		Q0173		1/1/2002	2/8/2002	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 100 MG	100	EA	BO	PO	EA	250 MG			0.4	01/01/2002	02/08/2002					
61570-0187-05		Q0173		1/1/2002	2/8/2002	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TIGAN 250 MG	500	EA	BO	PO	EA	250 MG			1	01/01/2002	02/08/2002					
61570-0260-10		J2770		6/27/2003	99/99/9999	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500 MG			1	06/27/2003	99/99/9999					
61570-0261-10		J2770		9/9/2003	3/8/2005	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	SYNERCID 420 MG-180 MG	1	EA	VL	IV	EA	500 MG			1.2	09/09/2003	03/08/2005					
61570-0301-41		J7699		1/1/2002	3/8/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ADRENALIN 1:100	7.5	ML	BO	IH	ML	1 EA			1	01/01/2002	03/08/2005					
61570-0401-11		J0170		9/7/2002	2/27/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (VIAL) 1 MG/ML	30	ML	VL	IV	ML	1 ML			1	09/07/2002	02/27/2008					
61570-0405-71		J0720		1/1/2002	3/1/2006	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	CHLOROMYCETIN SODIUM SUCCINATE (VIAL) 1 GM	1	EA	VL	IV	EA	1 GM			1	01/01/2002	03/01/2006					
61570-0414-51		J0770		1/1/2002	11/24/2008	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLY-MYCIN M (PARENTERAL) 150 MG	1	EA	VL	IV	EA	150 MG			1	01/01/2002	11/24/2008					
61570-0416-01		J2590		9/7/2002	8/4/2004	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (AMP) 10 U/ML	1	ML	AM	IV	ML	10 U			1	09/07/2002	08/04/2004					
61570-0416-03		J2590		1/1/2002	4/2/2004	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (SRN STERI-DOSE) 10 U/ML	1	ML	SR	IV	ML	10 U			1	01/01/2002	04/02/2004					
61570-0416-05		J2590		1/1/2002	3/31/2008	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (STERI-VIAL) 10 U/ML	1	ML	VL	IV	ML	10 U			1	01/01/2002	03/31/2008					
61570-0418-81		J0170		1/1/2002	5/31/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (AMP) 1 MG/ML	1	ML	AM	IV	ML	1 ML			1	01/01/2002	5/31/2008					
61570-0540-02		J3250		1/1/2002	4/24/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (AMP) 100 MG/ML	2	ML	AM	IM	ML	200 MG			0.5	01/01/2002	4/24/2008					
61570-0541-20		J3250		1/1/2002	7/31/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200 MG			0.5	01/01/2002	7/31/2008					
61570-0543-25		J3250		4/25/2006	7/21/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TIGAN (SDV,2X25) 100 MG/ML	2	ML	VL	IM	ML	200 MG			0.5	04/25/2006	7/21/2008					
61646-0308-01		Q0173		1/1/2002	9/23/2003	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	100	EA	BO	PO	EA	250 MG			1	01/01/2002	09/23/2003					
61703-0201-07		J3490		1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL) 50 MG/ML	2	ML	VL	IV	ML	1 EA			1	01/01/2002	05/24/2002					
61703-0202-04		J3490		1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL) 250 MG/ML	4	ML	VL	IV	ML	1 EA			1	01/01/2002	05/24/2002					
61703-0202-07		J3490		1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL) 250 MG/ML	2	ML	VL	IV	ML	1 EA			1	01/01/2002	05/24/2002					
61703-0202-08		J3490		1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (VIAL) 250 MG/ML	3	ML	VL	IV	ML	1 EA			1	01/01/2002	05/24/2002					
61703-0203-04		J7608		1/1/2002	5/24/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 10%	4	ML	VL	IV	ML	1 GM			0.1	01/01/2002	05/24/2002					
61703-0203-04	KO	J7608	KO	1/1/2002	5/24/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 10%	4	ML	VL	IV	ML	1 GM			0.1	01/01/2002	05/24/2002					
61703-0203-31		J7608		1/1/2002	07/06/2010	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 10%	30	ML	VL	IV	ML	1 GM			0.1	04/01/2007	07/06/2010					
61703-0203-31	KO	J7608	KO	1/1/2002	07/06/2010	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 10%	30	ML	VL	IV	ML	1 GM			0.1	04/01/2007	07/06/2010	1/1/2002	8/1/2006	0.1		
61703-0204-04		J7608		1/1/2002	5/24/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 20%	4	ML	VL	IV	ML	1 GM			0.2	01/01/2002	05/24/2002	1/1/2002	8/1/2006	0.1		
61703-0204-04	KO	J7608	KO	1/1/2002	5/24/2002	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 20%	4	ML	VL	IV	ML	1 GM			0.2	01/01/2002	05/24/2002	1/1/2002	8/1/2006	0.1		
61703-0204-31		J7608		1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 20%	30	ML	VL	IV	ML	1 GM			0.2	04/01/2007	99/99/9999					
61703-0204-31	KO	J7608	KO	1/1/2002	99/99/9999	DOSE FORM, PER GRAM	ACETYLCYSTEINE (VIAL) 20%	30	ML	VL	IV	ML	1 GM			0.2	04/01/2007	99/99/9999	1/1/2002	8/1/2006	0.2		
61703-0210-07		J2765		1/1/2002	9/5/2007	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	2	ML	VL	IV	ML	10 MG			0.5	09/04/2007	9/5/2007	1/1/2002	8/1/2006	0.2		
61703-0210-11		J2765		1/1/2002	9/5/2007	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	10	ML	VL	IV	ML	10 MG			0.5	09/04/2007	9/5/2007	1/1/2002	8/1/2006	0.5		
61703-0210-21		J2765		1/1/2002	07/06/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	20	ML	VL	IV	ML	10 MG			0.5	09/04/2007	07/06/2010	1/1/2002	8/1/2006	0.5		
61703-0210-31		J2765		1/1/2002	7/6/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	30	ML	VL	IV	ML	10 MG			0.5	01/01/2002	7/6/2010	1/1/2002	8/1/2006	0.5		
61703-0210-35		J2765		5/1/2003	07/06/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (150MG/30ML,PF) 5 MG/ML	30	ML	VL	IV	ML	10 MG			0.5	09/04/2007	07/06/2010					
61703-0219-75		J2270		1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK SRN,RAPI-JECT) 1 MG/ML	30	ML	SR	IV	ML	10 MG			0.1	01/01/2002	05/24/2002	5/1/2003	8/1/2006	0.5		
61703-0219-80		J2270		1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (UNIT OF USE,RAPI-JECT) 1 MG/ML	10	ML	NA	IV	ML	10 MG			0.1	01/01/2002	05/24/2002					
61703-0219-85		J2270		1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL FOR S.P.A.R.) 1 MG/ML	30	ML	VL	IV	ML	10 MG			0.1	01/01/2002	05/24/2002					
61703-0221-75		J2270		1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK SRN,RAPI-JECT) 5 MG/ML	30	ML	SR	IV	ML	10 MG			0.5	01/01/2002	05/24/2002					
61703-0221-85		J2270		1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL FOR S.P.A.R.) 5 MG/ML	30	ML	VL	IV	ML	10 MG			0.5	01/01/2002	05/24/2002					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0223-21	J2270			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 25 MG/ML	20 ML	VL	U	ML		10 MG		2.5	01/01/2002	05/08/2007						
61703-0223-43	J2270			1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 25 MG/ML	40 ML	VL	U	ML		10 MG		2.5	01/01/2002	05/24/2002						
61703-0224-71	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 25 MG/ML	4 ML	SR	U	ML		10 MG		2.5	01/01/2002	09/30/2005						
61703-0224-72	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 25 MG/ML	20 ML	SR	U	ML		10 MG		2.5	01/01/2002	09/30/2005						
61703-0224-76	J2275			1/1/2002	5/24/2002	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 25 MG/ML	50 ML	SR	U	ML		10 MG		2.5	01/01/2002	05/24/2002						
61703-0224-80	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	MORPHINE SULFATE (LUER	10 ML	SR	U	ML		10 MG		2.5	01/01/2002	09/30/2005						
61703-0224-86	J2275			1/1/2002	5/24/2002	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.P.F.RAPI-JECT) 25 MG/ML	30 ML	SR	U	ML		10 MG		2.5	01/01/2002	05/24/2002						
61703-0225-21	J2271			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 50 MG/ML	20 ML	VL	U	ML		100 MG		0.5	01/01/2002	05/08/2007						
61703-0225-43	J2271			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 50 MG/ML	40 ML	VL	U	ML		100 MG		0.5	01/01/2002	05/08/2007						
61703-0226-72	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 50 MG/ML	20 ML	SR	U	ML		10 MG		5	01/01/2002	09/30/2005						
61703-0226-76	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 50 MG/ML	50 ML	SR	U	ML		10 MG		5	01/01/2002	09/30/2005						
61703-0226-80	J2275			1/1/2002	9/30/2005	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 50 MG/ML	10 ML	SR	U	ML		10 MG		5	01/01/2002	09/30/2005						
61703-0226-86	J2275			1/1/2002	5/24/2002	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 50 MG/ML	30 ML	SR	U	ML		10 MG		5	01/01/2002	05/24/2002						
61703-0231-32	J2270			1/1/2002	5/24/2002	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 10 MG/ML	10 ML	VL	U	ML		10 MG		1	01/01/2002	05/24/2002						
61703-0232-86	J2275			1/1/2002	5/24/2002	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	LOCK.PF.RAPI-JECT) 10 MG/ML	30 ML	SR	U	ML		10 MG		1	01/01/2002	05/24/2002						
61703-0234-29	J0636			4/2/2004	7/6/2010	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	AM	IV	ML		0.1 MCG		10	04/02/2004	7/6/2010						
61703-0236-75	J2175			1/1/2002	5/24/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (S.D.V.,RAPI-JECT) 10	30 ML	VL	U	ML		100 MG		0.1	01/01/2002	05/24/2002						
61703-0236-85	J2175			1/1/2002	5/24/2002	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (S.D.V.) 10 MG/ML	30 ML	VL	U	ML		100 MG		0.1	01/01/2002	05/24/2002						
61703-0238-07	J3490			1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML		1 EA		1	01/01/2002	05/24/2002						
61703-0239-21	J3490			1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	05/24/2002						
61703-0239-22	J3490			1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	05/24/2002						
61703-0239-26	J3490			1/1/2002	5/24/2002	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	4 ML	VL	IV	ML		1 EA		1	01/01/2002	05/24/2002						
61703-0241-03	J0282			2/12/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	AM	IV	ML		30 MG		1.66666	04/01/2007	99/99/9999						
61703-0242-21	J2260			9/23/2002	08/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	09/04/2007	08/11/2009	2/12/2003	8/1/2006	1.66666			
61703-0242-32	J2260			9/23/2002	08/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	09/04/2007	08/11/2009	9/23/2002	8/1/2006	0.2			
61703-0242-50	J2260			9/23/2002	08/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	50 ML	VL	IV	ML		5 MG		0.2	09/04/2007	08/11/2009	9/23/2002	8/1/2006	0.2			
61703-0243-45	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (S.D.V.) 10 MG/ML	1 ML	VL	U	ML		4 MG		2.5	05/15/2003	05/08/2007	9/23/2002	8/1/2006	0.2			
61703-0243-50	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL 10 MG/ML	50 ML	VL	U	ML		4 MG		2.5	05/15/2003	05/08/2007						
61703-0243-53	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (S.D.V.) 10 MG/ML	5 ML	VL	U	ML		4 MG		2.5	05/15/2003	05/08/2007						
61703-0244-07	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (2MLX10,SDV,USP) 2 MG/ML	2 ML	VL	U	ML		1 MG		2	12/26/2006	99/99/9999						
61703-0245-22	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (M.D.V.,USP) 2 MG/ML	20 ML	VL	U	ML		1 MG		2	12/26/2006	99/99/9999						
61703-0246-15	J1170			10/8/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL 2 MG/ML	1 ML	VL	U	ML		4 MG		0.5	10/08/2003	05/08/2007						
61703-0303-46	J9110			5/1/2003	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (1GM/50ML,PF) 20 MG/ML	50 ML	VL	U	ML		500 MG		0.04	05/01/2003	12/31/2010						
61703-0303-50	J9110			1/1/2002	7/6/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (BULK PACKAGE,PF) 20 MG/ML	50 ML	VL	U	ML		500 MG		0.04	01/01/2002	7/6/2010						
61703-0304-25	J9110			1/1/2002	7/6/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (M.D.V.) 20 MG/ML	25 ML	VL	U	ML		500 MG		0.04	01/01/2002	7/6/2010						
61703-0304-36	J9110			5/1/2003	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (500MG/25ML,PF) 20 MG/ML	25 ML	VL	U	ML		500 MG		0.04	05/01/2003	12/31/2010						
61703-0305-09	J9100			1/1/2002	4/30/2003	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V.,PF) 20 MG/ML	5 ML	VL	U	ML		100 MG		0.2	01/01/2002	04/30/2003						
61703-0305-38	J9100			5/1/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V., X 5,PF) 20 MG/ML	5 ML	VL	U	ML		100 MG		0.2	05/01/2003	99/99/9999						
61703-0306-50	J9290			1/1/2002	5/24/2002	MITOMYCIN, 20 MG	MITOMYCIN 20 MG	1 EA	VL	IV	EA		20 MG		1	01/01/2002	05/24/2002						
61703-0309-06	J9370			1/1/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	01/01/2002	99/99/9999						
61703-0309-16	J9370			1/1/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG	VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	2 ML	VL	IV	ML		1 MG		1	01/01/2002	99/99/9999						
61703-0310-18	J9360			1/1/2002	9/3/2003	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (VIAL) 10 MG	1 EA	VL	IV	EA		1 MG		10	01/01/2002	09/03/2003						
61703-0311-21	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL) 25 MG/ML	20 ML	VL	IV	ML		5 MG		5	10/01/2003	12/31/2005						
61703-0311-21	J0133			1/1/2006	4/24/2006	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL) 25 MG/ML	20 ML	VL	IV	ML		5 MG		5	01/01/2006	4/24/2006						
61703-0311-43	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL) 25 MG/ML	40 ML	VL	IV	ML		5 MG		5	10/01/2003	12/31/2005						
61703-0311-43	J0133			1/1/2006	4/24/2006	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL) 25 MG/ML	40 ML	VL	IV	ML		5 MG		5	01/01/2006	4/24/2006						
61703-0317-45	J0595			6/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	U	ML		1 MG		1	06/25/2004	99/99/9999						
61703-0318-45	J0595			6/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	U	ML		1 MG		2	06/25/2004	99/99/9999						
61703-0319-22	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (S.D.V.,PF) 100 MG/ML	20 ML	VL	U	ML		500 MG		0.2	01/01/2002	12/31/2010						
61703-0320-07	J2250			1/1/2002	5/24/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	2 ML	VL	U	ML		1 MG		1	01/01/2002	05/24/2002						
61703-0320-32	J2250			1/1/2002	5/24/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	10 ML	VL	U	ML		1 MG		1	01/01/2002	05/24/2002						
61703-0320-53	J2250			1/1/2002	5/24/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 1 MG/ML	5 ML	VL	U	ML		1 MG		1	01/01/2002	05/24/2002						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0321-07	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	2 ML	VL	U	ML	1 MG	5	04/01/2007	99/99/9999								
61703-0321-32	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	10 ML	VL	U	ML	1 MG	5	04/01/2007	99/99/9999			1/1/2002	12/7/2006	5			
61703-0321-32	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	1 ML	VL	U	ML	1 MG	5	04/01/2007	99/99/9999			1/1/2002	12/7/2006	5			
61703-0321-53	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL) 5 MG/ML	5 ML	VL	U	ML	1 MG	5	04/01/2007	99/99/9999			1/1/2002	12/7/2006	5			
61703-0321-73	J2250			1/1/2002	5/24/2002	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (SRN,RAPI-JECT) 5 MG/ML	2 ML	SR	U	ML	1 MG	5	01/01/2002	05/24/2002			1/1/2002	12/7/2006	5			
61703-0323-22	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 30 U	1 EA	VL	U	EA	15 U	2	01/01/2002	99/99/9999								
61703-0324-18	J2430			12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10 ML	VL	IV	ML	30 MG	0.1	12/15/2006	99/99/9999								
61703-0324-39	J2430			9/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 3 MG/ML	10 ML	VL	IV	ML	30 MG	0.1	09/15/2005	99/99/9999								
61703-0325-18	J2430			1/27/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (PF) 6 MG/ML	10 ML	VL	IV	ML	30 MG	0.2	01/27/2003	99/99/9999								
61703-0326-18	J2430			9/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML	30 MG	0.3	09/15/2005	99/99/9999								
61703-0327-22	J9140			9/23/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (SINGLE DOSE VIAL,PF) 200 MG	1 EA	VL	IV	EA	200 MG	1	09/23/2002	12/31/2010								
61703-0329-11	J0690			1/1/2002	5/24/2002	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	U	EA	500 MG	2	01/01/2002	05/24/2002								
61703-0330-60	J0690			1/1/2002	5/24/2002	INJECTION, CEFAZOLIN SODIUM, 500 MG	FUDR 0.5 GM	1 EA	VL	U	EA	500 MG	20	01/01/2002	05/24/2002								
61703-0331-09	J9200			9/23/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FUDR 0.5 GM	1 EA	VL	U	EA	500 MG	1	09/23/2002	99/99/9999								
61703-0332-18	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1 EA	VL	U	EA	15 U	1	01/01/2002	99/99/9999								
61703-0333-11	J0697			1/1/2002	5/24/2002	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL TRAYPACK) 750 MG	1 EA	VL	U	EA	750 MG	1	01/01/2002	05/24/2002								
61703-0334-33	J0697			1/1/2002	5/24/2002	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL TRAYPACK) 1.5 GM	1 EA	VL	U	EA	750 MG	2	01/01/2002	05/24/2002								
61703-0339-18	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML	50 MG	0.2	04/14/2004	99/99/9999								
61703-0339-22	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML	50 MG	0.2	04/14/2004	99/99/9999								
61703-0339-50	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML	50 MG	0.2	04/14/2004	99/99/9999								
61703-0339-56	J9045			2/9/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60 ML	VL	IV	ML	50 MG	0.2	02/09/2005	99/99/9999								
61703-0341-06	J9390			9/7/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG	1	09/07/2005	99/99/9999								
61703-0341-09	J9390			11/7/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG	1	11/07/2005	99/99/9999								
61703-0342-09	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML	30 MG	0.2	04/21/2004	99/99/9999								
61703-0342-22	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG	0.2	04/21/2004	99/99/9999								
61703-0342-50	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML	30 MG	0.2	04/21/2004	99/99/9999								
61703-0343-18	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
61703-0343-65	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
61703-0343-66	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	04/11/2006	99/99/9999								
61703-0347-35	J9178			11/6/2006	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (S.D.V.) 50 MG	1 EA	VL	IV	EA	2 MG	25	11/06/2006	99/99/9999								
61703-0348-59	J9178			11/6/2006	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE 200 MG	1 EA	VL	IV	EA	2 MG	100	11/06/2006	99/99/9999								
61703-0349-09	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0349-09 QR	J9206 QR			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0349-16	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0349-16 QR	J9206 QR			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0349-36	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0349-36 QR	J9206 QR			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25 ML	VL	IV	ML	20 MG	1	02/27/2008	99/99/9999								
61703-0350-38	J9250			6/27/2005	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2 ML	VL	U	ML	5 MG	5	06/27/2005	99/99/9999								
61703-0356-18	J2430			12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	NOVAPLUS PAMIDRONATE DISODIUM (SDV) 9 MG/ML	10 ML	VL	IV	ML	30 MG	0.3	12/15/2006	99/99/9999								
61703-0359-01	J9178			4/10/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X25ML,SINGLE USE,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG	1	04/10/2008	99/99/9999								
61703-0359-02	J9178			4/10/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X100ML,SINGLE USE,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG	1	04/10/2008	99/99/9999								
61703-0359-59	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG	1	08/08/2007	99/99/9999								
61703-0359-91	J9178			3/13/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X75ML,SINGLE USE,PF) 2 MG/ML	75 ML	VL	IV	ML	2 MG	1	03/13/2008	99/99/9999								
61703-0359-92	J9178			3/13/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X5ML,SINGLE USE,PF) 2 MG/ML	5 ML	VL	IV	ML	2 MG	1	03/13/2008	99/99/9999								
61703-0359-93	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG	1	08/08/2007	99/99/9999								
61703-0360-18	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML	50 MG	0.2	06/28/2006	99/99/9999								
61703-0360-22	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML	50 MG	0.2	06/28/2006	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0360-50	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	45	ML	VL	IV	ML	50	MG		0.2	06/28/2006	99/99/9999					
61703-0407-07	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.) 25 MG/ML	2	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0407-32	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.) 25 MG/ML	10	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0408-04	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0408-07	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0408-13	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0408-22	J9250			4/9/2004	1/17/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	20	ML	VL	UJ	ML	5	MG		5	04/09/2004	01/17/2005					
61703-0408-32	J9250			1/1/2002	5/24/2002	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	10	ML	VL	UJ	ML	5	MG		5	01/01/2002	05/24/2002					
61703-0408-41	J9250			4/9/2004	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	40	ML	VL	UJ	ML	5	MG		5	06/27/2005	99/99/9999					
61703-0408-58	J9250			4/9/2004	1/17/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	UJ	ML	5	MG		5	04/09/2004	01/17/2005	4/9/2004	1/17/2005		5	
61703-0409-32	J9190			1/1/2002	1/17/2005	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (VIAL) 50 MG/ML	10	ML	VL	IV	ML	500	MG		0.1	04/09/2004	01/17/2005					
61703-0409-53	J9190			4/9/2004	1/17/2005	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (VIAL) 50 MG/ML	5	ML	VL	IV	ML	500	MG		0.1	04/09/2004	01/17/2005	1/1/2002	5/24/2002		0.1	
61703-0409-67	J9190			4/9/2004	1/17/2005	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (VIAL) 50 MG/ML	100	ML	VL	IV	ML	500	MG		0.1	04/09/2004	01/17/2005					
61703-0410-50	J0640			1/1/2002	1/17/2005	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 200 MG	1	EA	VL	UJ	EA	50	MG		4	04/09/2004	01/17/2005					
61703-0414-63	J1450			6/9/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PVC FLEXIBLE BAGS) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG		0.01	06/09/2004	99/99/9999	1/1/2002	5/24/2002		4	
61703-0414-64	J1450			6/9/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PVC FLEXIBLE BAGS) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG		0.01	06/09/2004	99/99/9999					
61703-0415-49	J2405			12/26/2006	8/11/2009	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON AND DEXTROSE (SINGLE-USE,6X50ML,PF) 32 MG/50 ML	50	ML	NA	IV	ML	1	MG		0.64	12/26/2006	8/11/2009					
61703-0425-94	J1170			3/7/2006	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,25X1ML UNIAAMP,PF) 10 MG/ML	1	ML	AM	UJ	ML	4	MG		2.5	03/07/2006	05/08/2007					
61703-0425-95	J1170			3/7/2006	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP SDA,10X5ML,PF) 10 MG/ML	5	ML	AM	UJ	ML	4	MG		2.5	03/07/2006	05/08/2007					
61772-0002-01	J7310			1/1/2002	7/25/2005	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	VITRASERT 4.5 MG	1	EA	BX	IO	EA	4.5	MG		1	01/01/2002	07/25/2005					
61787-0578-04	Q0163			1/1/2002	2/3/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	KOSHER CARE ALLERGY RELIEF 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG		0.05	01/01/2002	02/03/2003					
61799-0101-31	J0286			1/1/2002	12/31/2002	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	ABELCET 5 MG/ML	10	ML	VL	IV	ML	50	MG		0.1	01/01/2002	12/31/2002					
61799-0101-31	J0287			1/1/2003	1/2/2003	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET 5 MG/ML	10	ML	VL	IV	ML	10	MG		0.5	01/01/2003	01/02/2003					
61799-0101-41	J0286			1/1/2002	12/31/2002	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	ABELCET 5 MG/ML	20	ML	VL	IV	ML	50	MG		0.1	01/01/2002	12/31/2002					
61799-0101-41	J0287			1/1/2003	11/14/2004	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET 5 MG/ML	20	ML	VL	IV	ML	10	MG		0.5	12/16/2003	11/14/2004					
61953-0003-01	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (0.5 GM/VIAL,PF) 50 MG/ML	10	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007	1/1/2003	12/15/2003		0.5	
61953-0003-01	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (0.5 GM/VIAL,PF) 50 MG/ML	10	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0003-02	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (2.5 GM/VIAL,PF) 50 MG/ML	50	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0003-02	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (2.5 GM/VIAL,PF) 50 MG/ML	50	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0003-03	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (5 GM/VIAL,PF) 50 MG/ML	100	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0003-03	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (5 GM/VIAL,PF) 50 MG/ML	100	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0003-04	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (10 GM/VIAL,PF) 50 MG/ML	200	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0003-04	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (10 GM/VIAL,PF) 50 MG/ML	200	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0004-01	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	10	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0004-01	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	10	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0004-02	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0004-02	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0004-03	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0004-03	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0004-04	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0004-04	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61953-0004-05	Q4091			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400	ML	VL	IV	ML	500	MG		0.1	07/01/2007	12/31/2007					
61953-0004-05	J1572			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400	ML	VL	IV	ML	500	MG		0.1	01/01/2008	99/99/9999					
61958-0101-01	J0740			1/1/2002	99/99/9999	INJECTION, CIDOFVIR, 375 MG	VISTIDE (S.D.V.,PF) 75 MG/ML	5	ML	VL	IV	ML	375	MG		0.2	01/01/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61958-0301-01	J9151			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	DAUNOXOME (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML		10 MG		0.2	01/01/2002	99/99/9999						
62033-0204-10	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
62033-0204-14	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	400 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
62053-0534-25	J7511			1/1/2002	11/30/2005	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	THYMOGLOBULIN (VIAL,DILUENT) 25 MG	1 EA	VL	IV	EA		25 MG		1	01/01/2002	11/30/2005						
62086-0145-50	J1212			10/30/2003	6/30/2005	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE 50%	50 ML	VL	IL	ML		50 %		0.02	10/30/2003	06/30/2005						
62086-0147-20	J3520			10/30/2003	6/30/2005	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (S.D.V.) 150 MG/ML	20 ML	VL	IV	ML		150 MG		1	10/30/2003	06/30/2005						
62086-0153-03	J0282			10/30/2003	6/30/2005	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	10/30/2003	06/30/2005						
62086-0154-10	J2550			10/30/2003	6/30/2005	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	U	ML		50 MG		0.5	10/30/2003	06/30/2005						
62161-0003-34	Q2008			1/1/2002	12/31/2005	INJECTION, FOMEPIZOLE, 15 MG	ANTIZOL (PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	01/01/2002	12/31/2005						
62161-0003-34	J1451			1/1/2006	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	ANTIZOL (PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	01/01/2006	99/99/9999						
62161-0005-38	J9999			1/1/2002	6/9/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	BUSULFEX (AMP) 6 MG/ML	10 ML	AM	IV	ML		1 EA		1	06/03/2003	06/09/2004						
62161-0007-10	Q2002			1/1/2002	5/27/2003	INJECTION, ELLIOTTS B SOLUTION, PER ML	ELLIOTS B (FOR INTRATHECAL USE,P,F)	10 ML	AM	IV	ML		1 ML		1	01/01/2002	05/27/2003	1/1/2002	6/2/2003	1			
62263-0414-11	J0285			9/7/2004	10/28/2008	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	BO	NA	GM		50 MG		20	09/07/2004	10/28/2008						
62269-0275-24	Q0164			1/1/2002	7/24/2002	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	01/01/2002	07/24/2002						
62269-0276-24	Q0165			1/1/2002	7/24/2002	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	01/01/2002	07/24/2002						
62269-0351-21	J7509			1/1/2002	4/3/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	01/01/2002	04/03/2003						
62269-0351-24	J7509			1/1/2002	4/3/2003	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	01/01/2002	04/03/2003						
62541-0110-01	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 125 MCG	1 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0110-06	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 125 MCG	6 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0120-01	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 250 MCG	1 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0120-06	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 250 MCG	6 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0130-01	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 500 MCG	1 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0130-06	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 500 MCG	6 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0140-01	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 1000 MCG	1 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62541-0140-06	J0275			1/1/2002	99/99/9999	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 1000 MCG	6 EA	BX	UR	EA		1 EA		1	01/01/2002	99/99/9999						
62584-0827-21	J7502			10/19/2006	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,3X10) 100 MG	30 EA	BX	PO	EA		100 MG		1	10/19/2006	99/99/9999						
62682-1021-02	J8499			4/30/2002	1/1/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	NA	PO	EA		1 EA		1	04/30/2002	01/01/2006						
62701-0010-01	J9280			1/1/2002	1/1/2007	MITOMYCIN, 5 MG	MITOMYCIN (VIAL) 5 MG	1 EA	VL	IV	EA		5 MG		1	01/01/2002	1/1/2007						
62701-0011-01	J9290			1/1/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA		20 MG		1	01/01/2002	12/31/2010						
62701-0800-01	J9268			1/1/2002	8/15/2007	INJECTION, PENTOSTATIN, 10 MG	NIPENT (S.D.V.) 10 MG	1 EA	VL	IV	EA		10 MG		1	01/01/2002	08/15/2007						
62756-0130-01	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	06/25/2007	99/99/9999						
62756-0131-01	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	06/25/2007	99/99/9999						
62756-0181-01	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML.SDA,USP) 2 MG/ML	2 ML	AM	IJ	ML		1 MG		2	12/27/2006	99/99/9999						
62756-0182-01	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/27/2006	99/99/9999						
62756-0240-64	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 4 MG	30 EA	BX	PO	EA		8 MG		0.5	06/25/2007	99/99/9999						
62756-0356-64	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 8 MG	30 EA	BX	PO	EA		8 MG		1	06/25/2007	99/99/9999						
62756-0356-66	Q0179			6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON 8 MG	10 EA	BX	PO	EA		8 MG		1	06/25/2007	99/99/9999						
62756-0581-40	J0207			3/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (USP) 500 MG	1 EA	VL	IV	EA		500 MG		1	03/26/2008	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62756-0581-42	J0207			3/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (USP) 500 MG	1 EA	VL	IV	EA	500 MG	1	03/26/2008	99/99/9999								
62794-0255-13	J3490			6/21/2004	12/14/2006	UNCLASSIFIED DRUGS	APOKYN (CARTRIDGE) 10 MG/ML	3 ML	CT	SC	ML	1 EA	1	06/21/2004	12/14/2006								
62794-0255-37	J3490			6/21/2004	12/14/2006	UNCLASSIFIED DRUGS	APOKYN (CARTRIDGE) 10 MG/ML	3 ML	CT	SC	ML	1 EA	1	06/21/2004	12/14/2006								
62794-0311-31	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0311-97	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0313-31	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0313-97	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0315-31	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0315-97	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0401-31	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (S.D.V.) 50 MG/ML	10 ML	VL	IV	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0401-97	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (S.D.V.) 50 MG/ML	10 ML	VL	IV	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0403-31	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (S.D.V.) 50 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/01/2002	06/30/2002								
62794-0403-97	J3490			1/1/2002	6/30/2002	UNCLASSIFIED DRUGS	ACYCLOVIR SODIUM (S.D.V.) 50 MG/ML	20 ML	VL	IV	ML	1 EA	1	01/01/2002	06/30/2002								
62856-0101-10	J1645			11/20/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2"W/NDL GUARD) 10000 IU/ML	1 ML	SR	SC	ML	2500 IU	4	11/20/2006	99/99/9999								
62856-0102-01	J1645			7/10/2006	2/5/2010	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 10000 IU/ML	9.5 ML	VL	SC	ML	2500 IU	4	07/10/2006	2/5/2010								
62856-0125-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	0.5 ML	SR	SC	ML	2500 IU	10	08/25/2007	99/99/9999								
62856-0150-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 15000 IU/0.6 ML	0.6 ML	SR	SC	ML	2500 IU	10.666666	08/25/2007	99/99/9999								
62856-0180-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 18000 IU/0.72 ML	0.72 ML	SR	SC	ML	2500 IU	10	08/25/2007	99/99/9999								
62856-0250-10	J1645			6/26/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (10X0.2ML,PF) 2500 IU/0.2 ML	0.2 ML	SR	SC	ML	2500 IU	5	06/26/2007	99/99/9999								
62856-0251-01	J1645			11/20/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	3.8 ML	VL	SC	ML	2500 IU	10	11/20/2006	99/99/9999								
62856-0500-10	J1645			10/10/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2", 10X0.2ML,PF) 5000 IU/0.2 ML	0.2 ML	SR	SC	ML	2500 IU	10	10/10/2006	99/99/9999								
62856-0603-01	J9160			1/17/2008	99/99/9999	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	ONTAK (2ML SINGLE USE) 150 MCG/ML	2 ML	VL	IV	ML	300 MCG	0.5	01/17/2008	99/99/9999								
62856-0750-10	J1645			2/6/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED) 7500 IU/0.3 ML	0.3 ML	SR	SC	ML	2500 IU	10	02/06/2007	99/99/9999								
62856-0798-01	J2469			4/1/2009	4/30/2010	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (SINGLE-USE) 0.05 MG/ML	1.5 ML	EA	IV	ML	25 MCG	2	4/1/2009	4/30/2010								
62927-0621-04	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	120 ML	EA	PO	ML	25 MG	0.2	01/01/2002	99/99/9999								
62927-0621-16	Q0177			1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	480 ML	EA	PO	ML	25 MG	0.2	01/01/2002	99/99/9999								
62991-1003-01	J7608			1/1/2002	11/1/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2002	11/01/2005								
62991-1003-01	KO J7608	KO		1/1/2002	11/1/2005	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2002	11/01/2005								
62991-1003-02	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2007	12/31/2007								
62991-1003-02	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-02	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-03	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2007	12/31/2007								
62991-1003-03	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-03	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-04	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2007	12/31/2007								
62991-1003-04	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-04	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	01/01/2008	99/99/9999								
62991-1003-05	J7608			9/15/2003	12/31/2006	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	09/15/2003	12/31/2006								
62991-1003-05	KO J7608	KO		9/15/2003	12/31/2006	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 GM	1	09/15/2003	12/31/2006								
62991-1003-05	J7699			1/1/2007	10/1/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	01/01/2007	10/01/2007								
62991-1004-01	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	10/01/2003	12/31/2005								
62991-1004-01	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2006	99/99/9999								
62991-1004-02	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	10/01/2003	12/31/2005								
62991-1004-02	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	01/01/2006	99/99/9999								
62991-1004-03	J7799			9/15/2003	9/30/2003	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	09/15/2003	09/30/2003								
62991-1004-03	Q4075			10/1/2003	11/1/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	10/01/2003	11/01/2005								
62991-1006-01	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000	01/01/2005	12/31/2006								

03-05-2011 NDC-HCPCS XWalk

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1006-01	KO	J7613	KO		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-01		J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-01	KO	J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-02	J7613				1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-02	KO	J7613	KO		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-02		J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-02	KO	J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-03	J7613				1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-03	KO	J7613	KO		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-03		J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-03	KO	J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-04	J7613				1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-04	KO	J7613	KO		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2005	12/31/2006						
62991-1006-04		J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1006-04	KO	J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1012-01	J7636				1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1012-01	KO	J7636	KO		1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1012-02	J7636				1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1012-02		J7636			1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1012-02	KO	J7636	KO		1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1012-03	J7636				1/1/2002	11/1/2005	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	11/01/2005						
62991-1013-01	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-02	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-03	J0475				1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999						
62991-1013-04	J0475				9/15/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/15/2003	99/99/9999						
62991-1020-01	J7622				1/1/2002	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1020-01	KO	J7622	KO		1/1/2002	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1020-02	J7622				1/1/2002	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1020-02	KO	J7622	KO		1/1/2002	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1020-03	J7622				9/15/2003	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE MICRONIZED	1	EA	NA	NA	GM	1	MG	1000	09/15/2003	10/01/2007						
62991-1020-03	KO	J7622	KO		9/15/2003	10/1/2007	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE MICRONIZED	1	EA	NA	NA	GM	1	MG	1000	09/15/2003	10/01/2007						
62991-1021-01	J3490				1/1/2002	11/1/2005	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P./N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	11/01/2005						
62991-1021-02	J3490				1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P./N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999						
62991-1021-04	J3490				9/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999						
62991-1023-01	J7624				1/1/2002	10/1/2007	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1023-01	KO	J7624	KO		1/1/2002	10/1/2007	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/01/2007						
62991-1023-02	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-02	KO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1023-03	KO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-01	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-01	KO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-02	J7624				1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						
62991-1024-02	KO	J7624	KO		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1024-04		J7624		9/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1024-04	KO	J7624	KO	9/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1024-05		J7624		9/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1024-05	KO	J7624	KO	9/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1038-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2007	12/31/2007					
62991-1038-01	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-01	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2007	12/31/2007					
62991-1038-02	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-02	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2007	12/31/2007					
62991-1038-03	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-03	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2007	12/31/2007					
62991-1038-04	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1038-04	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2008	99/99/9999					
62991-1039-01		J3420		1/1/2002	10/1/2007	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG		1000	01/01/2002	10/01/2007					
62991-1039-02		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG		1000	01/01/2002	99/99/9999					
62991-1039-03		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG		1000	01/01/2002	99/99/9999					
62991-1041-01		J7638		1/1/2002	11/1/2005	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	11/01/2005					
62991-1041-01	KO	J7638	KO	1/1/2002	11/1/2005	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	11/01/2005					
62991-1041-02		J7638		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-02	KO	J7638	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-03		J7638		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-03	KO	J7638	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-04		J7638		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-04	KO	J7638	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1041-05		J7638		9/15/2003	11/1/2005	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	11/01/2005					
62991-1041-05	KO	J7638	KO	9/15/2003	11/1/2005	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	11/01/2005					
62991-1047-02		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	VL	NA	GM	50	MG		20	01/01/2002	99/99/9999					
62991-1051-01		J1435		1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1051-02		J1435		1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-1051-03		J1435		9/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1051-04		J1435		9/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG		1000	09/15/2003	99/99/9999					
62991-1072-01		J7699		9/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	09/01/2002	99/99/9999					
62991-1072-02		J7699		9/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	09/01/2002	99/99/9999					
62991-1072-03		J7699		9/1/2002	10/1/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	10/01/2007					
62991-1078-01		J1700		1/1/2002	10/1/2007	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	10/01/2007					
62991-1078-02		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	99/99/9999					
62991-1078-03		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	99/99/9999					
62991-1078-04		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	99/99/9999					
62991-1078-05		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	99/99/9999					
62991-1085-01		J7644		1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	12/31/2006					
62991-1085-01	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	12/31/2006					
62991-1085-01		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG		1000	01/01/2007	99/99/9999					
62991-1085-01	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG		1000	01/01/2007	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1085-02		J7644		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
62991-1085-02	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	12/31/2006						
62991-1085-02		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-02	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-03		J7644		9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-03	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-03		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-03	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-04		J7644		9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-04	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-04		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-04	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-05		J7644		9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-05	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-05		J7645		1/1/2007	10/1/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	10/01/2007						
62991-1085-05	KO	J7645	KO	1/1/2007	10/1/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	10/01/2007						
62991-1085-06		J7644		9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-06	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	12/31/2006						
62991-1085-06		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1085-06	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH, EUR)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999						
62991-1095-01	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
62991-1095-01	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
62991-1095-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-03	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
62991-1095-03	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-04	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	50	ML	4	01/01/2002	12/31/2003						
62991-1095-04	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-06	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999						
62991-1095-06	J2001			4/1/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (USP)	1	EA	BO	NA	GM	10	MG	100	04/01/2008	99/99/9999						
62991-1099-01	J7669			1/1/2002	11/1/2005	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	11/01/2005						
62991-1099-01	KO	J7669	KO	1/1/2002	11/1/2005	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	11/01/2005						
62991-1099-02	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2006						
62991-1099-02	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2006						
62991-1099-02	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	99/99/9999						
62991-1099-02	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	99/99/9999						
62991-1099-03	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2006						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1099-03	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	12/31/2006						
62991-1099-03		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2007	99/99/9999						
62991-1099-03	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2007	99/99/9999						
62991-1099-04		J7669		9/15/2003	11/1/2005	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	09/15/2003	11/01/2005						
62991-1099-04	KO	J7669	KO	9/15/2003	11/1/2005	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	09/15/2003	11/01/2005						
62991-1108-01		J2760		1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	99/99/9999						
62991-1108-02		J2760		1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	99/99/9999						
62991-1108-03		J2760		9/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	09/15/2003	99/99/9999						
62991-1108-04		J2760		9/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	09/15/2003	99/99/9999						
62991-1122-01		Q0165		1/1/2002	9/1/2004	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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 46 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	09/01/2004						
62991-1122-02		Q0165		1/1/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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 46 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	01/01/2002	99/99/9999						
62991-1122-03		J2675		9/15/2003	9/30/2007	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	NA	NA	GM		50 MG		20	09/15/2003	09/30/2007						
62991-1122-04		Q0165		9/15/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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 46 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	09/15/2003	99/99/9999						
62991-1122-05		J2675		9/15/2003	9/30/2007	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	NA	NA	GM		50 MG		20	09/15/2003	09/30/2007						
62991-1124-01		J2675		1/1/2002	11/1/2005	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	11/01/2005						
62991-1124-02		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
62991-1124-03		J2675		10/1/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG		20	10/01/2007	99/99/9999						
62991-1124-05		J2675		10/1/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG		20	10/01/2007	99/99/9999						
62991-1125-01		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
62991-1125-02		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
62991-1125-04		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	99/99/9999						
62991-1128-02		J0270		9/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-06		J0270		9/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-07		J0270		9/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1128-08		J0270		9/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	09/15/2003	99/99/9999						
62991-1130-01		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	12/31/2003						
62991-1130-01		J3415		1/1/2004	11/1/2005	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2004	11/01/2005						
62991-1130-02		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	12/31/2003						
62991-1130-02		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2004	99/99/9999						
62991-1130-03		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	12/31/2003						
62991-1130-03		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	01/01/2004	99/99/9999						
62991-1132-01		J2780		9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	09/15/2003	99/99/9999						
62991-1132-02		J2780		9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	09/15/2003	99/99/9999						
62991-1132-03		J2780		9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	09/15/2003	99/99/9999						
62991-1132-04		J2780		9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	09/15/2003	99/99/9999						
62991-1133-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
62991-1133-02		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
62991-1133-03		J3490		1/1/2002	10/1/2007	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	10/01/2007						
62991-1133-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2002	99/99/9999						
62991-1152-01		J7681		1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1152-01	KO	J7681	KO	1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1152-02		J7681		1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1152-02	KO	J7681	KO	1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1156-01		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1156-01	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1156-02		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1156-02	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1156-03		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1156-03	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	99/99/9999						
62991-1173-01		J0285		1/1/2002	9/1/2004	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1 EA	BO	NA	GM		50 MG		20	01/01/2002	09/01/2004						
62991-1173-02		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1 EA	BO	NA	GM		50 MG		20	01/01/2008	99/99/9999						
62991-1173-04		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1 EA	BO	NA	GM		50 MG		20	01/01/2008	99/99/9999	1/1/2002	9/1/2004	20			
62991-1173-05		J0285		1/1/2008	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (USP)	1 EA	BO	NA	GM		50 MG		20	01/01/2008	99/99/9999	1/1/2002	9/1/2004	20			
62991-1179-01		J7626		5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-01	KO	J7626	KO	5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-01		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-01	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-02		J7626		5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-02	KO	J7626	KO	5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-02		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-02	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-03		J7626		5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-03	KO	J7626	KO	5/30/2002	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	05/30/2002	12/31/2005						
62991-1179-03		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-03	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-05		J7626		9/15/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	09/15/2003	12/31/2005						
62991-1179-05	KO	J7626	KO	9/15/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.25 MG		2000	09/15/2003	12/31/2005						
62991-1179-05		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1179-05	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	01/01/2006	99/99/9999						
62991-1189-01		J1110		1/1/2002	9/1/2004	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	09/01/2004						
62991-1189-02		J1110		1/1/2002	9/1/2004	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	09/01/2004						
62991-1200-01		J8610		1/1/2002	9/1/2004	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	01/01/2002	09/01/2004						
62991-1200-02		J8610		1/1/2002	9/1/2004	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	01/01/2002	09/01/2004						
62991-1203-01		J2440		1/1/2002	11/1/2005	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	11/01/2005						
62991-1203-02		J2440		1/1/2002	10/1/2007	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	01/01/2002	10/01/2007						
62991-1203-04		J2440		9/15/2003	10/1/2007	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	09/15/2003	10/01/2007						
62991-1206-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	99/99/9999						
62991-1206-02		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	99/99/9999						
62991-1229-01		J0760		1/1/2002	9/1/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	09/01/2004						
62991-1229-02		J0760		1/1/2002	9/1/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	09/01/2004						
62991-1229-03		J0760		1/1/2002	9/1/2004	INJECTION, COLCHICINE, PER 1MG	COLCHICINE	1 EA	BO	NA	GM		1 MG		1000	01/01/2002	09/01/2004						
62991-1236-01		J1330		1/1/2002	9/1/2003	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	01/01/2002	09/01/2003						
62991-1236-02		J1330		1/1/2002	9/1/2003	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		0.2 MG		5000	01/01/2002	09/01/2003						
62991-1254-01		J1165		9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	09/15/2003	10/01/2007						
62991-1254-02		J1165		9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	09/15/2003	10/01/2007						
62991-1254-03		J1165		9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	09/15/2003	10/01/2007						
62991-1257-01		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2002	99/99/9999						
62991-1257-02		J7510		9/15/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P., MICRO)	1 EA	NA	NA	GM		5 MG		200	09/15/2003	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1351-01		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-01	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-01		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-01	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-02		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-02	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-02		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-02	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-03		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-03	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2002	12/31/2006							
62991-1351-03		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-03	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-04		J7682		9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		09/15/2003	12/31/2006							
62991-1351-04	KO	J7682	KO	9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		09/15/2003	12/31/2006							
62991-1351-04		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-04	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-05		J7682		9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		09/15/2003	12/31/2006							
62991-1351-05	KO	J7682	KO	9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		09/15/2003	12/31/2006							
62991-1351-05		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1351-05	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333		01/01/2007	99/99/9999							
62991-1352-01		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40		01/01/2003	12/31/2006							
62991-1352-01		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1		01/01/2007	99/99/9999							
62991-1352-02		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	NA	NA	GM	20 MG	40		01/01/2003	12/31/2006							
62991-1352-02		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	NA	NA	GM	1 EA	1		01/01/2007	99/99/9999							
62991-1352-04		J7317		9/15/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40		09/15/2003	12/31/2006							
62991-1352-04		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1		01/01/2007	99/99/9999							
62991-1382-01		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P./N.F.)	1 EA	BO	NA	GM	40 GM	0.025		01/01/2002	99/99/9999							
62991-1412-01		J3150		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10		09/01/2002	99/99/9999							
62991-1412-02		J3150		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10		09/01/2002	99/99/9999							
62991-1412-03		J3150		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10		09/01/2002	99/99/9999							
62991-1422-01		J0735		9/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		09/15/2003	99/99/9999							
62991-1422-02		J0735		9/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		09/15/2003	99/99/9999							
62991-1486-01		J9190		9/15/2003	11/1/2005	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		09/15/2003	11/01/2005							
62991-1486-01	QR	J9190	QR	1/28/2005	11/1/2005	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		01/28/2005	11/01/2005							
62991-1486-02		J9190		9/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		09/15/2003	99/99/9999							
62991-1486-02	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		01/28/2005	99/99/9999							
62991-1486-03		J9190		9/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		09/15/2003	99/99/9999							
62991-1486-03	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		01/28/2005	99/99/9999							
62991-1509-01		J0706		9/15/2003	10/1/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200		09/15/2003	10/01/2007							
62991-1509-02		J0706		9/15/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200		09/15/2003	99/99/9999							
62991-1513-01		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		09/15/2003	12/31/2006							
62991-1513-01		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		01/01/2007	99/99/9999							
62991-1513-02		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		09/15/2003	12/31/2006							
62991-1513-02		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		01/01/2007	99/99/9999							
62991-1513-03		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		09/15/2003	12/31/2006							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1513-03	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
62991-1530-02	J0520			9/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/15/2003	99/99/9999						
62991-1530-03	J0520			9/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	09/15/2003	99/99/9999						
62991-1533-01	J7516			9/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1 EA	BO	NA	GM	250 MG			4	09/15/2003	99/99/9999						
62991-1533-02	J7516			9/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1 EA	BO	NA	GM	250 MG			4	09/15/2003	99/99/9999						
62991-1533-05	J7516			1/1/2008	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P.,A)	1 EA	NA	NA	GM	250 MG			4	01/01/2008	99/99/9999						
62991-1536-01	J1212			9/15/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (DMSO, U.S.P.)	500 ML	EA	NA	ML	50 %			0.02	09/15/2003	99/99/9999						
62991-1536-02	J1212			9/15/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (DMSO, U.S.P.)	3840 ML	EA	NA	ML	50 %			0.02	09/15/2003	99/99/9999						
62991-1549-01	J3480			9/15/2003	10/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., GRANULAR)	1 EA	BO	NA	GM	2 MEQ			6.71141	09/15/2003	10/01/2007						
62991-1549-02	J3480			9/15/2003	10/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., GRANULAR)	1 EA	BO	NA	GM	2 MEQ			6.71141	09/15/2003	10/01/2007						
62991-1568-01	J2150			9/15/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML			0.08	01/01/2008	99/99/9999						
62991-1583-01	J0592			9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1 EA	BO	NA	GM	0.1 MG			10000	09/15/2003	99/99/9999	9/15/2003	10/1/2007	0.08			
62991-1583-02	J0592			9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1 EA	BO	NA	GM	0.1 MG			10000	09/15/2003	99/99/9999						
62991-1583-03	J0592			9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1 EA	BO	NA	GM	0.1 MG			10000	09/15/2003	99/99/9999						
62991-1590-01	J7641			9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1590-01	KO J7641	KO		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1590-02	J7641			9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1590-02	KO J7641	KO		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1590-03	J7641			9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1590-03	KO J7641	KO		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED (U.S.P., ANHYDROUS)	1 EA	BO	NA	GM	1 MG			1000	09/15/2003	10/01/2007						
62991-1635-01	J1030			9/1/2002	11/1/2005	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/01/2002	11/01/2005						
62991-1635-02	J1030			9/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/01/2002	99/99/9999						
62991-1635-03	J1030			9/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/01/2002	99/99/9999						
62991-1635-04	J1030			9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/15/2003	99/99/9999						
62991-1635-05	J1030			9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/15/2003	99/99/9999						
62991-1635-06	J1030			9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	40 MG			25	09/15/2003	99/99/9999						
62991-1662-02	J0970			11/1/2005	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE	1 EA	BO	NA	GM	40 MG			25	11/01/2005	12/31/2010						
62991-1662-03	J0970			11/1/2005	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE	1 EA	BO	NA	GM	40 MG			25	11/01/2005	12/31/2010						
62991-1662-04	J0970			11/1/2005	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE	1 EA	NA	NA	GM	40 MG			25	11/01/2005	12/31/2010						
62991-1682-01	J2060			10/1/2002	7/2/2008	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM	1 EA	BO	NA	GM	2 MG			500	10/01/2002	07/02/2008						
62991-1682-02	J2060			10/1/2002	10/1/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM	1 EA	BO	NA	GM	2 MG			500	10/01/2002	10/01/2007						
62991-1685-01	J3490			9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2002	99/99/9999						
62991-1685-02	J3490			9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2002	99/99/9999						
62991-1685-03	J3490			9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	09/01/2002	99/99/9999						
62991-1692-01	J2650			9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1 EA	BO	NA	GM	1 ML			20	09/01/2002	99/99/9999						
62991-1692-02	J2650			9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1 EA	BO	NA	GM	1 ML			20	09/01/2002	99/99/9999						
62991-1692-03	J2650			9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1 EA	BO	NA	GM	1 ML			20	09/01/2002	99/99/9999						
62991-1707-01	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
62991-1707-02	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
62991-1707-03	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
62991-1707-04	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
62991-1707-05	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2002	99/99/9999						
62991-1738-01	J1800			1/1/2002	9/1/2004	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	09/01/2004						
62991-1738-02	J1800			1/1/2002	9/1/2004	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	09/01/2004						
62991-1738-03	J1800			1/1/2002	9/1/2004	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	09/01/2004						
62991-2002-01	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	12/31/2005						
62991-2002-02	J0278			1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	10/01/2007						
62991-2002-03	J3490			1/1/2002	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2002	12/31/2005						
62991-2002-04	J0278			1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	10/01/2007						
62991-2002-05	J0278			1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	10/01/2007						
62991-2003-01	J0280			1/1/2002	10/1/2007	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	10/01/2007						
62991-2003-02	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	99/99/9999						
62991-2003-03	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	01/01/2002	99/99/9999						
62991-2004-01	J1320			1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
62991-2004-02	J1320			1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
62991-2004-03	J1320			1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	01/01/2002	99/99/9999						
62991-2012-01	J0515			1/1/2002	9/1/2004	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2002	09/01/2						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2022-02		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2022-02	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2022-03		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2022-03	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2022-04		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2022-04	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG		1000	01/01/2002	99/99/9999					
62991-2026-01		J3520		1/1/2002	11/1/2005	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG		6.66666	01/01/2002	11/01/2005					
62991-2026-02		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG		6.66666	01/01/2002	99/99/9999					
62991-2026-03		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG		6.66666	01/01/2002	99/99/9999					
62991-2026-04		J3520		9/15/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (DIHYDRATE)	1	EA	BO	NA	GM	150	MG		6.66666	09/15/2003	99/99/9999					
62991-2031-01		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	99/99/9999					
62991-2031-02		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	99/99/9999					
62991-2031-03		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	99/99/9999					
62991-2031-04		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG		200	01/01/2002	99/99/9999					
62991-2035-01		J3410		1/1/2002	10/1/2007	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P./N.F.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	10/01/2007					
62991-2035-02		J3410		1/1/2002	10/1/2007	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P./N.F.)	1	EA	BO	NA	GM	25	MG		40	01/01/2002	10/01/2007					
62991-2036-01		J1980		1/1/2002	9/1/2004	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG		4000	01/01/2002	09/01/2004					
62991-2036-02		J1980		1/1/2002	9/1/2004	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG		4000	01/01/2002	09/01/2004					
62991-2036-03		J1980		1/1/2002	9/1/2004	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG		4000	01/01/2002	09/01/2004					
62991-2042-01		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999					
62991-2042-02		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999					
62991-2042-03		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	01/01/2002	99/99/9999					
62991-2046-01		J7799		1/1/2002	9/1/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	09/01/2004					
62991-2046-02		J7799		1/1/2002	9/1/2004	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	09/01/2004					
62991-2068-02		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	100	MG		10	10/01/2007	99/99/9999					
62991-2068-03		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	100	MG		10	10/01/2007	99/99/9999	1/1/2004	9/1/2004		10	
62991-2068-04		J3411		10/1/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000GM, USP)	1	EA	NA	BO	GM	100	MG		10	10/01/2007	99/99/9999	1/1/2004	9/1/2004		10	
62991-2150-01		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2150-02		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2150-03		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2150-04		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2184-01		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2184-02		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2184-03		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2184-04		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG		20	09/01/2002	99/99/9999					
62991-2186-02		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (USP, 1X1000MG)	1	EA	BO	NA	GM	100	MG		10	01/01/2008	12/31/2010					
62991-2186-03		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (USP)	1	EA	BO	NA	GM	100	MG		10	01/01/2008	12/31/2010					
62991-2186-04		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (USP)	1	EA	BO	NA	GM	100	MG		10	01/01/2008	12/31/2010					
62991-2186-05		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (USP)	1	EA	BO	NA	GM	100	MG		10	01/01/2008	12/31/2010					
62991-2501-01		J3490		9/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA		1	09/15/2003	99/99/9999					
62991-2501-02		J3490		9/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA		1	09/15/2003	99/99/9999					
62991-2504-02		J2675		9/15/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1	EA	BO	NA	GM	50	MG		20	01/01/2008	99/99/9999					
62991-2504-03		J2675		9/15/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1	EA	BO	NA	GM	50	MG		20	01/01/2008	99/99/9999	9/15/2003	10/1/2007		20	
62991-2504-04		J2675		9/15/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1	EA	BO	NA	GM	50	MG		20	01/01/2008	99/99/9999	9/15/2003	10/1/2007		20	
62991-2516-01		J7699		1/13/2003	12/31/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	1	EA		1	01/13/2003	12/31/2005	9/15/2003	10/1/2007		20	
62991-2516-01		J7640		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	99/99/9999					
62991-2516-01	KO	J7640	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	99/99/9999					
62991-2516-02		J7699		1/13/2003	12/31/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	1	EA		1	01/13/2003	12/31/2005					
62991-2516-02		J7640		1/1/2006	10/1/2007	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	10/01/2007					
62991-2516-02	KO	J7640	KO	1/1/2006	10/1/2007	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	10/01/2007					
62991-2516-03		J7699		1/13/2003	12/31/2005	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	1	EA		1	01/13/2003	12/31/2005					
62991-2516-03		J7640		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	99/99/9999					
62991-2516-03	KO	J7640	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG		83333.33	01/01/2006	99/99/9999					
62991-2522-01		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG		2	09/15/2003	10/01/2007					
62991-2522-02		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG		2	09/15/2003	10/01/2007					
62991-2522-03		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG		2	09/15/2003	10/01/2007			</		

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2549-01	KO	J7614	KO	1/1/2006	12/31/2006	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2006	12/31/2006					
62991-2549-01		J7615		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2007	99/99/9999					
62991-2549-01	KO	J7615	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2007	99/99/9999					
62991-2549-02		J7614		1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2006	12/31/2006					
62991-2549-02	KO	J7614	KO	1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2006	12/31/2006					
62991-2549-02		J7615		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2007	99/99/9999					
62991-2549-02	KO	J7615	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE	1	EA	BO	NA	GM	0.5	MG		2000	01/01/2007	99/99/9999					
62991-2562-01		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG		20	11/01/2005	99/99/9999					
62991-2562-02		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG		20	11/01/2005	99/99/9999					
62991-2562-03		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	NA	NA	GM	50	MG		20	11/01/2005	99/99/9999					
62991-2577-01		J0456		10/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X1000GM, USP)	1	EA	NA	NA	GM	500	MG		2	10/01/2007	99/99/9999					
62991-2577-02		J0456		10/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1	EA	NA	NA	GM	500	MG		2	10/01/2007	99/99/9999					
62991-2577-03		J0456		10/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500GM, USP)	1	EA	NA	NA	GM	500	MG		2	10/01/2007	99/99/9999					
62991-2599-01		J2405		1/1/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X100GM)	1	EA	BO	NA	GM	1	MG		1000	01/01/2006	99/99/9999					
62991-2599-02		J2405		1/1/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X1000GM)	1	EA	BO	NA	GM	1	MG		1000	01/01/2006	99/99/9999					
62991-2664-01		J7507		10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X100MG)	100	ML	NA	NA	ML	1	MG		1000	10/01/2007	99/99/9999					
62991-2664-02		J7507		10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X500MG)	500	ML	NA	NA	ML	1	MG		1000	10/01/2007	99/99/9999					
62991-2664-03		J7507		10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X1GM)	1	EA	NA	NA	GM	1	MG		1000	10/01/2007	99/99/9999					
62991-2664-04		J7507		10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X5GM)	1	EA	NA	NA	GM	1	MG		1000	10/01/2007	99/99/9999					
62991-2700-01		J3130		1/1/2008	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (USP, 1X1000GM)	1	EA	BO	NA	GM	200	MG		5	01/01/2008	99/99/9999					
62991-2703-01		J0713		1/1/2008	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP, 1X1000GM)	1	EA	BO	NA	GM	500	MG		2	01/01/2008	99/99/9999					
62991-2707-02		J1956		1/1/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG		4	01/01/2008	99/99/9999					
62991-2707-03		J1956		1/1/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG		4	01/01/2008	99/99/9999					
63004-4790-06		Q2007		1/1/2002	10/17/2005	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHANOLAMINE (AMP) 50 MG/ML	2	ML	AM	IV	ML	100	MG		0.5	01/01/2002	10/17/2005					
63004-7729-02		J3490		1/1/2002	10/17/2005	UNCLASSIFIED DRUGS	GLOFIL-125 (VIAL)	4	ML	VL	IV	ML	1	EA		1	01/01/2002	10/17/2005					
63004-7731-01		J0800		1/1/2002	99/99/9999	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	H.P. ACTHAR (M.D.V.) 80 U/ML	5	ML	VL	IV	ML	40	U		2	01/01/2002	99/99/9999					
63020-0049-01		J9999		5/14/2003	12/31/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	VELCADE (10ML SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	1	EA		1	05/14/2003	12/31/2004					
63020-0049-01		J9041		1/1/2005	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	VELCADE (10ML SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG		35	01/01/2005	99/99/9999					
63275-1025-04		J2271		12/3/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	12/03/2002	99/99/9999					
63275-1100-05		J2271		12/3/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	12/03/2002	99/99/9999					
63275-1200-01		J1960		12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG		500	12/03/2002	99/99/9999					
63275-1200-02		J1960		12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG		500	12/03/2002	99/99/9999					
63275-1200-04		J1960		12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG		500	12/03/2002	99/99/9999					
63275-1200-07		J1960		12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG		500	12/03/2002	99/99/9999					
63275-2001-01		J1170		12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG		250	12/03/2002	99/99/9999					
63275-2005-02		J1170		12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG		250	12/03/2002	99/99/9999					
63275-2010-03		J1170		12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG		250	12/03/2002	99/99/9999					
63275-2100-05		J1170		12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG		250	12/03/2002	99/99/9999					
63275-2100-09		J1170		9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG		250	09/01/2003	99/99/9999					
63275-5100-01		J3010		12/3/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG		10000	12/03/2002	99/99/9999					
63275-5100-02		J3010		9/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG		10000	09/01/2002	99/99/9999					
63275-5100-06		J3010		12/3/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG		10000	12/03/2002	99/99/9999					
63275-6200-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	01/01/2002	99/99/9999					
63275-6200-06		J3490		12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	12/03/2002	99/99/9999					
63275-6200-07		J3490		12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	12/03/2002	99/99/9999					
63275-6200-09		J3490		12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA		1	12/03/2002	99/99/9999					
63275-7100-04		J2175		12/3/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	12/03/2002	99/99/9999					
63275-7100-05		J2175		12/3/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG		10	12/03/2002	99/99/9999					
63275-8100-03		J0745		12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	12/03/2002	99/99/9999					
63275-8100-04		J0745		12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	12/03/2002	99/99/9999					
63275-8100-05		J0745		12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG		33.33333	12/03/2002	99/99/9999					
63275-9100-04		J1230		12/3/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	12/03/2002	99/99/9999					
63275-9100-05		J1230		12/3/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG		100	12/03/2002	99/99/9999					
63275-9936-02		J1320		1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X5GM, USP)	1	EA	BO	NA	GM	20	MG		50	01/01/2007	99/99/9999					
63275-9936-04		J1320		1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X25GM, USP)	1	EA	BO	NA	GM	20	MG		50	01/01/2007	99/99/9999					
63275-9936-05		J1320		1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	20	MG		50	01/01/2007	99/99/9999					
63275-9936-08		J1320		1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	20										

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9958-06	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM	1 MG	1000			09/01/2004	99/99/9999						
63275-9958-07	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM	1 MG	1000			09/01/2004	99/99/9999						
63275-9960-01	J1450			5/1/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG				05/01/2004	99/99/9999						
63275-9960-02	J1450			5/1/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG				05/01/2004	99/99/9999						
63275-9960-04	J1450			5/1/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG				05/01/2004	99/99/9999						
63275-9960-05	J1450			5/1/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG				05/01/2004	99/99/9999						
63275-9960-09	J1450			5/1/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG				05/01/2004	99/99/9999						
63275-9963-02	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG				06/04/2004	99/99/9999						
63275-9963-04	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG				06/04/2004	99/99/9999						
63275-9963-05	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG				06/04/2004	99/99/9999						
63275-9963-09	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG				06/04/2004	99/99/9999						
63275-9965-02	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X5GM, USP)	1 EA	BO	NA	GM	500 MG				01/01/2007	99/99/9999						
63275-9965-03	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X10GM, USP)	1 EA	BO	NA	GM	500 MG				01/01/2007	99/99/9999						
63275-9965-04	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X25GM, USP)	1 EA	BO	NA	GM	500 MG				01/01/2007	99/99/9999						
63275-9965-05	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100MG, USP)	1 EA	BO	NA	GM	500 MG				01/01/2007	99/99/9999						
63275-9974-01	J0735			1/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1 EA	JR	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
63275-9974-02	J0735			1/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1 EA	JR	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
63275-9974-03	J0735			1/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1 EA	JR	NA	GM	1 MG	1000			01/01/2003	99/99/9999						
63275-9979-02	J2060			12/4/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			12/04/2002	99/99/9999						
63275-9979-04	J2060			12/4/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			12/04/2002	99/99/9999						
63275-9979-05	J2060			12/4/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			12/04/2002	99/99/9999						
63275-9981-05	J2675			12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9981-08	J2675			12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9981-09	J2675			12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9982-04	J1070			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			12/04/2002	99/99/9999						
63275-9982-05	J1070			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			12/04/2002	99/99/9999						
63275-9982-09	J1070			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			12/04/2002	99/99/9999						
63275-9983-04	J3140			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1 EA	JR	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9983-05	J3140			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1 EA	JR	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9983-08	J3140			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1 EA	JR	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9983-09	J3140			12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED	1 EA	JR	NA	GM	50 MG	20			12/04/2002	99/99/9999						
63275-9986-01	J1435			12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	99/99/9999						
63275-9986-02	J1435			12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	99/99/9999						
63275-9986-04	J1435			12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	99/99/9999						
63275-9988-09	J0270			12/4/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	PROSTAGLANDIN E1 (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG	800000			12/04/2002	99/99/9999						
63275-9989-01	J2760			12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			12/04/2002	99/99/9999						
63275-9989-06	J2760			12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			12/04/2002	99/99/9999						
63275-9989-07	J2760			12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			12/04/2002	99/99/9999						
63275-9990-02	J2440			12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			12/04/2002	99/99/9999						
63275-9990-04	J2440			12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			12/04/2002	99/99/9999						
63275-9990-05	J2440			12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			12/04/2002	99/99/9999						
63275-9991-04	J2000			12/31/2003	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL	1 EA	BO	NA	GM	50 ML	4			12/04/2002	12/31/2003						
63275-9991-04	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1 EA	BO	NA	GM	10 MG	100			01/01/2004	99/99/9999						
63275-9991-05	J2000			12/31/2003	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL	1 EA	BO	NA	GM	50 ML	4			12/04/2002	12/31/2003						
63275-9991-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1 EA	BO	NA	GM	10 MG	100			01/01/2004	99/99/9999						
63275-9991-08	J2000			12/31/2003	99/99/9999	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL	1 EA	BO	NA	GM	50 ML	4			12/04/2002	12/31/2003						
63275-9991-08	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL	1 EA	BO	NA	GM	10 MG	100			01/01/2004	99/99/9999						
63275-9992-02	J0475			12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			12/04/2002	99/99/9999						
63275-9992-04	J0475			12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			12/04/2002	99/99/9999						
63275-9992-05	J0475			12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			12/04/2002	99/99/9999						
63275-9998-01	J7644			12/31/2006	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	12/31/2006						
63275-9998-01	KO J7644	KO		12/31/2006	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	12/31/2006						
63275-9998-01	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2007	99/99/9999						
63275-9998-01	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2007	99/99/9999						
63275-9998-02	J7644			12/31/2006	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	12/31/2006						
63275-9998-02	KO J7644	KO		12/31/2006	99/99/9999	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			12/04/2002	12/31/2006						
63275-9998-02	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2007	99/99/9999						
63275-9998-02	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			01/01/2007	99						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9998-04		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	12/04/2002	12/31/2006						
63275-9998-04	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	12/04/2002	12/31/2006						
63275-9998-04		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9998-04	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9998-05		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	12/04/2002	12/31/2006						
63275-9998-05	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	12/04/2002	12/31/2006						
63275-9998-05		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9998-05	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9999-04		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63275-9999-04	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63275-9999-04		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9999-04	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9999-05		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63275-9999-05	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63275-9999-05		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63275-9999-05	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63304-0303-10		J0300		1/1/2002	1/1/2009	INJECTION, AMOBARBITAL, UP TO 125 MG	AMYTAL SODIUM 0.5 GM	1 EA	VL	IJ	EA		125 MG		4	01/01/2002	1/1/2009						
63304-0303-25		J0300		1/1/2002	3/10/2006	INJECTION, AMOBARBITAL, UP TO 125 MG	AMYTAL SODIUM 0.5 GM	1 EA	VL	IJ	EA		125 MG		4	01/01/2002	3/10/2006						
63304-0458-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	06/25/2007	99/99/9999						
63304-0458-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	06/25/2007	99/99/9999						
63304-0504-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
63304-0505-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
63304-0591-22		J7509		6/12/2002	4/1/2004	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG		1	06/12/2002	04/01/2004						
63304-0652-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
63304-0652-05		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA		1 EA		1	01/01/2002	99/99/9999						
63304-0748-01		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE 30 MG	100 EA	BO	IJ	EA		30 MG		1	01/01/2002	99/99/9999						
63304-0749-01		J0745		1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE 60 MG	100 EA	BO	IJ	EA		30 MG		2	01/01/2002	99/99/9999						
63304-0940-25		J0690		12/7/2004	8/6/2008	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN 1 GM	1 EA	VL	IJ	EA		500 MG		2	12/07/2004	8/6/2008						
63304-0941-10		J0690		4/13/2005	8/6/2008	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG		20	04/13/2005	8/6/2008						
63323-0010-02		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	01/01/2002	99/99/9999						
63323-0010-20		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20 ML	VL	IJ	ML		80 MG		0.5	01/01/2002	99/99/9999						
63323-0011-15		J0720		1/1/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	SUCCINATE (VIAL.PF) 1 GM	1 EA	VL	IV	GM		1 GM		1	01/01/2002	99/99/9999						
63323-0012-01		J2590		1/1/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VIAL.P.C.) 10 U/ML	1 ML	VL	IV	ML		10 U		1	01/01/2002	99/99/9999						
63323-0012-10		J2590		1/1/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (M.D.V.) 10 U/ML	10 ML	VL	IV	ML		10 U		1	01/01/2002	99/99/9999						
63323-0012-12		J2590		1/28/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	NOVAPLUS OXYTOCIN (25X1ML USP) 10 U/ML	1 ML	VL	IJ	ML		10 U		1	01/28/2008	99/99/9999						
63323-0012-30		J2590		9/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10X30ML MDV) 10 U/ML	30 ML	VL	IV	ML		10 U		1	09/24/2007	99/99/9999						
63323-0013-02		J3490		1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	THIAMINE HCL (M.D.V.) 100 MG/ML	2 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
63323-0013-02		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (M.D.V.) 100 MG/ML	2 ML	VL	IJ	ML		100 MG		1	01/01/2004	99/99/9999						
63323-0017-10		J1642		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPFLUSH-10 (S.D.V.,PF) 10 U/ML	10 ML	VL	IV	ML		10 U		1	01/01/2002	99/99/9999						
63323-0021-01		J3410		1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1 ML	VL	IM	ML		25 MG		1	01/01/2002	8/14/2009						
63323-0024-25		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLIPOFF TOP,PF) 25%	50 ML	VL	IV	ML		50 ML		0.02	01/01/2002	99/99/9999						
63323-0024-50		J2150		1/1/2002	1/1/2002	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (S.D.V.,TEARTOP,PF) 25%	50 ML	VL	IV	ML		50 ML		0.02	01/01/2002	01/01/2002						
63323-0025-10		J0725		1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (M.D.V. W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP Units		10	01/01/2002	99/99/9999						
63323-0038-10		J1644		1/1/2002	9/30/2002	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10 ML	VL	IJ	ML		1000 U		1	01/01/2002	09/30/2002						
63323-0038-30		J1644		1/1/2002	9/30/2002	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	IJ	ML		1000 U		1	01/01/2002	09/30/2002						
63323-0044-01		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	MCG/ML	1 ML	VL	IM	ML		1000 MCG		1	01/01/2002	99/99/9999						
63323-0047-10		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10 ML	VL	IJ	ML		1000 U		5	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0051-01	J3410			1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 50 MG/ML	1 ML	VL	IM	ML	25 MG	2	01/01/2002	8/14/2009								
63323-0051-02	J3410			1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 50 MG/ML	2 ML	VL	IM	ML	25 MG	2	01/01/2002	8/14/2009								
63323-0064-02	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.) 500 MG/ML	2 ML	VL	IJ	ML	500 MG	1	01/01/2002	99/99/9999								
63323-0064-10	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.,PF) 500 MG/ML	10 ML	VL	IJ	ML	500 MG	1	01/01/2002	99/99/9999								
63323-0064-20	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	20 ML	VL	IJ	ML	500 MG	1	01/01/2002	99/99/9999								
63323-0064-50	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50 ML	VL	IJ	ML	500 MG	1	01/01/2002	99/99/9999								
63323-0088-61	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIAL,BULK PACK,PF) 23.4%	100 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
63323-0088-63	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIAL,BULK PACK,PF) 23.4%	200 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
63323-0101-61	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE MDV,PF) 2 MG/ML	100 ML	VL	IV	ML	10 MG	0.2	08/06/2007	99/99/9999								
63323-0104-05	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
63323-0104-25	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
63323-0104-50	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG	2	01/01/2002	99/99/9999								
63323-0105-10	Q4075			10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1 EA	VL	IV	EA	5 MG	100	10/01/2003	12/31/2005								
63323-0105-10	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1 EA	VL	IV	EA	5 MG	100	01/01/2006	99/99/9999								
63323-0113-10	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	1 EA	1	01/01/2007	12/31/2007								
63323-0113-10	J7676			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	300 MG	1	01/01/2008	99/99/9999								
63323-0113-10	KO J7676	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	300 MG	1	01/01/2008	99/99/9999								
63323-0117-10	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML	500 MG	0.1	01/01/2002	99/99/9999								
63323-0117-10	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML	500 MG	0.1	01/28/2005	99/99/9999								
63323-0117-20	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20 ML	VL	IV	ML	500 MG	0.1	01/01/2002	99/99/9999								
63323-0117-20	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20 ML	VL	IV	ML	500 MG	0.1	01/28/2005	99/99/9999								
63323-0117-51	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50 ML	VL	IV	ML	500 MG	0.1	01/01/2002	99/99/9999								
63323-0117-51	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50 ML	VL	IV	ML	500 MG	0.1	01/28/2005	99/99/9999								
63323-0117-61	J9190			1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100 ML	VL	IV	ML	500 MG	0.1	01/01/2002	99/99/9999								
63323-0117-61	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100 ML	VL	IV	ML	500 MG	0.1	01/28/2005	99/99/9999								
63323-0119-08	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	10 MG	2	01/01/2002	99/99/9999								
63323-0120-20	J9110			3/5/2004	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (S.D.V.,LATEX-FREE) 100 MG/ML	20 ML	VL	IJ	ML	500 MG	0.2	03/05/2004	12/31/2010								
63323-0121-02	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0121-04	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0121-08	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0121-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0121-40	J9250			3/8/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL,PF) 25 MG/ML	40 ML	VL	IJ	ML	5 MG	5	03/08/2002	99/99/9999								
63323-0122-50	J9260			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1 EA	VL	IV	EA	50 MG	20	01/01/2002	99/99/9999								
63323-0123-02	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	2 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0123-10	J9250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	10 ML	VL	IJ	ML	5 MG	5	01/01/2002	99/99/9999								
63323-0124-04	J9150			2/18/2004	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF,LATEX-FREE) 5 MG/ML	4 ML	VL	IV	ML	10 MG	0.5	02/18/2004	99/99/9999								
63323-0127-10	J9130			1/1/2002	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (S.D.V.) 100 MG	1 EA	VL	IV	EA	100 MG	1	01/01/2002	99/99/9999								
63323-0128-12	J9140			1/1/2002	11/21/2007	DACARBAZINE, 200 MG	DACARBAZINE NOVA PLUS (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG	1	01/01/2002	11/21/2007								
63323-0128-20	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG	1	01/01/2002	12/31/2010								
63323-0132-10	J9293			3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	03/17/2006	99/99/9999								
63323-0132-12	J9293			3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	03/17/2006	99/99/9999								
63323-0132-15	J9293			3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	03/17/2006	99/99/9999								
63323-0139-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	20 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
63323-0139-40	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	40 ML	VL	IV	ML	1 EA	1	01/01/2002	99/99/9999								
63323-0140-10	J9065			9/13/2004	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML	1 MG	1	09/13/2004	99/99/9999								
63323-0142-10	J9208			7/25/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V.) 1 GM	1 EA	VL	IV	EA	1 GM	1	07/25/2002	99/99/9999								
63323-0142-12	J9208			11/18/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV) 1 GM	1 EA	VL	IV	EA	1 GM	1	11/18/2002	99/99/9999								
63323-0145-07	J9200			1/1/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE 0.5 GM	1 EA	VL	IJ	EA	500 MG	1	01/01/2002	99/99/9999								
63323-0148-01	J9390			6/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG	1	06/22/2005	99/99/9999								
63323-0148-05	J9390			6/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG	1	06/22/2005	99/99/9999								
63323-0151-00	J9178			12/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X100ML,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG	1	12/07/2007	99/99/9999								

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0151-05	J9178			12/7/2007	9/11/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X5ML PF) 2 MG/ML	5 ML	VL	IV	ML		2 MG		1	12/07/2007	9/11/2009						
63323-0151-25	J9178			12/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X25ML PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG		1	12/07/2007	99/99/9999						
63323-0151-75	J9178			12/7/2007	9/11/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X75ML PF) 2 MG/ML	75 ML	VL	IV	ML		2 MG		1	12/07/2007	9/11/2009						
63323-0161-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML		15 MG		1	01/01/2002	99/99/9999						
63323-0162-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	01/01/2002	99/99/9999						
63323-0162-02	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	01/01/2002	99/99/9999						
63323-0165-01	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL) 4 MG/ML	1 ML	VL	IJ	ML		1 MG		4	01/01/2002	99/99/9999						
63323-0165-05	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML		1 MG		4	01/01/2002	99/99/9999						
63323-0165-30	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG		4	01/01/2002	99/99/9999						
63323-0166-10	J9045			4/1/2004	12/11/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA		50 MG		1	04/01/2004	12/11/2009						
63323-0167-20	J9045			4/1/2004	2/10/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG		3	04/01/2004	02/10/2006						
63323-0167-21	J9045			4/1/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG		3	04/01/2004	99/99/9999						
63323-0168-00	J9045			4/1/2004	12/11/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (STERILE) 450 MG	1 EA	VL	IV	EA		50 MG		9	04/01/2004	12/11/2009						
63323-0172-45	J9045			4/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,LATEX-FREE) 10 MG/ML	50 ML	VL	IV	ML		50 MG		0.2	04/28/2006	99/99/9999						
63323-0172-60	J9045			4/7/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (600MG/60ML,LATEX-FREE) 10 MG/ML	60 ML	VL	IV	ML		50 MG		0.2	04/07/2006	99/99/9999						
63323-0173-02	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2 ML	VL	IJ	ML		80 MG		0.125	01/01/2002	99/99/9999						
63323-0180-01	J3490			1/1/2002	12/31/2003	UNCLASSIFIED DRUGS	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1 ML	VL	IJ	ML		1 EA		1	01/01/2002	12/31/2003						
63323-0180-01	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	01/01/2004	99/99/9999						
63323-0185-00	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.,TEAR TOP)	100 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
63323-0185-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,TEAR TOP)	100 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0185-05	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
63323-0185-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0185-10	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
63323-0185-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0185-20	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
63323-0185-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0185-50	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	WATER FOR INJECTION (S.D.V.,P.C.,PF)	50 ML	VL	IV	ML		10 ML		0.1	01/01/2002	12/31/2003						
63323-0185-50	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.,PF)	50 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0186-00	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (S.D.V.,TEAR TOP) 0.9%	100 ML	VL	IV	ML		250 ML		0.004	01/01/2002	99/99/9999						
63323-0186-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2006						
63323-0186-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2 ML	VL	IV	ML		10 ML		0.1	01/01/2007	99/99/9999						
63323-0186-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
63323-0186-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0186-20	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
63323-0186-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0187-30	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (S.D.V.,PF) 23.4%	30 ML	VL	IV	ML		1 EA		1	01/01/2002	99/99/9999						
63323-0190-02	J9185			10/31/2007	12/2/2008	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SINGLE-DOSE) 25 MG/ML	2 ML	NA	IV	ML		50 MG		0.5	10/31/2007	12/2/2008						
63323-0190-20	J9280			7/1/2004	4/2/2007	MITOMYCIN, 5 MG	MITOMYCIN 5 MG	1 EA	VL	IV	EA		5 MG		1	07/01/2004	04/02/2007						
63323-0191-20	J9280			2/21/2002	6/30/2004	MITOMYCIN, 5 MG	MITOMYCIN 5 MG	1 EA	VL	IV	EA		5 MG		1	02/21/2002	06/30/2004						
63323-0191-40	J9290			2/4/2002	4/2/2007	MITOMYCIN, 20 MG	MITOMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA		20 MG		1	02/04/2002	04/02/2007						
63323-0193-02	J9206			2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	02/05/2008	99/99/9999						
63323-0193-02	QR J9206	QR		2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	02/05/2008	99/99/9999						
63323-0193-05	J9206			2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	02/05/2008	99/99/9999						
63323-0193-05	QR J9206	QR		2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	02/05/2008	99/99/9999						
63323-0196-06	J9185			12/7/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP) 50 MG	1 EA	VL	IV	EA		50 MG		1	12/07/2007	99/99/9999						
63323-0201-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (S.D.V.,P.C.) 1%	2 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
63323-0201-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.,P.C.) 1%	2 ML	VL	EP	ML		10 MG		1	01/01/2004	99/99/9999						
63323-0201-10	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (M.D.V.) 1%	10 ML	VL	EP	ML		50 ML		0.02	01/01/2002	12/31/2003						
63323-0201-10	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (M.D.V.) 1%	10 ML	VL	EP	ML		10 MG		1	01/01/2004	99/99/9999						
63323-0202-02	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (S.D.V.) 2%	2 ML	VL	IJ	ML		50 ML		0.02	01/01/2002	12/31/2003						
63323-0202-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.) 2%	2 ML	VL	IJ	ML		10 MG		2	01/01/2004	99/99/9999						
63323-0208-05	J2000			1/1/2002	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (S.D.V.,PF) 2%	5 ML	VL	IV	ML		50 ML		0.02	01/01/2002	12/31/2003						
63323-0208-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (S.D.V.,PF) 2%	5 ML	VL	IV	ML		10 MG		2	01/01/2004	99/99/9999						
63323-0221-10	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 500 MG	1 EA	VL	IV	EA		500 MG		1	01/01/2002	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0229-05	J2720			1/1/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	01/01/2002	99/99/9999							
63323-0229-15	J2720			1/7/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLIPTOP,USP) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	01/07/2008	99/99/9999							
63323-0229-30	J2720			1/1/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	25 ML	VL	IV	ML	10 MG		1	01/01/2002	99/99/9999							
63323-0229-35	J2720			1/7/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25 ML	VL	IV	ML	10 MG		1	01/07/2008	99/99/9999							
63323-0234-01	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	1 ML	VL	IJ	ML	0.3 MG		1.33333	01/01/2002	12/31/2007							
63323-0234-20	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML	0.3 MG		1.33333	01/01/2002	12/31/2007							
63323-0236-10	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1 EA	VL	IJ	EA	500 MG		1	01/01/2002	99/99/9999							
63323-0237-10	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG		2	01/01/2002	99/99/9999							
63323-0237-65	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (P.B.,PF) 1 GM	1 EA	VL	IJ	EA	500 MG		2	01/01/2002	99/99/9999							
63323-0238-61	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1 EA	VL	IJ	EA	500 MG		20	01/01/2002	99/99/9999							
63323-0243-01	J0460			1/1/2002	4/19/2005	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.5 MG/ML	1 ML	VL	IJ	ML	0.3 MG		1.66666	01/01/2002	04/19/2005							
63323-0246-01	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 1 MG/ML	1 ML	VL	IJ	ML	0.3 MG		3.33333	01/01/2002	12/31/2007							
63323-0249-10	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	10 ML	VL	IV	ML	10 ML		0.1	01/01/2002	12/31/2003							
63323-0249-10	A4216			1/1/2004	2/10/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	10 ML	VL	IV	ML	10 ML		0.1	01/01/2004	02/10/2006							
63323-0249-30	A4712			1/1/2002	12/31/2003	WATER, STERILE, FOR INJECTION, PER 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML	10 ML		0.1	01/01/2002	12/31/2003							
63323-0249-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999							
63323-0255-03	J2920			9/22/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1 EA	VL	IJ	EA	40 MG		1	09/22/2004	99/99/9999							
63323-0258-03	J2930			8/23/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 125 MG	1 EA	VL	IJ	EA	125 MG		1	08/23/2004	99/99/9999							
63323-0259-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	10 ML	VL	IV	ML	0.9 %		0.5	01/01/2002	12/31/2003							
63323-0259-10	A4216			1/1/2004	12/31/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	10 ML	VL	IV	ML	10 ML		0.1	01/01/2004	12/31/2007							
63323-0259-30	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	30 ML	VL	IV	ML	0.9 %		0.5	01/01/2002	12/31/2003							
63323-0259-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	30 ML	VL	IV	ML	10 ML		0.1	01/01/2004	99/99/9999							
63323-0261-10	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML	50 MG		1	01/01/2002	99/99/9999							
63323-0262-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML	1 ML	VL	IJ	ML	1000 U		5	01/01/2002	99/99/9999							
63323-0265-30	J2930			10/27/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1 EA	VL	IJ	EA	125 MG		8	10/27/2004	99/99/9999							
63323-0269-20	J3490			2/21/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (20X25ML) 10 MG/ML	20 ML	VL	IV	ML	1 EA		1	02/21/2008	99/99/9999							
63323-0269-27	J3490			1/15/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (25X20ML) 10 MG/ML	20 ML	VL	IV	ML	1 EA		1	01/15/2008	99/99/9999							
63323-0269-50	J3490			4/28/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (20X50ML) 10 MG/ML	50 ML	VL	IV	ML	1 EA		1	04/28/2008	99/99/9999							
63323-0269-57	J3490			3/5/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (20X50ML) 10 MG/ML	50 ML	VL	IV	ML	1 EA		1	03/05/2008	99/99/9999							
63323-0269-65	J3490			3/6/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (10X100ML) 10 MG/ML	100 ML	VL	IV	ML	1 EA		1	03/06/2008	99/99/9999							
63323-0269-67	J3490			2/1/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (10X100ML, INFUSION) 10 MG/ML	100 ML	VL	IV	ML	1 EA		1	02/01/2008	99/99/9999							
63323-0272-05	J2680			1/1/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML	25 MG		1	01/01/2002	99/99/9999							
63323-0272-55	J2680			1/1/2002	7/15/2003	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML	25 MG		1	01/01/2002	07/15/2003							
63323-0276-02	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (S.D.V.) 1000 U/ML	2 ML	VL	IJ	ML	1000 U		1	01/01/2002	99/99/9999							
63323-0278-10	J9360			1/1/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (M.D.V.) 1 MG/ML	10 ML	VL	IV	ML	1 MG		1	01/01/2002	99/99/9999							
63323-0280-02	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2 ML	VL	IJ	ML	20 MG		0.5	01/01/2002	99/99/9999							
63323-0280-04	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	4 ML	VL	IJ	ML	20 MG		0.5	01/01/2002	99/99/9999							
63323-0280-10	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	10 ML	VL	IJ	ML	20 MG		0.5	01/01/2002	99/99/9999							
63323-0282-02	J3490			5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2 ML	VL	IJ	ML	1 EA		1	05/11/2007	99/99/9999							
63323-0282-04	J3490			5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4 ML	VL	IJ	ML	1 EA		1	05/11/2007	99/99/9999							
63323-0282-06	J3490			5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6 ML	VL	IJ	ML	1 EA		1	05/11/2007	99/99/9999							
63323-0282-60	J3490			5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60 ML	VL	IV	ML	1 EA		1	05/11/2007	99/99/9999							
63323-0284-20	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 1 GM	1 EA	VL	IV	EA	500 MG		2	01/01/2002	99/99/9999							
63323-0295-61	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1 EA	VL	IV	GM	500 MG		2	01/01/2002	99/99/9999							
63323-0301-10	J0697			1/1/2002	3/14/2002	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 750 MG	1 EA	VL	IJ	EA	750 MG		1	01/01/2002	03/14/2002							
63323-0303-51	J7682			6/21/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA	300 MG		4	06/21/2004	12/31/2006							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0303-51	KO	J7682	KO	6/21/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL.PF.LATEX-FREE) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	06/21/2004	12/31/2006					
63323-0303-51		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL.PF.LATEX-FREE) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	01/01/2007	99/99/9999					
63323-0303-51	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL.PF.LATEX-FREE) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	01/01/2007	99/99/9999					
63323-0303-55		J7682		12/17/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG.50ML VIAL X 6) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	12/17/2004	12/31/2006					
63323-0303-55	KO	J7682	KO	12/17/2004	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG.50ML VIAL X 6) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	12/17/2004	12/31/2006					
63323-0303-55		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG.50ML VIAL X 6) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	01/01/2007	99/99/9999					
63323-0303-55	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG.50ML VIAL X 6) 1.2 GM	1	EA	VL	IV	EA	300	MG		4	01/01/2007	99/99/9999					
63323-0305-02		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PEDIATRIC M.D.V.) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	04/05/2004	99/99/9999						
63323-0306-02		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0306-30		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	30	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0307-51		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PHARMACY BULK PACKAGE) 40 MG/ML	50	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999						
63323-0308-61		J1450		7/8/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 200 MG/100 ML	100	ML	VL	IV	ML	200	MG	0.01	07/08/2004	99/99/9999						
63323-0308-63		J1450		7/8/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	07/08/2004	99/99/9999						
63323-0311-10		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
63323-0311-50		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	50	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
63323-0311-61		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVIAL,BULK PACK,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
63323-0311-63		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVIAL,BULK PACK) 100 MG/ML	200	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999						
63323-0312-20		J0697		1/1/2002	4/5/2002	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 1.5 GM	1	EA	VL	IJ	EA	750	MG	2	01/01/2002	04/05/2002						
63323-0313-61		J0697		1/1/2002	1/12/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (BULK PACKAGE,PF) 7.5 GM	1	EA	VL	IJ	EA	750	MG	10	01/01/2002	01/12/2003						
63323-0314-61		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 10 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	99/99/9999						
63323-0317-01		J1626		12/14/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,S.D.V,PF) 0.1 MG/ML	1	ML	VL	IV	ML	100	MCG	1	12/14/2007	99/99/9999						
63323-0318-01		J1626		6/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999						
63323-0319-04		J1626		6/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999						
63323-0325-10		Q4075		10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	5	MG	10	10/01/2003	12/31/2005						
63323-0325-10		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999						
63323-0325-20		Q4075		10/1/2003	12/31/2005	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	10/01/2003	12/31/2005						
63323-0325-20		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999						
63323-0326-20		J0692		3/17/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,10X1GM) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/17/2008	99/99/9999						
63323-0329-30		J3490		4/23/2004	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE) 50000 U	1	EA	VL	IM	EA	1	EA	1	04/23/2004	99/99/9999						
63323-0331-15		J0698		1/29/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/29/2002	99/99/9999						
63323-0332-15		J0698		1/29/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/29/2002	99/99/9999						
63323-0333-61		J0698		1/29/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1	GM	10	01/29/2002	99/99/9999						
63323-0334-61		J0698		1/29/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (BULK PACKAGE) 20 GM	1	EA	VL	IJ	EA	1	GM	20	01/29/2002	99/99/9999						
63323-0335-10		J0698		1/29/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 500 MG	1	EA	VL	IJ	EA	1	GM	0.5	01/29/2002	99/99/9999						
63323-0340-50		J0692		3/17/2008	9/7/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP,10X2GM) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/17/2008	9/7/2010						
63323-0341-20		J0694		1/1/2002	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL,PF) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	99/99/9999						
63323-0341-65		J0694		1/1/2002	1/1/2002	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (P.B.,P.F) 1 GM	1	EA	GC	IJ	EA	1	GM	1	01/01/2002	01/01/2002						
63323-0342-20		J0694		1/1/2002	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL,PF) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/01/2002	99/99/9999						
63323-0342-65		J0694		1/1/2002	1/1/2002	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (P.B.,PF) 2 GM	1	EA	GC	IJ	EA	1	GM	2	01/01/2002	01/01/2002						
63323-0343-61		J0694		1/1/2002	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE,PF) 10 GM	1	EA	VL	IJ	EA	1	GM	10	01/01/2002	99/99/9999						
63323-0344-10		J0696		2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 250 MG	1	EA	VL	IJ	EA	250	MG	1	02/16/2006	99/99/9999						
63323-0345-10		J0696		2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/16/2006	99/99/9999						
63323-0346-10		J0696		2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/16/2006	99/99/9999						
63323-0347-20		J0696		2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/16/2006	99/99/9999						
63323-0348-61		J0696		2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PACKAGE,1X100ML) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/16/2006	99/99/9999						
63323-0352-10		J0697		1/1/2002	10/06/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 750 MG	1	EA	VL	IJ	EA	750	MG	1	01/01/2002	10/06/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0353-20	J0697			1/1/2002	10/06/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 1.5 GM	1 EA	VL	U	EA	750 MG			2	01/01/2002	10/06/2010						
63323-0354-61	J0697			1/13/2003	10/06/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (BULK PACKAGE,PF) 7.5 GM	1 EA	VL	U	EA	750 MG			10	01/13/2003	10/06/2010						
63323-0359-03	J1840			1/3/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE 1 GM/3 ML	3 ML	VL	U	ML	500 MG			0.666	01/03/2003	99/99/9999						
63323-0365-01	J2354			4/13/2006	99/99/9999	INTRAUSVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 50 MCG/ML	1 ML	VL	U	ML	25 MCG			2	04/13/2006	99/99/9999						
63323-0366-01	J1240			7/1/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	1 ML	VL	U	ML	50 MG			1	07/01/2004	99/99/9999						
63323-0368-20	J0295			11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1 EA	VL	U	EA	1.5 GM			1	11/30/2005	99/99/9999						
63323-0369-20	J0295			11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM 2 GM-1 GM	1 EA	VL	U	EA	1.5 GM			2	11/30/2005	99/99/9999						
63323-0370-62	J0295			11/8/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP PHARMACY BULK PKG) 10 GM-5 GM	1 EA	VL	U	EA	1.5 GM			10	11/08/2006	99/99/9999						
63323-0373-02	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2 ML	VL	U	ML	1 MG			2	12/27/2006	99/99/9999						
63323-0374-20	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV) 2 MG/ML	20 ML	VL	U	ML	1 MG			2	12/27/2006	99/99/9999						
63323-0376-01	J2354			4/13/2006	99/99/9999	INTRAUSVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 100 MCG/ML	1 ML	VL	U	ML	25 MCG			4	04/13/2006	99/99/9999						
63323-0377-01	J2354			4/13/2006	99/99/9999	INTRAUSVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 500 MCG/ML	1 ML	VL	U	ML	25 MCG			20	04/13/2006	99/99/9999						
63323-0378-05	J2354			5/12/2006	99/99/9999	INTRAUSVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5 ML	VL	U	ML	25 MCG			8	05/12/2006	99/99/9999						
63323-0379-05	J2354			5/12/2006	99/99/9999	INTRAUSVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5 ML	VL	U	ML	25 MCG			40	05/12/2006	99/99/9999						
63323-0380-20	J3490			1/12/2004	99/99/9999	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 2 GM	1 EA	VL	U	EA	1 EA			1	01/12/2004	99/99/9999						
63323-0381-20	J3490			1/12/2004	99/99/9999	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 3 GM	1 EA	VL	U	EA	1 EA			1	01/12/2004	99/99/9999						
63323-0382-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 0.5 MG/ML	10 ML	VL	U	ML	0.5 MG			1	01/01/2002	99/99/9999						
63323-0383-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 1 MG/ML	10 ML	VL	U	ML	0.5 MG			2	01/01/2002	99/99/9999						
63323-0385-10	J3490			8/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 1 GM	1 EA	VL	U	EA	1 EA			1	08/13/2007	99/99/9999						
63323-0386-20	J3490			8/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 2 GM	1 EA	VL	U	EA	1 EA			1	08/13/2007	99/99/9999						
63323-0387-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	U	EA	500 MG			0.5	01/01/2002	99/99/9999						
63323-0388-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	U	EA	500 MG			1	01/01/2002	99/99/9999						
63323-0389-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 1 GM	1 EA	VL	U	EA	500 MG			2	01/01/2002	99/99/9999						
63323-0390-50	J3490			1/12/2004	99/99/9999	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 4 GM	1 EA	VL	U	EA	1 EA			1	01/12/2004	99/99/9999						
63323-0393-06	J0770			3/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1 EA	VL	U	EA	150 MG			1	03/10/2008	99/99/9999						
63323-0398-10	J0456			2/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1 EA	VL	U	EA	500 MG			1	02/27/2006	99/99/9999						
63323-0398-12	J0456			2/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	NOVAPLUS AZITHROMYCIN (10X10ML) 500 MG	1 EA	VL	U	EA	500 MG			1	02/27/2006	99/99/9999						
63323-0399-23	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 2 GM	1 EA	VL	U	EA	500 MG			4	01/01/2002	99/99/9999						
63323-0403-02	Q2009			8/16/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,25X2ML) 75 MG/ML	2 ML	VL	U	ML	50 MG			1.5	08/16/2007	99/99/9999						
63323-0403-10	Q2009			8/16/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,10X10ML) 75 MG/ML	10 ML	VL	U	ML	50 MG			1.5	08/16/2007	99/99/9999						
63323-0407-03	J0706			8/3/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,SDV,PF) 20 MG/ML	3 ML	VL	U	ML	5 MG			4	08/03/2007	99/99/9999						
63323-0411-05	J2250			1/1/2002	12/7/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5 ML	VL	U	ML	1 MG			1	01/01/2002	12/07/2003						
63323-0411-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10 ML	VL	U	ML	1 MG			1	01/01/2002	99/99/9999						
63323-0411-12	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2 ML	VL	U	ML	1 MG			1	01/01/2002	99/99/9999						
63323-0411-25	J2250			12/8/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5 ML	VL	U	ML	1 MG			1	12/08/2003	99/99/9999						
63323-0412-01	J2250			1/1/2002	1/7/2004	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1 ML	VL	U	ML	1 MG			5	01/01/2002	01/07/2004						
63323-0412-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2 ML	VL	U	ML	1 MG			5	01/01/2002	99/99/9999						
63323-0412-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	5 ML	VL	U	ML	1 MG			5	01/01/2002	99/99/9999						
63323-0412-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10 ML	VL	U	ML	1 MG			5	01/01/2002	99/99/9999						
63323-0412-25	J2250			1/7/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1 ML	VL	U	ML	1 MG			5	01/07/2004	99/99/9999						
63323-0446-61	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 20 GM	1 EA	VL	U	EA	500 MG			40	01/01/2002	99/99/9999						
63323-0469-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
63323-0469-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
63323-0469-51	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 50 MG/ML	1 ML	VL	IM	ML	50 MG			1	01/01/2002	99/99/9999						
63323-0471-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
63323-0471-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
63323-0471-51	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 100 MG/ML	1 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
63323-0471-55	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (M.D.V.,FLIP-TOP) 100 MG/ML	5 ML	VL	IM	ML	50 MG			2	01/01/2002	99/99/9999						
63323-0474-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (VIAL) 5 MG/ML	1 ML	VL	IM	ML	5 MG			1	01/01/2002	99/99/9999						
63323-0474-10	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML	5 MG			1	01/01/2002	99/99/9999						
63323-0474-91	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL AMERINET CHOICE (VIAL) 5 MG/ML	1 ML	VL	IM	ML	5 MG			1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0506-01	J1100			5/30/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 10 MG/ML	1 ML	VL	U	ML		1 MG		10	05/30/2003	99/99/9999						
63323-0513-02	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC M.D.V.,P.F) 10 MG/ML	2 ML	VL	U	ML		80 MG		0.125	01/01/2002	99/99/9999						
63323-0516-10	J1100			8/23/2005	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML	10 ML	VL	U	ML		1 MG		10	08/23/2005	99/99/9999						
63323-0540-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 1000 U/ML	1 ML	VL	U	ML		1000 U		1	01/01/2002	99/99/9999						
63323-0540-11	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10 ML	VL	U	ML		1000 U		1	01/01/2002	99/99/9999						
63323-0540-31	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	U	ML		1000 U		1	01/01/2002	99/99/9999						
63323-0542-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 10000 U/ML	1 ML	VL	U	ML		1000 U		10	01/01/2002	99/99/9999						
63323-0542-07	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	5 ML	VL	U	ML		1000 U		10	01/01/2002	99/99/9999						
63323-0544-01	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 10 U/ML	1 ML	VL	IV	ML		10 U		1	01/01/2002	99/99/9999						
63323-0544-11	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	10 ML	VL	IV	ML		10 U		1	01/01/2002	99/99/9999						
63323-0544-31	J1642			1/1/2002	2/10/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	30 ML	VL	IV	ML		10 U		1	01/01/2002	02/10/2006						
63323-0545-01	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 100 U/ML	1 ML	VL	IV	ML		10 U		10	01/01/2002	99/99/9999						
63323-0545-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 100 U/ML	5 ML	VL	IV	ML		10 U		10	01/01/2002	99/99/9999						
63323-0604-01	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	01/01/2002	99/99/9999						
63323-0613-02	J1245			1/1/2002	5/18/2006	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG		0.5	01/01/2002	05/18/2006						
63323-0613-10	J1245			1/1/2002	5/18/2006	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	10 ML	VL	IV	ML		10 MG		0.5	01/01/2002	05/18/2006						
63323-0614-01	J0360			1/1/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (S.D.V.) 20 MG/ML	1 ML	VL	U	ML		20 MG		1	01/01/2002	99/99/9999						
63323-0614-55	J0360			3/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1 ML	VL	U	ML		20 MG		1	03/26/2007	99/99/9999						
63323-0616-03	J0282			8/2/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	08/02/2002	99/99/9999						
63323-0616-09	J0282			12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.) 50 MG/ML	9 ML	VL	IV	ML		30 MG		1.66666	12/16/2003	99/99/9999						
63323-0616-13	J0282			1/6/2003	11/21/2007	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL NOVAPLUS (S.D.V.) 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	01/06/2003	11/21/2007						
63323-0617-10	J2260			5/4/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	05/14/2002	99/99/9999						
63323-0617-20	J2260			5/4/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	05/14/2002	99/99/9999						
63323-0617-50	J2260			99/99/9999	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML		5 MG		0.2	05/14/2002	99/99/9999						
63323-0651-02	J0150			6/27/2005	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (PF) 3 MG/ML	2 ML	VL	IV	ML		6 MG		0.5	06/27/2005	99/99/9999						
63323-0651-04	J0150			6/27/2005	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (PF) 3 MG/ML	4 ML	VL	IV	ML		6 MG		0.5	06/27/2005	99/99/9999						
63323-0664-01	J1200			6/12/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL 50 MG/ML	1 ML	VL	U	ML		50 MG		1	06/12/2002	99/99/9999						
63323-0665-01	J3105			6/21/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	TERBUTALINE SULFATE 1 MG/ML	1 ML	VL	SC	ML		1 MG		1	06/21/2004	99/99/9999						
63323-0711-00	J0640			1/1/2002	12/31/2006	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 500 MG	1 EA	VL	U	EA		50 MG		10	01/01/2002	12/31/2006						
63323-0731-01	J0636			3/17/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	AM	IV	ML		0.1 MCG		10	03/17/2003	99/99/9999						
63323-0733-10	J9209			1/1/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	01/01/2002	99/99/9999						
63323-0733-11	J9209			1/1/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	01/01/2002	99/99/9999						
63323-0733-12	J9209			1/1/2002	11/21/2007	INJECTION, MESNA, 200 MG	MESNA NOVAPLUS (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	01/01/2002	11/21/2007						
63323-0734-10	J2430			4/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10 ML	VL	IV	ML		30 MG		0.1	04/25/2002	99/99/9999						
63323-0734-35	J2430			7/20/2004	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.,LATEX-FREE) 3 MG/ML	10 ML	VL	IV	ML		30 MG		0.1	07/20/2004	99/99/9999						
63323-0735-10	J2430			4/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML		30 MG		0.3	04/25/2002	99/99/9999						
63323-0735-35	J2430			9/11/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML		30 MG		0.3	09/11/2003	99/99/9999						
63323-0738-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML		1 EA		1	01/01/2002	99/99/9999						
63323-0738-20	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	01/01/2002	99/99/9999						
63323-0739-02	J3490			1/1/2002	5/13/2002	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML		1 EA		1	01/01/2002	05/13/2002						
63323-0739-12	J3490			5/14/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML		1 EA		1	05/14/2002	99/99/9999						
63323-0877-15	J2545			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V.,PF) 300 MG	1 EA	VL	IH	EA		300 MG		1	1/1/2007	99/99/9999						
63323-0883-05	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	5 ML	VL	IV	ML		10 MG		0.2	08/06/2007	99/99/9999						
63323-0883-10	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	10 ML	VL	IV	ML		10 MG		0.2	08/06/2007	99/99/9999						
63323-0883-30	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	25 ML	VL	IV	ML		10 MG		0.2	08/06/2007	99/99/9999						
63323-0915-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 20000 U/ML	1 ML	VL	U	ML		1000 U		20	01/01/2002	99/99/9999						
63323-0924-10	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10 ML	VL	U	ML		0.9 %		0.5	01/01/2002	12/31/2003						
63323-0924-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0924-30	J2912			1/1/2002	12/31/2003	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30 ML	VL	IV	ML		0.9 %		0.5	01/01/2002	12/31/2003						
63323-0924-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	01/01/2004	99/99/9999						
63323-0929-05	J1642			1/23/2002	7/9/2003	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	SMARTAMP HEPARIN LOCK FLUSH (AMP,PF) 10 U/ML	5 ML	AM	IV	ML		10 U		1	01/23/2002	07/09/2003						
63323-0965-05	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	5 ML	VL	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0965-10		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
63323-0965-15		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	15 ML	VL	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
63323-0965-20		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	20 ML	VL	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
63323-0967-30		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30 ML	VL	IV	ML		2 MEQ		1	01/01/2002	99/99/9999						
63370-0005-25	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-25	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-25	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-35	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-35	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-35	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-45	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-45	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-45	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-50	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-50	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-50	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-55	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-55	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-55	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-62	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	01/01/2007	12/31/2007						
63370-0005-62	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0005-62	KO J7604	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	01/01/2008	99/99/9999						
63370-0007-25	Q4075			10/1/2003	12/31/2006	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	12/31/2006						
63370-0007-25	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2006	99/99/9999						
63370-0007-35	Q4075			10/1/2003	12/31/2006	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	12/31/2006						
63370-0007-35	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2006	99/99/9999						
63370-0007-50	Q4075			10/1/2003	12/31/2006	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	10/01/2003	12/31/2006						
63370-0007-50	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	01/01/2006	99/99/9999						
63370-0010-25	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-25	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-25	J7609			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-25	KO J7609	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-35	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-35	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-35	J7609			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-35	KO J7609	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-45	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-45	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-45	J7609			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-45	KO J7609	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-50	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-50	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2005	12/31/2006						
63370-0010-50	J7609			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0010-50	KO J7609	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	01/01/2007	99/99/9999						
63370-0016-15	J3490			7/8/2003	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	07/08/2003	12/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0016-15	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	99/99/9999						
63370-0016-25	J3490			7/8/2003	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	12/31/2005						
63370-0016-25	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	99/99/9999						
63370-0016-35	J3490			7/8/2003	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	12/31/2005						
63370-0016-35	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	99/99/9999						
63370-0016-50	J3490			7/8/2003	12/31/2005	UNCLASSIFIED DRUGS	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	12/31/2005						
63370-0016-50	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	01/01/2006	99/99/9999						
63370-0018-15	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	07/08/2003	99/99/9999						
63370-0018-25	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	07/08/2003	99/99/9999						
63370-0018-35	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG			50	07/08/2003	99/99/9999						
63370-0020-10	J0285			7/8/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0020-15	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	JR	NA	GM	50 MG			20	09/04/2002	99/99/9999						
63370-0020-25	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM	50 MG			20	09/04/2002	99/99/9999						
63370-0020-35	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM	50 MG			20	09/04/2002	99/99/9999						
63370-0020-50	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM	50 MG			20	09/04/2002	99/99/9999						
63370-0022-06	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	12/19/2003	12/31/2006						
63370-0022-06	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0022-09	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	12/19/2003	12/31/2006						
63370-0022-09	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0022-15	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	12/19/2003	12/31/2006						
63370-0022-15	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0025-10	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63370-0025-15	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63370-0025-25	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63370-0025-35	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63370-0026-15	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0026-25	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0026-35	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	JR	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0026-45	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0027-10	J7622			7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-10	KO J7622	KO		7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-15	J7622			7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-15	KO J7622	KO		7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-25	J7622			7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-25	KO J7622	KO		7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-35	J7622			7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0027-35	KO J7622	KO		7/8/2003	8/29/2003	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROP MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	08/29/2003						
63370-0028-06	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-06	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-10	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-10	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-15	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-15	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-25	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-25	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-35	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0028-35	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0031-25	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0031-35	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0031-45	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0032-10	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0032-15	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0032-25	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0032-35	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0034-35	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM	1 EA			1	07/12/2004	99/99/9999						
63370-0034-45	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM	1 EA			1	07/12/2004	99/99/9999						
63370-0034-50	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM	1 EA			1	07/12/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0035-09		J7626		7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-09	KO	J7626	KO	7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-09		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-09	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-10		J7626		7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-10	KO	J7626	KO	7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-10		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-10	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-15		J7626		7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-15	KO	J7626	KO	7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-15		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-15	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-25		J7626		7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-25	KO	J7626	KO	7/8/2003	12/31/2005	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.25 MG			2000	07/08/2003	12/31/2005						
63370-0035-25		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-25	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM	0.5 MG			2000	01/01/2006	99/99/9999						
63370-0035-25		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2007	12/31/2007						
63370-0050-15		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-15	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-25		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2007	12/31/2007						
63370-0050-25		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-25	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-35		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2007	12/31/2007						
63370-0050-35		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-35	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-45		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	01/01/2007	12/31/2007						
63370-0050-45		J7632		1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0050-45	KO	J7632	KO	1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2008	99/99/9999						
63370-0052-25		J0735		7/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (USP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0052-25		J0735		7/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (USP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0057-10		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	JR	NA	GM	250 MG			4	07/08/2003	99/99/9999						
63370-0057-15		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	07/08/2003	99/99/9999						
63370-0057-25		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	07/08/2003	99/99/9999						
63370-0057-35		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	07/08/2003	99/99/9999						
63370-0057-45		J7516		12/19/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG			4	12/19/2003	99/99/9999						
63370-0060-15		J1094		7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0060-20		J1095		1/1/2002	12/31/2002	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	8 MG			125	01/01/2002	12/31/2002						
63370-0060-20		J1094		1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	01/01/2003	99/99/9999						
63370-0060-25		J1094		7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0060-35	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0060-50	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0069-09	J7640			10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1 EA	NA	NA	GM	12 MCG	83333.33	10/24/2006	99/99/9999								
63370-0069-09	KO J7640	KO		10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1 EA	NA	NA	GM	12 MCG	83333.33	10/24/2006	99/99/9999								
63370-0069-10	J7640			10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1 EA	NA	NA	GM	12 MCG	83333.33	10/24/2006	99/99/9999								
63370-0069-10	KO J7640	KO		10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1 EA	NA	NA	GM	12 MCG	83333.33	10/24/2006	99/99/9999								
63370-0070-10	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-10	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-15	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-15	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-20	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-20	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-25	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-25	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-35	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-35	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-45	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-45	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-50	J7638			7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0070-50	KO J7638	KO		7/8/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0071-25	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	99/99/9999							
63370-0071-35	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	99/99/9999							
63370-0071-45	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	99/99/9999							
63370-0071-50	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG		20	07/08/2003	99/99/9999							
63370-0084-10	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG		200	07/08/2003	99/99/9999							
63370-0084-15	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG		200	07/08/2003	99/99/9999							
63370-0084-25	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG		200	07/08/2003	99/99/9999							
63370-0086-10	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG		25	07/08/2003	12/31/2010							
63370-0086-15	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG		25	07/08/2003	12/31/2010							
63370-0086-25	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG		25	07/08/2003	12/31/2010							
63370-0088-07	J7799			12/19/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	12/19/2003	99/99/9999							
63370-0088-15	J7799			12/19/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	12/19/2003	99/99/9999							
63370-0088-25	J7799			12/19/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	12/19/2003	99/99/9999							
63370-0089-25	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG		5	07/12/2004	99/99/9999							
63370-0089-35	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG		5	07/12/2004	99/99/9999							
63370-0089-45	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG		5	07/12/2004	99/99/9999							
63370-0089-50	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG		5	07/12/2004	99/99/9999							
63370-0090-10	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X1GM)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0090-15	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X5GM)	1 EA	JR	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0090-25	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X5GM)	1 EA	BO	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0090-35	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X100GM)	1 EA	JR	NA	GM	1 MG		1000	07/08/2003	99/99/9999							
63370-0091-25	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA		1	07/12/2004	99/99/9999							
63370-0091-35	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA		1	07/12/2004	99/99/9999							
63370-0091-45	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA		1	07/12/2004	99/99/9999							
63370-0095-15	J9190			7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	07/08/2003	99/99/9999							
63370-0095-15	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999							
63370-0095-25	J9190			7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	07/08/2003	99/99/9999							
63370-0095-25	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999							
63370-0095-35	J9190			7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	07/08/2003	99/99/9999							
63370-0095-35	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999							
63370-0095-45	J9190			7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	07/08/2003	99/99/9999							
63370-0095-45	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG		2	01/28/2005	99/99/9999							
63370-0098-15	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	JR	NA	GM	1 EA		1	07/08/2003	99/99/9999							
63370-0098-25	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	07/08/2003	99/99/9999							
63370-0098-35	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	07/08/2003	99/99/9999							
63370-0098-50	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	07/08/2003	99/99/9999							
63370-0098-55	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1	07/08/2003	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0107-55	J3410			7/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG			40	07/08/2003	99/99/9999						
63370-0108-15	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	25 MG			40	07/12/2004	99/99/9999						
63370-0108-25	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	25 MG			40	07/12/2004	99/99/9999						
63370-0108-35	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	25 MG			40	07/12/2004	99/99/9999						
63370-0108-45	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	25 MG			40	07/12/2004	99/99/9999						
63370-0108-50	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	25 MG			40	07/12/2004	99/99/9999						
63370-0109-10	J7317			10/24/2006	12/31/2006	INJECTION	SODIUM HYALURONATE (1X1GM)	1 EA	NA	NA	GM	20 MG			40	10/24/2006	12/31/2006						
63370-0109-10	J3490			1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X1GM)	1 EA	NA	NA	GM	1 EA			1	01/01/2007	99/99/9999						
63370-0109-16	J7317			10/24/2006	12/31/2006	INJECTION	SODIUM HYALURONATE (1X0.2GM)	1 EA	NA	NA	GM	20 MG			40	10/24/2006	12/31/2006						
63370-0109-16	J3490			1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X0.2GM)	1 EA	NA	NA	GM	1 EA			1	01/01/2007	99/99/9999						
63370-0120-10	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-10	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-10	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-10	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-15	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-15	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-15	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-15	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-25	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-25	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-25	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-25	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-35	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-35	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-35	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-35	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-50	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-50	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	12/31/2006						
63370-0120-50	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0120-50	KO J7645	KO		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM	1 MG			1000	01/01/2007	99/99/9999						
63370-0122-15	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZED	1 EA	JR	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0122-25	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZED	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0122-35	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZED	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0124-20	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG			2	07/08/2003	99/99/9999						
63370-0124-25	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG			2	07/08/2003	99/99/9999						
63370-0124-35	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG			2	07/08/2003	99/99/9999						
63370-0138-10	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1GM,USP)	1 EA	NA	NA	GM	40 MG			25	10/25/2006	99/99/9999						
63370-0138-15	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X5GM,USP)	1 EA	NA	NA	GM	40 MG			25	10/25/2006	99/99/9999						
63370-0138-25	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X25GM,USP)	1 EA	NA	NA	GM	40 MG			25	10/25/2006	99/99/9999						
63370-0138-35	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X100GM,USP)	1 EA	NA	NA	GM	40 MG			25	10/25/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0138-50	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1000GM USP)	1 EA	NA	NA	GM	40 MG			25	10/25/2006	99/99/9999						
63370-0141-15	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0141-25	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0141-35	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	99/99/9999						
63370-0143-35	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML			1	07/08/2003	99/99/9999						
63370-0143-45	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML			1	07/08/2003	99/99/9999						
63370-0143-50	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM	10 ML			1	07/08/2003	99/99/9999						
63370-0145-14	J2000			12/19/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	12/19/2003	12/31/2003						
63370-0145-14	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
63370-0145-25	J2000			7/8/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	07/08/2003	12/31/2003						
63370-0145-25	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
63370-0145-35	J2000			7/8/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	07/08/2003	12/31/2003						
63370-0145-35	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
63370-0145-50	J2000			7/8/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	07/08/2003	12/31/2003						
63370-0145-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
63370-0145-55	J2000			7/8/2003	12/31/2003	INJECTION, LIDOCAINE HCL, 50 CC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 ML			4	07/08/2003	12/31/2003						
63370-0145-55	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2004	99/99/9999						
63370-0152-25	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0152-35	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0152-45	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA			1	07/08/2003	99/99/9999						
63370-0153-20	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-20	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-20	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-20	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-25	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-25	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-25	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-25	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-35	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-35	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-35	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-35	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-45	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-45	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	07/08/2003	12/31/2006						
63370-0153-45	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0153-45	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG			100	01/01/2007	99/99/9999						
63370-0154-10	J8610			7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	07/08/2003	99/99/9999						
63370-0154-15	J8610			7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	07/08/2003	99/99/9999						
63370-0154-25	J8610			7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM	2.5 MG			400	07/08/2003	99/99/9999						
63370-0165-15	J2440			7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG			16.66666	07/08/2003	99/99/9999						
63370-0165-25	J2440			7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG			16.66666	07/08/2003	99/99/9999						
63370-0165-35	J2440			7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG			16.66666	07/08/2003	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0170-06	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/08/2003	99/99/9999						
63370-0170-09	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/08/2003	99/99/9999						
63370-0170-10	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/08/2003	99/99/9999						
63370-0170-15	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/08/2003	99/99/9999						
63370-0176-25	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0176-35	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0176-45	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0176-53	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0194-15	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/12/2004	99/99/9999						
63370-0194-25	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/12/2004	99/99/9999						
63370-0194-35	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/12/2004	99/99/9999						
63370-0194-45	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/12/2004	99/99/9999						
63370-0194-50	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	07/12/2004	99/99/9999						
63370-0195-15	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 ML			20	07/08/2003	99/99/9999						
63370-0195-25	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 ML			20	07/08/2003	99/99/9999						
63370-0195-35	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 ML			20	07/08/2003	99/99/9999						
63370-0195-50	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 ML			20	07/08/2003	99/99/9999						
63370-0195-55	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 ML			20	07/08/2003	99/99/9999						
63370-0198-25	Q0165			12/19/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG			100	12/19/2003	99/99/9999						
63370-0198-35	Q0165			12/19/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG			100	12/19/2003	99/99/9999						
63370-0198-45	Q0165			12/19/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM	10 MG			100	12/19/2003	99/99/9999						
63370-0199-35	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP SOY)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0199-45	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP SOY)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0199-50	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP SOY)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0199-55	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP SOY)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0199-62	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP SOY)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0200-35	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP YAM)	1 EA	BO	NA	GM	50 MG			20	12/19/2003	99/99/9999						
63370-0200-45	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP YAM)	1 EA	BO	NA	GM	50 MG			20	12/19/2003	99/99/9999						
63370-0200-50	J2675			7/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0200-55	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP YAM)	1 EA	BO	NA	GM	50 MG			20	12/19/2003	99/99/9999						
63370-0200-62	J2675			7/8/2003	7/8/2003	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	NA	NA	GM	50 MG			20	07/08/2003	07/08/2003						
63370-0202-35	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., YAM)	1 EA	BO	NA	GM	50 MG			20	07/12/2004	99/99/9999						
63370-0202-45	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., YAM)	1 EA	BO	NA	GM	50 MG			20	07/12/2004	99/99/9999						
63370-0202-50	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P., YAM)	1 EA	BO	NA	GM	50 MG			20	07/12/2004	99/99/9999						
63370-0203-25	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0203-35	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0203-45	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0203-50	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	07/08/2003	99/99/9999						
63370-0204-35	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0204-45	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0204-50	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0204-55	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0204-62	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM	50 MG			20	02/25/2004	99/99/9999						
63370-0205-25	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0205-35	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0205-45	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	07/08/2003	99/99/9999						
63370-0210-04	J0270			7/8/2003	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	07/08/2003	99/99/9999						
63370-0210-06	J0270			7/8/2003	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	07/08/2003	99/99/9999						
63370-0210-10	J0270			7/8/2003	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG			800000	07/08/2003	99/99/9999						
63370-0218-25	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG			40	07/08/2003	99/99/9999						
63370-0218-35	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG			40	07/08/2003	99/99/9999						
63370-0218-45	J2780			7/8/2003	99/99/99																		

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0233-35	J3000			7/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM	1 GM	1	07/08/2003	99/99/9999								
63370-0233-50	J3000			7/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM	1 GM	1	07/08/2003	99/99/9999								
63370-0250-15	J7681			7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-15	KO J7681	KO		7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-20	J7681			7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-20	KO J7681	KO		7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-25	J7681			7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-25	KO J7681	KO		7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-35	J7681			7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0250-35	KO J7681	KO		7/8/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	07/08/2003	99/99/9999								
63370-0275-10	J7682			7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-10	KO J7682	KO		7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-10	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-10	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-15	J7682			7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-15	KO J7682	KO		7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-15	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-15	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-25	J7682			7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-25	KO J7682	KO		7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-25	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-25	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-35	J7682			7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-35	KO J7682	KO		7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	07/08/2003	12/31/2006								
63370-0275-35	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0275-35	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	01/01/2007	99/99/9999								
63370-0300-15	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	07/08/2003	99/99/9999								
63370-0300-20	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	07/08/2003	99/99/9999								
63370-0300-25	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	07/08/2003	99/99/9999								
63370-0300-35	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	07/08/2003	99/99/9999								
63370-0350-10	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	07/08/2003	99/99/9999								
63370-0350-15	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	07/08/2003	99/99/9999								
63370-0350-25	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	07/08/2003	99/99/9999								
63370-0350-35	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	07/08/2003	99/99/9999								
63370-0414-35	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X100GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-45	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X500GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-50	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X1000GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-53	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X2500GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0432-35	J3520			10/24/2006	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (1X100GM,USP)	1 EA	BO	NA	GM	150 MG	6.66666	10/24/2006	99/99/9999								
63370-0432-50	J3520			10/24/2006	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (1X1000GM,USP)	1 EA	BO	NA	GM	150 MG	6.66666	10/24/2006	99/99/9999								
63370-0462-10	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X1GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								
63370-0462-15	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X5GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								
63370-0462-25	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X25GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0472-35	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X1000GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0472-45	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X500GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0472-50	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X1000GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0472-53	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X2500GM.USP)	1	EA	NA	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0485-35	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0485-45	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0485-50	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000GM.USP)	1	EA	BO	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0485-53	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X2500GM.USP)	1	EA	NA	NA	GM	100 MG		10	10/26/2006	99/99/9999						
63370-0905-06	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0905-09	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0905-10	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0905-15	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0910-15	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	99/99/9999						
63370-0910-25	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	99/99/9999						
63370-0910-35	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG		33.33333	07/08/2003	99/99/9999						
63370-0920-06	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0920-09	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0920-10	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0920-15	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	07/08/2003	99/99/9999						
63370-0930-10	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	99/99/9999						
63370-0930-15	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	99/99/9999						
63370-0930-20	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG		250	07/08/2003	99/99/9999						
63370-0930-25	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	07/08/2003	99/99/9999						
63370-0930-35	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG		250	07/08/2003	99/99/9999						
63370-0935-10	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	07/08/2003	99/99/9999						
63370-0935-15	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	07/08/2003	99/99/9999						
63370-0935-25	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	07/08/2003	99/99/9999						
63370-0935-35	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	07/08/2003	99/99/9999						
63370-0937-15	J2175			7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0937-25	J2175			7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0937-35	J2175			7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0939-15	J1230			7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	99/99/9999						
63370-0939-25	J1230			7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	99/99/9999						
63370-0939-35	J1230			7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	07/08/2003	99/99/9999						
63370-0950-25	J2271			7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0950-35	J2271			7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0950-45	J2271			7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0950-50	J2271			7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0955-10	J2321			7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	12/31/2010						
63370-0955-15	J2321			7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	12/31/2010						
63370-0955-25	J2321			7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	12/31/2010						
63370-0955-35	J2321			7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	12/31/2010						
63370-0955-45	J2321			7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	12/31/2010						
63370-0968-04	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	NA	NA	GM	1 EA		1	07/08/2003	99/99/9999						
63370-0968-06	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	07/08/2003	99/99/9999						
63370-0970-25	J3140			1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/31/2002	99/99/9999						
63370-0970-35	J3140			1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	01/31/2002	99/99/9999						
63370-0970-45	J3140			1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	01/31/2002	99/99/9999						
63370-0970-50	J3140			1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	01/31/2002	99/99/9999						
63370-0971-25	J3140			12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP.YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	99/99/9999						
63370-0971-35	J3140			12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP.YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	99/99/9999						
63370-0971-45	J3140			12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP.YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	99/99/9999						
63370-0971-50	J3140			12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP.YAM)	1	EA	BO	NA	GM	50 MG		20	12/19/2003	99/99/9999						
63370-0980-25	J1070			7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0980-35	J1070			7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0980-50	J1070			7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100 MG		10	07/08/2003	99/99/9999						
63370-0983-15	J3130			1/19/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	01/19/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0985-45	J3150			7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63370-0985-50	J3150			7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG			10	07/08/2003	99/99/9999						
63402-0511-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.20666	01/01/2008	03/31/2008						
63402-0511-24	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL), INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.20666	01/01/2008	03/31/2008						
63402-0511-24	J7614			4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.20666	04/01/2008	99/99/9999						
63402-0511-24	KO J7614	KO		4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.20666	04/01/2008	99/99/9999						
63402-0512-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.42	01/01/2008	03/31/2008						
63402-0512-24	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.42	01/01/2008	03/31/2008						
63402-0512-24	J7614			4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.42	04/01/2008	99/99/9999						
63402-0512-24	KO J7614	KO		4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.42	04/01/2008	99/99/9999						
63402-0513-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.83333	01/01/2008	03/31/2008						
63402-0513-24	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	1 MG			0.83333	01/01/2008	03/31/2008						
63402-0513-24	J7614			4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.83333	04/01/2008	99/99/9999						
63402-0513-24	KO J7614	KO		4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	0.5 MG			0.83333	04/01/2008	99/99/9999						
63402-0515-30	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/0.5 ML	0.5 ML	PC	IH	ML	1 MG			5	01/01/2008	03/31/2008						
63402-0515-30	J7612			4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	XOPENEX (PF) 1.25 MG/0.5 ML	0.5 ML	PC	IH	ML	0.5 MG			5	04/01/2008	99/99/9999						
63402-0911-30	KO J7699	KO		4/4/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	BROVANA 15 MCG/2 ML	2 ML	PC	IH	ML	1 EA			1	04/04/2007	12/31/2007						
63402-0911-30	KO J7605	KO		1/1/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA 15 MCG/2 ML	2 ML	PC	IH	ML	15 MCG			0.5	01/01/2008	99/99/9999						
63402-0911-64	KO J7699	KO		1/31/2007	12/31/2007	ARFORMOTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME	BROVANA (60X2ML) 15 MCG/2 ML	2 ML	VL	IH	ML	1 EA			1	01/31/2007	12/31/2007						
63402-0911-64	KO J7605	KO		1/1/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2 ML	VL	IH	ML	15 MCG			0.5	01/01/2008	99/99/9999						
63459-0300-42	J3490			6/12/2006	12/31/2006	UNCLASSIFIED DRUGS	VIVITROL (W/DILUENT) 380 MG	1 EA	VL	IM	EA	1 EA			1	06/12/2006	12/31/2006						
63459-0300-42	J2315			1/1/2007	5/1/2009	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	VIVITROL (W/DILUENT) 380 MG	1 EA	VL	IM	EA	1 MG			380	01/01/2007	5/1/2009						
63459-0391-20	J3490			3/31/2008	99/99/9999	UNCLASSIFIED DRUGS	TREANDA	1 EA	VL	IV	EA	1 EA			1	03/31/2008	99/99/9999						
63459-0600-10	J9017			7/15/2006	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (10X10 AMP,PF) 1 MG/ML	10 ML	AM	IV	ML	1 MG			1	07/15/2006	99/99/9999						
63481-0108-70	G9033			12/1/2004	5/31/2005	MEDICARE APPROVED DEMONSTRATION PROJECT	SYMMETREL 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
63481-0205-16	G9033			12/1/2004	5/18/2005	MEDICARE APPROVED DEMONSTRATION PROJECT	SYMMETREL 50 MG/5 ML	480 ML	BO	PO	ML	100 MG			0.1	12/01/2004	05/18/2005						
63481-0358-10	J2310			1/1/2002	5/21/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (AMP) 0.4 MG/ML	1 ML	AM	IJ	ML	1 MG			0.4	01/01/2002	05/21/2007						
63481-0359-10	J2310			1/1/2002	6/24/2003	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (AMP) 0.02 MG/ML	2 ML	AM	IJ	ML	1 MG			0.02	01/01/2002	06/24/2003						
63481-0365-05	J2310			1/1/2002	1/6/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (M.D.V.) 0.4 MG/ML	10 ML	VL	IJ	ML	1 MG			0.4	01/01/2002	01/06/2005						
63481-0368-05	J2310			1/1/2002	1/6/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML	1 MG			1	01/01/2002	01/06/2005						
63481-0377-10	J2310			1/1/2002	2/16/2005	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (AMP) 1 MG/ML	2 ML	AM	IJ	ML	1 MG			1	01/01/2002	02/16/2005						
63481-0432-10	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10 MG/ML	1 ML	AM	IJ	ML	10 MG			1	01/01/2002	05/21/2007						
63481-0433-10	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	20 MG/ML	1 ML	AM	IJ	ML	10 MG			2	01/01/2002	05/21/2007						
63481-0444-10	J2410			1/1/2002	7/19/2007	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	NUMORPHAN HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 MG			1	01/01/2002	07/19/2007						
63481-0445-01	J2410			1/1/2002	9/30/2005	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	NUMORPHAN HCL (VIAL) 1.5 MG/ML	10 ML	VL	IJ	ML	1 MG			1.5	01/01/2002	09/30/2005						
63481-0508-05	J2300			1/1/2002	9/16/2005	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUMORPHAN HCL (VIAL) 1.5 MG/ML	10 ML	VL	IJ	ML	1 MG			1	01/01/2002	09/16/2005						
63481-0509-05	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUMORPHAN HCL (VIAL) 1.5 MG/ML	10 ML	VL	IJ	ML	10 MG			2	01/01/2002	05/21/2007						
63481-0624-10	J2410			5/7/2007	99/99/9999	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	OPANA (MLX10,PARABEN-FREE) 1 MG/ML	1 ML	AM	IJ	ML	1 MG			1	05/07/2007	99/99/9999						
63629-1262-01	J8999			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	AROMASIN 25 MG	30 EA	NA	PO	EA	1 EA			1	11/01/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1335-01		Q0165		11/1/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	NA	PO	EA		10 MG		1	11/01/2004	99/99/9999						
63629-1335-02		Q0165		11/1/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	NA	PO	EA		10 MG		1	11/01/2004	99/99/9999						
63629-1335-03		Q0165		11/1/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	NA	PO	EA		10 MG		1	11/01/2004	99/99/9999						
63629-1343-01		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA		50 MG		0.5	11/01/2004	99/99/9999						
63629-1343-02		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	20 EA	BO	PO	EA		50 MG		0.5	11/01/2004	99/99/9999						
63629-1343-03		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	42 EA	BO	PO	EA		50 MG		0.5	11/01/2004	99/99/9999						
63629-1343-04		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	24 EA	BO	PO	EA		50 MG		0.5	11/01/2004	99/99/9999						
63629-1349-01		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	15 EA	BO	PO	EA		50 MG		1	11/01/2004	99/99/9999						
63629-1349-02		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20 EA	BO	PO	EA		50 MG		1	11/01/2004	99/99/9999						
63629-1349-03		Q0163		11/1/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30 EA	BO	PO	EA		50 MG		1	11/01/2004	99/99/9999						
63629-1472-01		None		11/1/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	NA	PO	EA		2.5 MG		1	11/01/2004	99/99/9999						
63629-1472-02		J8610		2/1/2009	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE SODIUM 2.5 MG	12 EA	TAB	PO	EA		2.5 MG		1	2/1/2009	99/99/9999						
63629-1533-01		Q0177		11/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20 EA	NA	PO	EA		25 MG		1	11/01/2004	99/99/9999						
63629-1533-02		Q0177		11/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG		1	11/01/2004	99/99/9999						
63629-1579-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	21 EA	NA	PO	EA		5 MG		2	11/01/2004	99/99/9999						
63629-1579-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40 EA	NA	PO	EA		5 MG		2	11/01/2004	99/99/9999						
63629-1579-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	11/01/2004	99/99/9999						
63629-1587-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20 EA	NA	PO	EA		5 MG		4	11/01/2004	99/99/9999						
63629-1587-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30 EA	NA	PO	EA		5 MG		4	11/01/2004	99/99/9999						
63629-1587-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	40 EA	NA	PO	EA		5 MG		4	11/01/2004	99/99/9999						
63629-1587-04		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	15 EA	NA	PO	EA		5 MG		4	11/01/2004	99/99/9999						
63629-1591-01		Q0169		11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	12 EA	NA	PO	EA		12.5 MG		1	11/01/2004	99/99/9999						
63629-1591-02		Q0169		11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	4 EA	NA	PO	EA		12.5 MG		1	11/01/2004	99/99/9999						
63629-1591-03		Q0169		11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	2 EA	NA	PO	EA		12.5 MG		1	11/01/2004	99/99/9999						
63629-1591-04		Q0169		11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE 12.5 MG	30 EA	NA	PO	EA		12.5 MG		1	11/01/2004	99/99/9999						
63629-1605-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30 EA	NA	PO	EA		5 MG		1	11/01/2004	99/99/9999						
63629-1605-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	78 EA	NA	PO	EA		5 MG		1	11/01/2004	99/99/9999						
63629-1605-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	36 EA	NA	PO	EA		5 MG		1	11/01/2004	99/99/9999						
63629-1605-04		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	21 EA	NA	PO	EA		5 MG		1	11/01/2004	99/99/9999						
63629-1605-05		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG		1	11/01/2004	99/99/9999						
63629-1676-01		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	11/01/2004	99/99/9999						
63629-1676-02		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	11/01/2004	99/99/9999						
63629-1676-03		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA		1 EA		1	11/01/2004	99/99/9999						

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1677-01	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1677-02	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1677-03	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1678-01	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1678-02	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1678-03	J8499			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA			1	11/01/2004	99/99/9999					
63629-1742-01	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	15 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1742-02	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1742-03	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1742-04	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	20 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1841-01	Q0164			11/1/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	20 EA	NA	PO	EA		5 MG			1	11/01/2004	99/99/9999					
63629-1856-01	Q0177			11/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1856-02	Q0177			11/1/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA		25 MG			1	11/01/2004	99/99/9999					
63629-1862-01	J7510			11/1/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	FREDNISOLONE 15 MG/5 ML	60 ML	NA	PO	ML		5 MG			0.6	11/01/2004	99/99/9999					
63629-1870-01	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 6.25 MG/5 ML	120 ML	NA	PO	ML		25 MG			0.05	11/01/2004	99/99/9999					
63629-1870-02	Q0170			11/1/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 6.25 MG/5 ML	240 ML	NA	PO	ML		25 MG			0.05	11/01/2004	99/99/9999					
63704-0002-01	J1330			1/1/2006	12/31/2008	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGOTRATE (AMP) 0.2 MG/ML	1 ML	AM	UJ	ML		0.2 MG			1	01/01/2006	12/31/2009					
63717-0801-30	Q0166			3/3/2008	7/22/2010	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISOL (1X30MLAMBER GLASS) 2 MG/10 ML	30 ML	BO	PO	ML		1 MG			0.2	03/03/2008	7/22/2010					
63739-0082-01	Q0163			1/1/2002	4/14/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (BLISTER PACK) 25 MG	750 EA	BX	PO	EA		50 MG			0.5	01/01/2002	04/14/2005					
63739-0082-03	Q0163			1/1/2002	4/14/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (PUNCH CARD 25X30) 25 MG	25 EA	BX	PO	EA		50 MG			0.5	01/01/2002	04/14/2005					
63739-0083-01	Q0163			1/1/2002	4/14/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (BLISTER PACK) 50 MG	750 EA	BX	PO	EA		50 MG			1	01/01/2002	04/14/2005					
63739-0083-03	Q0163			1/1/2002	4/14/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (PUNCH CARD 25X30) 50 MG	25 EA	BX	PO	EA		50 MG			1	01/01/2002	04/14/2005					
63739-0161-10	J7509			2/27/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	100 EA	BX	PO	EA		4 MG			1	02/27/2007	99/99/9999					
63739-0161-15	J7509			8/4/2003	10/3/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	150 EA	BX	PO	EA		4 MG			1	08/04/2003	10/3/2008					
63739-0165-01	J8999			1/1/2002	6/30/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (BLISTER PACK) 40 MG	25 EA	BX	PO	EA		1 EA			1	01/01/2002	06/30/2007					
63739-0165-03	J8999			1/1/2002	6/30/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (PUNCH CARD 25X30) 40 MG	25 EA	BX	PO	EA		1 EA			1	01/01/2002	06/30/2007					
63739-0165-10	J8999			2/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	100 EA	BX	PO	EA		1 EA			1	02/27/2007	99/99/9999					
63739-0165-15	J8999			6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	150 EA	BX	PO	EA		1 EA			1	06/09/2004	10/3/2008					
63739-0207-10	J7506			3/1/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100 EA	BX	PO	EA		5 MG			1	03/01/2007	99/99/9999					
63739-0207-15	J7506			6/9/2004	10/3/2008	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	150 EA	BX	PO	EA		5 MG			1	06/09/2004	10/3/2008					
63739-0208-10	J7506			3/1/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100 EA	BX	PO	EA		5 MG			2	03/01/2007	99/99/9999					
63739-0208-15	J7506			6/9/2004	10/3/2008	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	150 EA	BX	PO	EA		5 MG			2	06/09/2004	10/3/2008					
63739-0209-10	J7506			3/1/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BX	PO	EA		5 MG			4	03/01/2007	99/99/9999					
63739-0209-15	J7506			6/9/2004	10/3/2008	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	150 EA	BX	PO	EA		5 MG			4	06/09/2004	10/3/2008					

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63739-0213-10	Q0170			2/27/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BX	PO	EA	25	MG		1	02/27/2007	99/99/9999					
63739-0213-15	Q0170			3/1/2006	10/3/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	150	EA	BX	PO	EA	25	MG		1	03/01/2006	10/3/2008					
63739-0269-10	J8999			2/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BX	PO	EA	1	EA		1	02/27/2007	99/99/9999					
63739-0269-15	J8999			2/15/2005	10/3/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	150	EA	BX	PO	EA	1	EA		1	02/15/2005	10/3/2008					
63739-0314-10	J8499			2/27/2007	3/31/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BX	PO	EA	1	EA		1	02/27/2007	3/31/2010					
63739-0314-15	J8499			6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	150	EA	BX	PO	EA	1	EA		1	06/09/2004	10/3/2008					
63739-0315-10	J8499			2/27/2007	6/30/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BX	PO	EA	1	EA		1	02/27/2007	6/30/2010					
63739-0315-15	J8499			6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	150	EA	BX	PO	EA	1	EA		1	06/09/2004	10/3/2008					
63739-0316-10	J8499			2/27/2007	9/30/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BX	PO	EA	1	EA		1	02/27/2007	9/30/2010					
63739-0316-15	J8499			6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	150	EA	BX	PO	EA	1	EA		1	06/09/2004	10/3/2008					
63807-0100-03	J2912			1/1/2002	7/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	2.5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	07/01/2002					
63807-0100-05	J2912			1/1/2002	7/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	07/01/2002					
63807-0100-10	J2912			1/1/2002	7/1/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	10	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	07/01/2002					
63807-0100-11	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-11	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-20	A4216			4/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (30X10ML,PF) 0.9%	10	ML	SR	IJ	ML	10	ML		0.1	04/01/2007	99/99/9999					
63807-0100-30	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	2.5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-30	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	2.5	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-33	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-33	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-35	J2912			5/25/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (USP,10X3ML,SYRINGE,PF) 0.9%	3	ML	SR	IJ	ML	0.9	%		0.5	05/25/2006	12/31/2006					
63807-0100-35	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (USP,10X3ML,SYRINGE,PF) 0.9%	3	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-50	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-50	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	5	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-51	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-51	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-55	A4216			4/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (100X5ML,PF) 0.9%	5	ML	SR	IJ	ML	10	ML		0.1	04/01/2007	99/99/9999					
63807-0100-56	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-56	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-75	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	10	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-75	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	10	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0100-92	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0100-92	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0102-11	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	0.9	%		0.5	01/01/2002	12/31/2006					
63807-0102-11	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML		0.1	01/01/2007	99/99/9999					
63807-0300-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 1 U/ML	3	ML	SR	IV	ML	10	U		0.1	01/01/2007	99/99/9999					
63807-0300-35	J1642			4/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 1 U/ML	3	ML	SR	IV	ML	10	U		0.1	04/12/2007	99/99/9999					
63807-0400-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5	ML	SR	IV	ML	10	U		0.2	01/01/2007	99/99/9999					
63807-0400-35	J1642			4/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 2 U/ML	3	ML	SR	IV	ML	10	U		0.2	04/12/2007	99/99/9999					
63807-0500-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	3	ML	SR	IV	ML	10	U		1	01/01/2007	99/99/9999					
63807-0500-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	5	ML	SR	IV	ML	10	U		1	01/01/2007	99/99/9999					
63807-0600-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	3	ML	SR	IV	ML	10	U		10	01/01/2007	99/99/9999					
63807-0600-51	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10	U		10	01/01/2007	99/99/9999					
63807-0600-55	J1642			5/10/2005	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH 100 U/ML	5	ML	SR	IV	ML	10	U		10	05/10/2005	99/99/9999					
63868-0087-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
63868-0087-24	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL 25 MG	24	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
63868-0500-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	MEDIPHEDRYL (MINITAB) 25 MG	100	EA	BO	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
63868-0611-32	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHT TIME SLEEP AID 25 MG	32	EA	BX	PO	EA	50	MG		0.5	01/01/2002	99/99/9999					
63868-0612-32	Q0163			4/1/2006	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUALITY CHOICE SLEEP AID (SOFTGEL) 50 MG	32	EA	BO	PO	EA	50	MG		1	04/01/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63868-0751-24		Q0163		4/15/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF INTENSE STRENGTH (CAPLET) 50 MG	24	EA	BX	PO	EA	50	MG	1	04/15/2003	99/99/9999						
63868-0789-24		Q0163		11/1/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUALITY CHOICE REST SIMPLY (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	11/01/2003	99/99/9999						
63868-0823-54		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999						
63868-0995-01		Q0163		1/1/2003	11/10/2005	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2003	11/10/2005						
63868-0995-24		Q0163		9/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUALITY CHOICE DYE-FREE ALLERGY MEDICINE (DYE-FREE,SOFTGEL) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	09/12/2003	99/99/9999						
63874-0005-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63874-0005-02		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63874-0005-06		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-09		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-10		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-12		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-14		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-15		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63874-0005-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63874-0005-21		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-24		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-25		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	25	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-28		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						
63874-0005-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999						
63874-0005-40		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-45		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	45 EA	BO	PO	EA		50 MG		0.5	05/10/2004	99/99/9999						
63874-0005-60		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG		0.5	05/10/2004	99/99/9999						
63874-0005-90		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90 EA	BO	PO	EA		50 MG		0.5	05/10/2004	99/99/9999						
63874-0006-01		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
63874-0006-02		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
63874-0006-07		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	7 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-10		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	10 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-12		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	12 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-14		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	14 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-15		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
63874-0006-20		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
63874-0006-25		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	25 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-28		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	28 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0006-30		Q0163		1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
63874-0006-60		Q0163		5/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	05/10/2004	99/99/9999						
63874-0098-10		G9035		12/1/2004	5/31/2005	APPROVED DEMONSTRATION PROJECT)	TAMIFLU (BLISTER PACK) 75 MG	10 EA	BO	PO	EA		75 MG		1	12/01/2004	05/31/2005						
63874-0229-01		J3360		4/4/2008	4/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X10ML) 5 MG/ML	10 ML	VL	IJ	ML		5 MG		1	04/04/2008	04/05/2008						
63874-0229-10		J3360		4/4/2008	4/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (5X10ML) 5 MG/ML	10 ML	VL	IJ	ML		5 MG		1	04/04/2008	04/05/2008						
63874-0246-00		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (Z-PACK) 250 MG	6 EA	NA	PO	EA		1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-04		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-06		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-10		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10 EA	BO	PO	EA		1 GM		0.25	03/15/2006	99/99/9999						
63874-0246-15		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15 EA	BO	PO	EA		1 GM		0.25	03/15/2006	99/99/9999						
63874-0327-01		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-02		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-10		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-12		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-14		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-15		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-18		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-19		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	19 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-20		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-21		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-24		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						
63874-0327-25		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	25 EA	BO	PO	EA		5 MG		2	05/10/2004	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0327-28	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-30	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-32	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	32	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-40	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-42	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-50	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0327-60	J7506			5/10/2004	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG			2	05/10/2004	99/99/9999					
63874-0370-01	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-08	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	8	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-10	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-12	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-15	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-20	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-24	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	24	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-30	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-40	Q0170			5/7/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	40	EA	BO	PO	EA	25 MG			1	05/07/2004	99/99/9999					
63874-0370-60	Q0170			3/2/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	NA	PO	EA	25 MG			1	03/02/2006	99/99/9999					
63874-0373-01	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-02	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-10	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	10	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-15	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	15	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-20	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	20	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-21	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	21	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-30	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	30	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-33	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	33	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-36	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	36	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-40	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	40	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-50	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0373-60	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5 MG			1	01/15/2006	99/99/9999					
63874-0392-01	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-02	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-06	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	60	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-10	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	10	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-14	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	14	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-15	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	15	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-20	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	20	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-21	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	21	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-24	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	24	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-28	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	28	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0392-30	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER SMG	PREDNISONE 20 MG	30	EA	BO	PO	EA	5 MG			4	01/15/2006	99/99/9999					
63874-0404-00	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	5 MG			1	01/23/2002	99/99/9999					
63874-0404-01	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-14	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	14	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-15	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-20	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-24	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	24	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-25	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-30	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					
63874-0404-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA			1	01/15/2006	99/99/9999					
63874-0404-40	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0404-50	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA		1 EA			1	01/23/2002	99/99/9999					
63874-0404-60	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60 EA	BO	PO	EA		1 EA			1	01/23/2002	99/99/9999					
63874-0405-01	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0405-10	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0405-20	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0405-25	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0405-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0405-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA			1	01/15/2006	99/99/9999					
63874-0413-21	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG			1	01/01/2002	99/99/9999					
63874-0442-02	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	1000 EA	NA	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-03	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	500 EA	NA	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-04	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	120 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-05	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	5 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-09	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	9 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-10	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	10 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-14	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	14 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-15	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-20	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-25	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	25 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-28	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	28 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-30	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-40	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	40 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-45	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	45 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-60	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0442-90	Q0177			5/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	90 EA	BO	PO	EA		25 MG			1	05/11/2004	99/99/9999					
63874-0444-01	Q0181			5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	100 EA	BO	PO	EA		1 EA			1	05/07/2004	12/31/2005					
63874-0444-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	100 EA	BO	PO	EA		0.25 MG			3	01/01/2006	99/99/9999					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0444-12		Q0181		5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	12 EA	BO	PO	EA	1 EA			1	05/07/2004	12/31/2005						
63874-0444-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
63874-0444-15		Q0181		5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	15 EA	BO	PO	EA	1 EA			1	05/07/2004	12/31/2005						
63874-0444-15		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	15 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
63874-0444-20		Q0181		5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	20 EA	BO	PO	EA	1 EA			1	05/07/2004	12/31/2005						
63874-0444-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	20 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
63874-0444-21		Q0181		5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	12 EA	BO	PO	EA	1 EA			1	05/07/2004	12/31/2005						
63874-0444-21		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
63874-0444-30		Q0181		5/7/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE (DOSE PAK) 0.75 MG	30 EA	BO	PO	EA	1 EA			1	05/07/2004	12/31/2005						
63874-0444-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	30 EA	BO	PO	EA	0.25 MG			3	01/01/2006	99/99/9999						
63874-0490-01		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-06		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	6 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-08		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	8 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-10		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-12		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	12 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-15		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	15 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-20		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-28		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	28 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-30		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0490-60		Q0165		5/10/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA	10 MG			1	05/10/2004	99/99/9999						
63874-0500-01		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-15		J8499		1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA			1	01/23/2002	99/99/9999						
63874-0500-20		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-21		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-25		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-30		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-40		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0500-60		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	NA	PO	EA	1 EA			1	03/15/2006	99/99/9999						
63874-0529-01		G9017		12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	100 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0529-10	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	10	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
63874-0529-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
63874-0529-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
63874-0529-30	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	30	EA	BO	PO	EA	100 MG		1	12/01/2004	05/31/2005						
63874-0708-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1 MG		5	01/01/2008	03/31/2008						
63874-0708-20	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1 MG		5	04/01/2008	99/99/9999						
63874-0712-12	Q0170			1/1/2002	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	01/01/2002	99/99/9999						
63874-0757-01	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-04	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-10	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-15	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-20	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-21	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	21	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-24	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	24	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-28	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	28	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-30	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-60	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0757-90	Q0178			1/15/2006	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	90	EA	BO	PO	EA	50 MG		1	01/15/2006	99/99/9999						
63874-0806-12	J8498			1/15/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12	EA	NA	RC	EA	1 EA		1	01/15/2006	99/99/9999						
63874-1061-01	J1080			1/1/2008	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE 200 MG/ML	10	ML	VL	IM	ML	200 MG		1	01/01/2008	99/99/9999						
64019-0750-85	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999						
64019-0750-88	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10 MG		100	01/01/2002	99/99/9999						
64054-0902-03	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (2X2ML PF) 0.9%	2	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-0903-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (3X3ML PF) 0.9%	3	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-0903-06	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (3X3ML PF) 0.9%	3	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-0905-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (5X5ML PF) 0.9%	5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-0905-06	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (5X5ML PF) 0.9%	5	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-0910-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (10X10ML PF) 0.9%	10	ML	SR	IV	ML	10 ML		0.1	01/01/2007	5/25/2010						
64054-1003-01	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3X3ML PF, LATEX-FREE) 100 U/ML	3	ML	SR	IV	ML	10 U		10	01/01/2007	5/25/2010						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64054-1003-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3X5ML,PF,LATEX-FREE) 100 U/ML	5 ML	SR	IV	ML	10 U		10	01/01/2007	5/25/2010							
64054-3003-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (1X3ML,USP,PF,LATEX-FREE) 10 U/ML	3 ML	BX	IV	ML	10 U		1	01/01/2007	5/25/2010							
64054-3005-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (1X5ML,USP,PF,LATEX-FREE) 10 U/ML	5 ML	BX	IV	ML	10 U		1	01/01/2007	5/25/2010							
64116-0011-01	J9216			1/1/2002	3/13/2006	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE (VIAL) 2 Million IU/0.5 ML	0.5 ML	VL	SC	ML	3 MU		1.33333	01/01/2002	3/13/2006							
64116-0011-12	J9216			1/1/2002	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE (VIAL) 2 Million IU/0.5 ML	0.5 ML	VL	SC	ML	3 MU		1.33333	01/01/2002	99/99/9999							
64116-0021-01	J0286			1/1/2002	12/31/2002	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	AMPHOTEC (S.D.V.) 100 MG	1 EA	VL	IV	EA	50 MG		2	01/01/2002	12/31/2002							
64116-0021-01	J0286			1/1/2003	8/13/2008	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	AMPHOTEC (S.D.V.) 100 MG	1 EA	VL	IV	EA	10 MG		10	01/01/2003	8/13/2008							
64116-0025-01	J0286			1/1/2002	12/31/2002	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	AMPHOTEC (S.D.V.) 50 MG	1 EA	VL	IV	EA	50 MG		1	01/01/2002	12/31/2002							
64116-0025-01	J0286			1/1/2003	5/1/2005	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	AMPHOTEC (S.D.V.) 50 MG	1 EA	VL	IV	EA	10 MG		5	01/01/2003	05/01/2005							
64116-0031-01	J9212			4/18/2003	2/8/2006	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (15MCG,PF,SINGLEJECT) 30 MCG/ML	0.5 ML	VL	SC	ML	1 MCG		30	04/18/2003	02/08/2006							
64116-0031-06	J9212			4/18/2003	1/17/2008	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (PF,SINGLEJECT) 30 MCG/ML	0.5 ML	VL	SC	ML	1 MCG		30	04/18/2003	01/17/2008							
64116-0031-24	J9212			2/12/2004	2/8/2006	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (PF,SINGLEJECT) 30 MCG/ML	0.5 ML	VL	SC	ML	1 MCG		30	02/12/2004	02/08/2006							
64116-0039-01	J9212			4/18/2003	2/8/2006	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (9MCG,S.D.V.,PF) 30 MCG/ML	0.3 ML	VL	SC	ML	1 MCG		30	04/18/2003	02/08/2006							
64116-0039-06	J9212			4/18/2003	1/17/2008	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X9MCG,S.D.V.,PF) 30 MCG/ML	0.3 ML	VL	SC	ML	1 MCG		30	04/18/2003	01/17/2008							
64116-0039-24	J9212			2/12/2004	2/8/2006	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (24X9MCG,S.D.V.,PF) 30 MCG/ML	0.3 ML	VL	SC	ML	1 MCG		30	02/12/2004	02/08/2006							
64193-0222-03	J7198			8/20/2004	99/99/9999	ANTI-INHIBITOR, PER 1 U.	FEIBA-VH IMMUNO (400-650IU) 1 IU	650 IU	VL	IV	EA	1 IU		1	08/20/2004	99/99/9999							
64193-0222-04	J7198			1/1/2002	99/99/9999	ANTI-INHIBITOR, PER 1 U.	FEIBA-VH IMMUNO (651-1200IU) 1 IU	1200 IU	VL	IV	EA	1 IU		1	01/01/2002	99/99/9999							
64193-0222-05	J7198			2/1/2006	99/99/9999	ANTI-INHIBITOR, PER 1 U.	FEIBA-VH IMMUNO (1750-3250IU) 1 IU	3250 IU	VL	IV	EA	1 IU		1	02/01/2006	99/99/9999							
64193-0244-02	J7194			1/1/2002	99/99/9999	FACTOR IX, COMPLEX, PER 1 U.	BEULIN VH (VAPOR HEATED) (200-1200 IU) 1 IU	1200 IU	VL	IV	EA	1 IU		1	01/01/2002	99/99/9999							
64193-0250-50	Q9941			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1 G	IVEEGAM EN (IGIV,W/DILUENT,PF) 5 GM	1 EA	VL	IV	EA	1 GM		5	04/01/2005	12/31/2005							
64193-0250-50	J1566			1/1/2006	5/31/2006	OTHERWISE SPECIFIED, 500 MG	IVEEGAM EN (IGIV,W/DILUENT,PF) 5 GM	1 EA	VL	IV	EA	500 MG		10	01/01/2006	5/31/2006							
64253-0111-11	J2912			1/1/2002	7/31/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	07/31/2002							
64253-0111-12	J2912			1/1/2002	7/31/2002	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	07/31/2002							
64253-0111-21	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	1 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-21	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	1 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-22	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	0.5 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-22	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	2 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-23	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-23	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-25	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-25	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-30	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,W/LUER LOCK,PF) 0.9%	10 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-30	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,W/LUER LOCK,PF) 0.9%	10 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-33	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-33	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0111-35	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML	0.9 %		0.5	01/01/2002	12/31/2006							
64253-0111-35	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML	10 ML		0.1	01/01/2007	99/99/9999							
64253-0222-11	J1642			1/1/2002	7/31/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,3 ML W/LUER LOCK) 10 U/ML-0.9%	1 ML	SR	IV	ML	10 U		1	01/01/2002	07/31/2002							
64253-0222-12	J1642			1/1/2002	7/31/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,3 ML W/LUER LOCK) 10 U/ML-0.9%	2 ML	SR	IV	ML	10 U		1	01/01/2002	07/31/2002							
64253-0222-21	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	1 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							
64253-0222-22	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	2 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							
64253-0222-23	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	3 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							
64253-0222-25	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	5 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							
64253-0222-30	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,W/LUER LOCK) 10 U/ML-0.9%	10 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							
64253-0222-33	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	3 ML	SR	IV	ML	10 U		1	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64253-0222-35	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML WLUER LOCK) 10 U/ML-0.9%	5 ML	SR	IV	ML	10 U			1	01/01/2002	99/99/9999						
64253-0333-11	J1642			1/1/2002	7/31/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,3 ML WLUER LOCK) 100 U/ML-0.9%	1 ML	SR	IV	ML	10 U			10	01/01/2002	07/31/2002						
64253-0333-12	J1642			1/1/2002	7/31/2002	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,3 ML WLUER LOCK) 100 U/ML-0.9%	2 ML	SR	IV	ML	10 U			10	01/01/2002	07/31/2002						
64253-0333-21	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML WLUER LOCK) 100 U/ML-0.9%	1 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-22	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML WLUER LOCK) 100 U/ML-0.9%	2 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-23	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML WLUER LOCK) 100 U/ML-0.9%	3 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-25	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML WLUER LOCK) 100 U/ML-0.9%	5 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-30	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN WLUER LOCK) 100 U/ML-0.9%	10 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-33	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML WLUER LOCK) 100 U/ML-0.9%	3 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0333-35	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML WLUER LOCK) 100 U/ML-0.9%	5 ML	SR	IV	ML	10 U			10	01/01/2002	99/99/9999						
64253-0444-21	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	1 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-22	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	2 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-23	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	3 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-25	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	5 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-30	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	10 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-33	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	3 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64253-0444-35	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	5 ML	SR	IV	ML	10 U			0.1	10/10/2003	99/99/9999						
64281-0100-06	J7699			1/1/2002	12/31/2004	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1 EA	VL	IH	EA	1 EA			1	01/01/2002	12/31/2004						
64281-0100-12	J7699			1/1/2002	12/31/2004	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1 EA	VL	IH	EA	1 EA			1	01/01/2002	12/31/2004						
64281-0100-12	J7674			1/1/2005	99/99/9999	NEBULIZER, PER 1 MG	PROVOCHOLINE 100 MG	1 EA	VL	IH	EA	1 MG			100	01/01/2005	99/99/9999						
64365-0503-01	J9160			1/1/2002	1/16/2008	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	ONTAK (SINGLE USE VIAL) 150 MCG/ML	2 ML	VL	IV	ML	300 MCG			0.5	01/01/2002	01/16/2008						
64370-0532-01	J9390			6/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (1X1ML,SINGLE USE,PF) 10 MCG/ML	1 ML	VL	IV	ML	10 MG			1	06/23/2008	99/99/9999						
64370-0532-02	J9390			6/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (1X5ML,SINGLE USE,PF) 10 MCG/ML	5 ML	VL	IV	ML	10 MG			1	06/23/2008	99/99/9999						
64370-3086-01	J9390			3/26/2007	6/22/2008	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG			1	03/26/2007	06/22/2008						
64370-3086-02	J9390			3/26/2007	6/22/2008	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG			1	03/26/2007	06/22/2008						
64523-0100-01	J9218			1/1/2002	1/1/2003	LEUPROLIDE ACETATE, PER 1 MG	OAKLIDE 5 MG/ML	2.8 ML	NA	SC	ML	1 MG			5	01/01/2002	01/01/2003						
64679-0661-02	J1626			7/1/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML	4 MG	VL	IV	ML	100 MCG			10	7/1/2008	99/99/9999						
64679-0661-03	J1626			7/1/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML) 1 MG/ML	1 MG	VL	IV	ML	100 MCG			10	7/1/2008	99/99/9999						
64679-0662-01	J1626			4/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML,PF) 0.1 MG/ML	1 ML	VL	IV	ML	100 MCG			1	04/25/2008	99/99/9999						
64679-0701-01	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA	250 MG			1	05/18/2007	10/22/2009						
64679-0701-02	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA	250 MG			1	05/18/2007	99/99/9999						
64679-0701-03	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA	250 MG			1	05/18/2007	99/99/9999						
64679-0702-01	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA	250 MG			2	05/18/2007	10/22/2009						
64679-0702-02	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA	250 MG			2	05/18/2007	99/99/9999						
64679-0703-01	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA	250 MG			8	05/18/2007	99/99/9999						
64679-0703-02	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA	250 MG			8	05/18/2007	10/22/2009						
64679-0726-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999						
64679-0727-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML	1 MG			2	12/26/2006	99/99/9999						
64679-0729-01	Q2009			7/25/2007	3/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV,USP,25X2ML) 75 MG/ML	2 ML	VL	IJ	ML	50 MG			1.5	07/25/2007	3/1/2009						
64679-0730-01	Q2009			7/25/2007	3/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV,USP,10X10ML) 75 MG/ML	10 ML	VL	IJ	ML	50 MG			1.5	07/25/2007	3/1/2009						
64679-0757-01	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1 ML	VL	IJ	ML	15 MG			1	04/12/2007	99/99/9999						
64679-0757-02	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1 ML	VL	IJ	ML	15 MG			1	04/12/2007	99/99/9999						
64679-0758-01	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1 ML	VL	IJ	ML	15 MG			2	04/12/2007	99/99/9999						
64679-0758-02	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV,25X2ML) 30 MG/ML	2 ML	VL	IJ	ML	15 MG			2	04/12/2007	99/99/9999						
64679-0758-04	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1 ML	VL	IJ	ML	15 MG			2	04/12/2007	99/99/9999						
64679-0758-05	J1885			4/12/2007	3/1/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,S.D.V.) 30 MG/ML	2 ML	VL	IJ	ML	15 MG			2	04/12/2007	3/1/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64679-0758-06	J1885			4/12/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,SDV,2X10ML) 30 MG/ML	2 ML	VL	IJ	ML		15 MG		2	04/12/2007	99/99/9999						
64679-0759-01	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,25X2ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-02	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,4X25ML) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-03	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,10X25ML) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-04	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-05	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-06	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-07	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,10X2ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-08	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,10X4ML) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0759-09	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP,SDV,10X10ML) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	04/12/2007	9/30/2008						
64679-0961-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA		1 GM		0.25	02/11/2008	99/99/9999						
64679-0961-04	Q0144			2/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	BX	PO	EA		1 GM		0.25	02/14/2008	99/99/9999						
64679-0961-05	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6.FILM-COATED) 250 MG	18 EA	DP	PO	EA		1 GM		0.25	02/11/2008	99/99/9999						
64679-0962-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	30 EA	BO	PO	EA		1 GM		0.6	02/11/2008	99/99/9999						
64679-0964-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	30 EA	BO	PO	EA		1 GM		0.5	02/11/2008	99/99/9999						
64679-0964-03	Q0144			2/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	3 EA	BX	PO	EA		1 GM		0.5	02/14/2008	99/99/9999						
64679-0964-05	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3.FILM COATED) 500 MG	9 EA	DP	PO	EA		1 GM		0.5	02/11/2008	99/99/9999						
64679-0983-01	J0696			5/26/2006	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	05/26/2006	10/22/2009						
64679-0983-02	J0696			5/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	05/26/2006	99/99/9999						
64679-0986-01	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM		1	09/20/2006	99/99/9999						
64679-0986-02	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM		1	09/20/2006	99/99/9999						
64679-0986-03	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM		1	09/20/2006	99/99/9999						
64679-0986-04	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM		1	09/20/2006	99/99/9999						
64720-0198-02	Q0166			12/29/2007	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20 EA	BO	PO	EA		1 MG		1	12/29/2007	99/99/9999						
64720-0198-98	Q0166			12/29/2007	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2 EA	DP	PO	EA		1 MG		1	12/29/2007	99/99/9999						
64894-0820-50	J1270			1/1/2002	10/1/2002	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (AMP) 2 MCG/ML	1 ML	AM	IV	ML		1 MCG		2	01/01/2002	10/01/2002						
64894-0840-50	J1270			1/1/2002	5/31/2006	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (AMP) 2 MCG/ML	2 ML	AM	IV	ML		1 MCG		2	01/01/2002	05/31/2006						
64899-0094-32	Q0163			1/1/2002	6/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HEALTH CARE AMERICA SLEEP-EX (MAXIMUM STRENGTH) 50 MG	32 EA	BO	PO	EA		50 MG		1	01/01/2002	6/1/2006						
64899-0097-24	Q0163			4/2/2002	6/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HEALTH CARE AMERICA ALLERGY RELIEF (CAPLET) 50 MG	24 EA	BX	PO	EA		50 MG		1	04/02/2002	06/01/2006						
64899-0524-44	Q0163			1/1/2002	6/1/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HEALTH CARE AMERICA TOTAL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	01/01/2002	6/1/2006						
64938-0009-01	A4323			11/1/2003	12/31/2005	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	SALJET (SINGLE DOSE,STERILE) 0.9%	30 ML	PC	IR	ML		1000 ML		0.001	11/01/2003	12/31/2003						
64938-0009-01	A4217			1/1/2004	11/9/2006	STERILE WATER/SALINE, 500 ML	SALJET (SINGLE DOSE,STERILE) 0.9%	30 ML	PC	IR	ML		500 ML		0.002	01/01/2004	11/09/2006						
65162-0088-10	J8499			9/1/2004	6/23/2005	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA		1	09/01/2004	06/23/2005						
65162-0156-10	Q0163			9/1/2004	11/5/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	09/01/2004	11/5/2009						
65162-0156-11	Q0163			9/1/2004	11/5/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (CAPLET) 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	09/01/2004	11/5/2009						
65162-0516-10	Q0163			9/1/2004	11/5/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BO	PO	EA		50 MG		0.5	09/01/2004	11/5/2009						
65162-0516-11	Q0163			9/1/2004	11/5/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	09/01/2004	11/5/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65162-0518-10		Q0163		9/1/2004	7/26/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (MAXIMUM STRENGTH) 50 MG	100	EA	BO	PO	EA	50 MG		1	09/01/2004	7/26/2010						
65162-0518-11		Q0163		9/1/2004	4/26/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (MAXIMUM STRENGTH) 50 MG	1000	EA	BO	PO	EA	50 MG		1	09/01/2004	4/26/2010						
65271-0001-12		J7644		1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-12	KO	J7644	KO	1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-25		J7644		1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-25	KO	J7644	KO	1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-30		J7644		1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-30	KO	J7644	KO	1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-60		J7644		1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65271-0001-60	KO	J7644	KO	1/1/2002	1/31/2005	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE 0.02%	2.5	ML	PC	IH	ML	1 MG		0.2	01/01/2002	1/31/2005						
65293-0001-01		J3490		6/25/2003	12/31/2003	UNCLASSIFIED DRUGS	ANGIOMAX (VIAL, GLASS) 250 MG	1	EA	VL	IV	EA	1 EA		1	06/25/2003	12/31/2003						
65293-0001-01		J0583		1/1/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VIAL, GLASS) 250 MG	1	EA	VL	IV	EA	1 MG		250	01/01/2004	99/99/9999						
65483-0551-01		J7501		1/1/2002	2/28/2004	AZATHIOPRINE, PARENTERAL, 100 MG	IMURAN (VIAL) 100 MG	1	EA	VL	IV	EA	100 MG		1	01/01/2002	02/28/2004						
65483-0590-10		J7500		1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50 MG		1	01/01/2002	99/99/9999						
65580-0251-01		J7510		5/9/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE RASPBERRY) 6.7 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.268	05/09/2002	99/99/9999						
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 75 MG	100	EA	BO	PO	EA	50 MG		1.5	10/31/2003	99/99/9999						
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 100 MG	100	EA	BO	PO	EA	50 MG		2	10/31/2003	99/99/9999						
65847-0205-25		J2324		1/1/2003	12/31/2005	INJECTION, NESIRITIDE, 0.25 MG	NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.25 MG		6	01/01/2003	12/31/2005						
65847-0205-25		J2325		1/1/2006	99/99/9999	INJECTION, NESIRITIDE, 0.1 MG	NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.1 MG		15	01/01/2006	99/99/9999						
65862-0187-03		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	8 MG		0.5	10/31/2007	99/99/9999						
65862-0187-05		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	500	EA	BO	PO	EA	8 MG		0.5	10/31/2007	99/99/9999						
65862-0187-30		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8 MG		0.5	10/31/2007	99/99/9999						
65862-0188-03		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	8 MG		1	10/31/2007	99/99/9999						
65862-0188-05		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	500	EA	BO	PO	EA	8 MG		1	10/31/2007	99/99/9999						
65862-0188-30		Q0179		10/31/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8 MG		1	10/31/2007	99/99/9999						
66105-0507-01		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	08/22/2006	99/99/9999						
66105-0507-03		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	01/01/2006	99/99/9999						
66105-0507-06		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1 GM		0.25	08/22/2006	99/99/9999						
66105-0507-09		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1 GM		0.25	08/22/2006	99/99/9999						
66105-0507-10		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1 GM		0.25	08/22/2006	99/99/9999						
66105-0549-10		J7507		1/1/2006	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100	EA	NA	PO	EA	1 MG		1	01/01/2006	99/99/9999						
66105-0653-01		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1 GM		0.5	09/13/2006	99/99/9999						
66105-0653-03		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	30	EA	BO	PO	EA	1 GM		0.5	09/13/2006	99/99/9999						
66105-0653-05		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	50	EA	BO	PO	EA	1 GM		0.5	09/13/2006	99/99/9999						
66105-0653-06		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1 GM		0.5	09/13/2006	99/99/9999						
66105-0653-19		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	9	EA	BO	PO	EA	1 GM		0.5	09/13/2006	99/99/9999						
66105-0670-01		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1 GM		0.25	09/13/2006	99/99/9999						
66105-0670-03		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1 GM		0.25	09/13/2006	99/99/9999						
66105-0670-05		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1 GM		0.25	09/13/2006	99/99/9999						
66105-0670-06		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1 GM		0.25	09/13/2006	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
66105-0670-18	Q0144			9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	18 EA	BO	PO	EA	1 GM			0.25	09/13/2006	99/99/9999							
66105-0832-01	J8999			9/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	10 EA	BO	PO	EA	1 EA			1	09/13/2006	99/99/9999							
66105-0832-03	J8999			9/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30 EA	BO	PO	EA	1 EA			1	09/13/2006	99/99/9999							
66105-0832-06	J8999			9/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60 EA	BO	PO	EA	1 EA			1	09/13/2006	99/99/9999							
66105-0832-09	J8999			9/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	90 EA	BO	PO	EA	1 EA			1	09/13/2006	99/99/9999							
66105-0832-10	J8999			9/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	100 EA	BO	PO	EA	1 EA			1	09/13/2006	99/99/9999							
66116-0174-82	J7510			1/1/2002	3/7/2002	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	60 ML	BO	PO	ML	5 MG			0.6	01/01/2002	03/07/2002							
						PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA	10 MG			1	01/10/2002	08/01/2003							
66116-0226-20	Q0165			1/10/2002	8/1/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA	1 EA				1	01/08/2002	08/01/2003						
66116-0245-50	J8499			1/8/2002	8/1/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	BO	PO	EA	1 EA				1	01/08/2002	08/01/2003						
66116-0246-50	J8499			1/8/2002	8/1/2003	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA	1 EA				1	03/18/2002	08/01/2003						
66116-0271-35	J8499			3/18/2002	8/1/2003	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG			1	03/18/2002	08/01/2003							
66116-0284-12	Q0170			3/18/2002	8/1/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5 EA	BO	PO	EA	5 MG				2	01/01/2002	08/01/2003						
66116-0410-05	J7506			1/1/2002	8/1/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG				2	01/07/2002	08/01/2003						
66116-0410-30	J7506			1/7/2002	8/1/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	5 EA	BO	PO	EA	5 MG				4	01/01/2002	08/01/2003						
66116-0420-05	J7506			1/1/2002	8/1/2003	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG				4	03/15/2002	08/01/2003						
66143-7510-05	J1820			10/8/2002	12/31/2002	INJECTION, INSULIN, UP TO 100 UNITS	LISPRO-PFC (RDNA ORIGIN) 100 U/ML	3.15 ML	EA	SC	ML	100 U				1	10/08/2002	12/31/2002						
66143-7510-05	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LISPRO-PFC (RDNA ORIGIN) 100 U/ML	3.15 ML	EA	SC	ML	5 U				20	01/01/2003	99/99/9999						
66203-2300-01	J1652			1/1/2003	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML	0.5 MG				10	01/01/2003	99/99/9999						
66203-2300-02	J1652			6/9/2004	6/2/2005	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML	0.5 MG				10	06/09/2004	06/02/2005						
66215-0401-01	J1325			8/27/2007	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL (SINGLE DOSE,LYOPHILIZED) 1.5 MG	1,000 EA	EA	IV	EA	0.5 MG				3	8/27/2007	99/99/9999						
66220-0107-30	J7608			5/15/2004	12/31/2005	ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	1 GM			0.2	05/15/2004	12/31/2005							
66220-0107-30	KO J7608	KO		5/15/2004	12/31/2005	ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	1 GM			0.2	05/15/2004	12/31/2005							
66220-0107-30	J0132			1/1/2006	99/99/9999	INJECTION, ACETYLCHOLINE, 100 MG	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	100 MG				2	01/01/2006	99/99/9999						
66220-0107-34	J7608			5/15/2004	12/31/2005	ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	1 GM			0.2	05/15/2004	12/31/2005							
66220-0107-34	KO J7608	KO		5/15/2004	12/31/2005	ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	1 GM			0.2	05/15/2004	12/31/2005							
66220-0107-34	J0132			1/1/2006	1/3/2006	INJECTION, ACETYLCHOLINE, 100 MG	ACETADOT (PF) 200 MG/ML	30 ML	VL	IV	ML	100 MG				2	01/01/2006	01/03/2006						
66267-0006-25	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0006-40	J8499			8/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA				1	08/01/2002	99/99/9999						
66267-0006-50	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0007-15	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0007-21	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0007-25	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0007-30	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA				1	04/08/2002	99/99/9999						
66267-0066-12	Q0181			4/8/2002	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	1 EA			1	04/08/2002	12/31/2005							
66267-0066-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG				3	01/01/2006	99/99/9999						
66267-0080-15	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999							
66267-0080-20	Q0163			4/5/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG			0.5	04/05/2002	99/99/9999							
66267-0080-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999							
66267-0080-60	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA	50 MG			0.5	01/01/2002	99/99/9999							
66267-0081-15	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999							
66267-0081-20	Q0163			4/5/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG			1	04/05/2002	99/99/9999							
66267-0081-30	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG			1	01/01/2002	99/99/9999							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0081-60	Q0163			9/4/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA	50 MG	1			09/04/2002	99/99/9999						
66267-0171-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA	5 MG	2			01/01/2002	99/99/9999						
66267-0171-20	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG	2			04/04/2002	99/99/9999						
66267-0171-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG	2			01/01/2002	99/99/9999						
66267-0171-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG	2			01/01/2002	99/99/9999						
66267-0171-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG	2			01/01/2002	99/99/9999						
66267-0171-42	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA	5 MG	2			04/04/2002	99/99/9999						
66267-0172-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4			01/01/2002	99/99/9999						
66267-0172-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG	4			01/01/2002	99/99/9999						
66267-0172-20	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4			01/01/2002	99/99/9999						
66267-0172-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4			01/01/2002	99/99/9999						
66267-0173-20	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG	1			04/04/2002	99/99/9999						
66267-0173-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG	1			01/01/2002	99/99/9999						
66267-0173-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA	5 MG	1			01/01/2002	99/99/9999						
66267-0173-42	J7506			3/24/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA	BO	PO	EA	5 MG	1			03/24/2003	99/99/9999						
66267-0173-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG	1			01/01/2002	99/99/9999						
66267-0208-10	Q0173			1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	250 MG	1			01/01/2002	99/99/9999						
66267-0208-20	Q0173			1/1/2002	99/99/9999	TRIMETHOENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOENZAMIDE HCL 250 MG	20 EA	BO	PO	EA	250 MG	1			01/01/2002	99/99/9999						
66267-0399-30	J8499			3/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA				03/15/2005	99/99/9999						
66267-0921-03	Q4084			1/1/2007	12/31/2007	DOSE	SYNVISC (3X2ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	1 DOSE	0.5			01/01/2007	12/31/2007						
66267-0921-03	J7322			1/1/2008	12/31/2008	DOSE	SYNVISC (3X2ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML	1 DOSE	0.5			01/01/2008	12/31/2008						
66267-0928-06	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA	1 GM	0.25			01/01/2002	99/99/9999						
66267-0948-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 5 MG	21 EA	DP	PO	EA	5 MG	1			01/01/2002	99/99/9999						
66267-0961-21	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA	4 MG	1			01/01/2002	99/99/9999						
66267-0977-04	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05			01/01/2002	99/99/9999						
66288-1100-01	J0690			10/1/2002	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 100 GM	1 EA	FC	IJ	GM	500 MG	2			10/01/2002	99/99/9999						
66288-1300-01	J0690			10/1/2002	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 300 GM	1 EA	FC	IJ	GM	500 MG	2			10/01/2002	99/99/9999						
66288-2075-01	J0697			10/1/2002	10/1/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 75 GM	1 EA	FC	IJ	GM	750 MG	1.33333			10/01/2002	10/01/2006						
66288-2225-01	J0697			10/1/2002	10/1/2006	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 225 GM	1 EA	FC	IJ	GM	750 MG	1.33333			10/01/2002	10/01/2006						
66288-3200-01	J3490			10/1/2002	10/1/2006	UNCLASSIFIED DRUGS	NAFCLIN SODIUM 200 GM	1 EA	FC	IJ	GM	1 EA	1			10/01/2002	10/01/2006						
66288-4100-01	J0694			12/1/2004	10/1/2006	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 100 GM	1 EA	FC	IJ	GM	1 GM	1			12/01/2004	10/01/2006						
66302-0101-01	Q4077			10/1/2003	12/31/2005	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20 ML	VL	IJ	ML	1 MG	1			10/01/2003	12/31/2005						
66302-0101-01	J3285			1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20 ML	VL	IJ	ML	1 MG	1			01/01/2006	99/99/9999						
66302-0102-01	Q4077			10/1/2003	12/31/2005	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20 ML	VL	IJ	ML	1 MG	2.5			10/01/2003	12/31/2005						
66302-0102-01	J3285			1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20 ML	VL	IJ	ML	1 MG	2.5			01/01/2006	99/99/9999						
66302-0105-01	Q4077			10/1/2003	12/31/2005	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20 ML	VL	IJ	ML	1 MG	5			10/01/2003	12/31/2005						
66302-0105-01	J3285			1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20 ML	VL	IJ	ML	1 MG	5			01/01/2006	99/99/9999						
66302-0110-01	Q4077			10/1/2003	12/31/2005	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20 ML	VL	IJ	ML	1 MG	10			10/01/2003	12/31/2005						
66302-0110-01	J3285			1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20 ML	VL	IJ	ML	1 MG	10			01/01/2006	99/99/9999						
66302-0206-01	J7699			8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	28 EA	SOL	IH	ML	1 ML	1			08/14/2009	99/99/9999						
66302-0206-02	J7699			8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	28 EA	SOL	IH	ML	1 ML	1			08/14/2009	99/99/9999						
66302-0206-03	J7699			8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	4 EA	SOL	IH	ML	1 ML	1			08/14/2009	99/99/9999						
66312-0170-14	J2001			8/15/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE DENTAL (1.8MLX100) 2%	1.8 ML	NA	IJ	ML	10 MG	2			08/15/2006	99/99/9999						
66312-0440-14	J0670			8/15/2006	3/31/2009	INJECTION, MEPRVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE DENTAL (1.8MLX100) 3%	1.8 ML	NA	IJ	ML	10 ML	0.1			08/15/2006	3/31/2009						
66312-0460-14	J0670			8/15/2006	3/31/2009	INJECTION, MEPRVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE DENTAL (1.8MLX100) 2%	1.8 ML	NA	IJ	ML	10 ML	0.1			08/15/2006	3/31/2009						
66336-0045-06	Q0163			10/22/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA	50 MG	1			10/22/2004	99/99/9999						
66336-0045-15	Q0163			10/22/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG	1			10/22/2004	99/99/9999						
66336-0045-20	Q0163			10/22/2004	9/10/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG	1			10/22/2004	09/10/2006						
66336-0045-20	Q0163			4/1/2010	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG	1										

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0045-60		Q0163		11/23/2003	12/17/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA	50 MG	1	11/23/2003	12/17/2007								
66336-0045-60		Q0163		4/1/2010	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA	50 MG	1	4/1/2010	99/99/9999								
66336-0045-90		Q0163		11/23/2003	9/10/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA	50 MG	1	11/23/2003	09/10/2006								
66336-0045-90		Q0163		4/1/2010	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA	50 MG	1	4/1/2010	99/99/9999								
66336-0058-10	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA	5 MG	2	10/22/2004	99/99/9999								
66336-0058-12	J7506			11/4/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA	5 MG	2	11/04/2005	99/99/9999								
66336-0058-20	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG	2	10/22/2004	99/99/9999								
66336-0058-21	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG	2	10/22/2004	99/99/9999								
66336-0058-30	J7506			4/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG	2	04/16/2002	99/99/9999								
66336-0058-60	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG	2	10/22/2004	99/99/9999								
66336-0079-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
66336-0079-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA	100 MG	1	12/01/2004	05/31/2005								
66336-0085-10	Q0170			10/22/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA	25 MG	1	10/22/2004	99/99/9999								
66336-0085-12	Q0170			10/22/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	12 EA	BO	PO	EA	25 MG	1	10/22/2004	99/99/9999								
66336-0085-20	Q0170			5/29/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	20 EA	BO	PO	EA	25 MG	1	05/29/2008	99/99/9999								
66336-0085-25	Q0170			5/29/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	25 EA	BO	PO	EA	25 MG	1	05/29/2008	99/99/9999								
66336-0085-30	Q0170			10/22/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA	25 MG	1	10/22/2004	99/99/9999								
66336-0085-60	Q0170			5/29/2008	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60 EA	BO	PO	EA	25 MG	1	05/29/2008	99/99/9999								
66336-0094-10	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4	10/22/2004	99/99/9999								
66336-0094-18	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA	5 MG	4	10/22/2004	99/99/9999								
66336-0094-20	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4	10/22/2004	99/99/9999								
66336-0094-30	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4	10/22/2004	99/99/9999								
66336-0150-03	K0416			8/3/2005	12/31/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BO	RC	EA	1 MG	25	08/03/2005	12/31/2005								
66336-0150-03	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BO	RC	EA	1 EA	1	01/01/2006	99/99/9999								
66336-0150-06	J8498			4/20/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA	1	04/20/2007	99/99/9999								
66336-0208-20	Q0177			10/22/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA	25 MG	1	10/22/2004	99/99/9999								
66336-0208-30	Q0177			10/22/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG	1	10/22/2004	99/99/9999								
66336-0268-03	Q0179			3/17/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BO	PO	EA	8 MG	1	03/17/2008	99/99/9999								
66336-0400-05	Q0144			12/3/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	5 EA	BO	PO	EA	1 GM	0.5	12/03/2007	99/99/9999								
66336-0434-06	Q0164			10/22/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	6 EA	BO	PO	EA	5 MG	1	10/22/2004	99/99/9999								
66336-0434-10	Q0164			8/18/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE 5 MG	10 EA	BO	PO	EA	5 MG	1	08/18/2005	99/99/9999								
66336-0466-44	Q0144			10/22/2004	12/17/2007	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA	1 GM	0.25	10/22/2004	12/17/2007								

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0479-06		Q0181		10/22/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA	1 EA				1	10/22/2004	12/31/2005					
66336-0479-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA	0.25 MG				16	01/01/2006	99/99/9999					
66336-0479-15	J8540			1/1/2006	9/10/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15 EA	BO	PO	EA	0.25 MG				16	01/01/2006	09/10/2006					
66336-0479-15	J8540			4/1/2010	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, 4 MG	15 EA	TAB	PO	EA	0.25 MG				16	4/1/2010	99/99/9999					
66336-0492-12	K0416			10/22/2004	11/14/2005	WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	NA	RC	EA	1 MG				25	10/22/2004	11/14/2005					
66336-0515-10	J7506			10/22/2004	12/17/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG				1	10/22/2004	12/17/2007					
66336-0515-10	J7506			4/1/2010	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG				1	4/1/2010	99/99/9999					
66336-0515-21	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0515-30	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0515-40	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0550-12	Q0181			11/20/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	1 EA				1	11/20/2005	12/31/2005					
66336-0550-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG				3	01/01/2006	99/99/9999					
66336-0589-15	Q0163			1/1/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG				0.5	01/01/2002	99/99/9999					
66336-0589-20	Q0163			10/22/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0589-30	Q0163			10/22/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0589-60	Q0163			10/22/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0608-20	J7509			1/1/2002	4/1/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	20 EA	NA	PO	EA	4 MG				1	01/01/2002	04/01/2006					
66336-0629-10	Q0173			1/1/2002	9/10/2006	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	NA	PO	EA	250 MG				1	01/01/2002	09/10/2006					
66336-0629-10	Q0173			4/1/2010	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	NA	PO	EA	250 MG				1	4/1/2010	99/99/9999					
66336-0642-25	J8499			10/22/2004	12/17/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA				1	10/22/2004	12/17/2007					
66336-0642-30	J8499			6/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA				1	06/22/2005	99/99/9999					
66336-0642-40	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0642-50	J8499			1/7/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA				1	01/07/2008	99/99/9999					
66336-0735-10	J8499			1/1/2002	9/10/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	NA	PO	EA	1 EA				1	01/01/2002	09/10/2006					
66336-0735-15	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0735-25	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0735-40	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0793-03	Q0179			3/17/2008	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BO	PO	EA	8 MG				0.5	03/17/2008	99/99/9999					
66336-0862-50	J8499			5/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DISPENSEQUICK ACYCLOVIR 800 MG	50 EA	BO	PO	EA	1 EA				1	05/01/2006	99/99/9999					
66336-0921-15	Q0165			12/3/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	15 EA	BO	PO	EA	10 MG				1	12/03/2007	99/99/9999					
66336-0921-60	Q0165			5/29/2008	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA	10 MG				1	05/29/2008	99/99/9999					
66375-0107-02	Q0163			1/1/2002	12/29/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (10X10) 25 MG	100 EA	BX	PO	EA	50 MG				0.5	01/01/2002	12/29/2008					
66375-0108-02	Q0163			1/1/2002	12/29/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 50 MG	100 EA	BX	PO	EA	50 MG				1	01/01/2002	12/29/2009					
66435-0301-51	J0288			11/1/2006	99/99/9999	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	AMPHOTEC (SDV) 50 MG	1 EA	VL	IV	EA	10 MG				5	11/01/2006	99/99/9999					
66435-0302-01	J0288			8/14/2008	99/99/9999	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	AMPHOTEC (SDV) 100 MG	1 EA	VL	IV	MG	10 MG				10	8/14/2008	99/99/9999					
66440-0150-08	J7510			10/2/2003	9/23/2007	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML	5 MG				0.6	10/02/2003	09/23/2007					
66440-0150-16	J7510			10/2/2003	9/24/2007	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML	5 MG				0.6	10/02/2003	09/24/2007					
66479-0025-39	J3490			1/1/2002	5/13/2005	UNCLASSIFIED DRUGS	AMICAR (S.D.V.) 250 MG/ML	20 ML	VL	IV	ML	1 EA				1	01/01/2002	05/13/2005					
66479-0135-01	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	2 ML	VL	IV	ML	5 MG				5	01/01/2002	09/15/2005					

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66479-0135-09	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	10	ML	VL	U	ML	5	MG		5	01/01/2002	09/15/2005					
66479-0136-11	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	U	ML	5	MG		5	01/01/2002	09/15/2005					
66479-0136-13	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	U	ML	5	MG		5	01/01/2002	09/15/2005					
66479-0136-19	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	U	ML	5	MG		5	01/01/2002	09/15/2005					
66479-0137-21	J9250			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.) 20 MG	1	EA	VL	U	EA	5	MG		4	01/01/2002	09/15/2005					
66479-0139-29	J9260			1/1/2002	9/15/2005	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.) 1 GM	1	EA	VL	U	EA	50	MG		20	01/01/2002	09/15/2005					
66479-0247-25	J0640			1/1/2002	9/15/2005	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF) 350 MG	1	EA	VL	U	EA	50	MG		7	01/01/2002	09/15/2005					
66479-0301-10	J7500			9/26/2006	5/20/2008	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG		1	09/26/2006	05/20/2008					
66479-0520-01	J0735			6/28/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.1 MG/ML	10	ML	VL	EP	ML	1	MG		0.1	06/28/2006	99/99/9999					
66479-0521-01	J0735			6/14/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1	MG		0.5	06/14/2006	99/99/9999					
66479-0530-02	J1230			1/9/2007	05/16/2010	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HYDROCHLORIDE (USP,MDV) 10 MG/ML	20	ML	VL	U	ML	10	MG		1	01/09/2007	05/16/2010					
66490-0041-01	J1110			12/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	D.H.E. 45 (AMP) 1 MG/ML	1	ML	AM	U	ML	1	MG		1	12/31/2002	99/99/9999					
66591-0221-41	J7500			7/16/2002	9/25/2006	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG		1	07/26/2005	09/25/2006					
66591-0231-41	J7500			2/21/2003	11/1/2003	AZATHIOPRINE, ORAL, 50 MG	AZASAN 75 MG	100	EA	BO	PO	EA	50	MG		1.5	02/21/2003	11/01/2003	7/16/2002	7/25/2005	1		
66591-0241-41	J7500			2/21/2003	11/1/2003	AZATHIOPRINE, ORAL, 50 MG	AZASAN 100 MG	100	EA	BO	PO	EA	50	MG		2	02/21/2003	11/01/2003					
66591-0315-12	J0636			3/7/2003	7/31/2004	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1	ML	VL	IV	ML	0.1	MCG		10	03/07/2003	07/31/2004					
66591-0325-12	J0636			3/7/2003	7/31/2004	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 2 MCG/ML	1	ML	VL	IV	ML	0.1	MCG		20	03/07/2003	07/31/2004					
66591-0335-12	J0636			3/28/2003	1/16/2005	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1	ML	VL	IV	ML	0.1	MCG		10	03/28/2003	01/16/2005					
66591-0345-12	J0636			3/28/2003	1/17/2005	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 2 MCG/ML	1	ML	VL	IV	ML	0.1	MCG		20	03/28/2003	01/17/2005					
66591-0434-11	J3105			5/23/2003	9/4/2008	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	BRETHINE (AMP) 1 MG/ML	1	ML	VL	SC	ML	1	MG		1	05/23/2003	09/04/2008					
66591-0435-11	J3105			9/21/2004	9/4/2008	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	BRETHINE (VIALS) 1 MG/ML	1	ML	VL	SC	ML	1	MG		1	09/21/2004	09/04/2008					
66591-0815-51	J1230			12/12/2003	1/8/2007	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL 10 MG/ML	20	ML	VL	U	ML	10	MG		1	07/26/2005	01/08/2007					
66591-0965-41	J0735			11/16/2005	6/27/2006	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV) 0.1 MG/ML	10	ML	VL	EP	ML	1	MG		0.1	11/16/2005	06/27/2006	12/12/2003	7/25/2005	1		
66591-0975-41	J0735			9/23/2005	6/13/2006	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1	MG		0.5	09/23/2005	06/13/2006					
66657-0301-05	J3490			10/6/2003	12/31/2004	UNCLASSIFIED DRUGS	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	EA		1	10/06/2003	12/31/2004					
66657-0301-05	J1457			1/1/2005	99/99/9999	INJECTION, GALLIUM NITRATE, 1 MG	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG		25	01/01/2005	99/99/9999					
66689-0681-55	J1230			2/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1	EA	BO	NA	GM	10	MG		100	02/01/2002	99/99/9999					
66733-0948-23	J9999			2/2/2004	12/31/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	1	EA		1	02/23/2004	12/31/2004					
66733-0948-23	J9055			1/1/2005	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	10	MG		0.2	01/01/2005	99/99/9999					
66733-0948-23	QR J9055	QR		1/28/2005	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	10	MG		0.2	01/28/2005	99/99/9999					
66733-0958-23	J9055			5/3/2007	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG		0.2	05/03/2007	99/99/9999					
66733-0958-23	QR J9055	QR		5/3/2007	99/99/9999	INJECTION, CETUXIMAB, 10 MG	ERBITUX (PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG		0.2	05/03/2007	99/99/9999					
66758-0001-19	J2250			10/1/2002	10/13/2003	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	NA	U	ML	1	MG		5	10/01/2002	10/13/2003					
66758-0011-01	J1600			6/11/2004	5/31/2006	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MG	GOLD SODIUM THIOALATE (S.D.V.) 50 MG/ML	1	ML	VL	IM	ML	50	MG		1	06/11/2004	05/31/2006					
66758-0011-02	J1600			6/11/2004	5/31/2006	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MG	GOLD SODIUM THIOALATE (S.D.V.) 50 MG/ML	1	ML	VL	IM	ML	50	MG		1	06/11/2004	5/31/2006					
66758-0011-03	J1600			6/11/2004	5/31/2006	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MG	GOLD SODIUM THIOALATE (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50	MG		1	06/11/2004	5/31/2006					
66758-0014-01	J2440			2/20/2004	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (USP,S.D.V.) 30 MG/ML	2	ML	VL	U	ML	60	MG		0.5	02/20/2004	99/99/9999					
66758-0014-02	J2440			2/20/2004	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (USP,S.D.V.) 30 MG/ML	2	ML	VL	U	ML	60	MG		0.5	02/20/2004	99/99/9999					
66758-0015-01	J2440			2/20/2004	3/31/2010	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (USP) 30 MG/ML	10	ML	VL	U	ML	60	MG		0.5	02/20/2004	3/31/2010					
66758-0016-01	J2370			1/8/2004	6/1/2009	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP, S.D.V.,PF) 10 MG/ML	1	ML	VL	U	ML	1	ML		1	01/08/2004	6/1/2009					
66758-0016-02	J2370			1/8/2004	6/1/2009	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP, S.D.V.,PF) 10 MG/ML	1	ML	VL	U	ML	1	ML		1	01/08/2004	6/1/2009					
66758-0016-03	J2370			6/8/2005	3/31/2010	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,PF) 10 MG/ML	5	ML	VL	U	ML	1	ML		1	06/08/2005	3/31/2010					
66758-0016-04	J2370			6/8/2005	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP,25X5ML,PF) 10 MG/ML	5	ML	VL	U	ML	1	ML		1	06/08/2005	99/99/9999					
66758-0017-01	J2370			1/8/2004	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (USP, BULK PACKAGE,PF) 10 MG/ML	10	ML	VL	U	ML	1	ML		1	01/08/2004	99/99/9999					
66758-0018-01	J2250			10/2/2003	3/31/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10	ML	VL	U	ML	1	MG		1	10/02/2003	3/31/2010					
66758-0018-02	J2250			10/2/2003	3/31/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 1 MG/ML	10	ML	VL	U	ML	1	MG		1	10/02/2003	3/31/2010					
66758-0019-01	J2250			10/2/2003	3/31/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	VL	U	ML	1	MG		5	10/02/2003	3/31/2010					
66758-0019-02	J2250			10/2/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL 5 MG/ML	10	ML	VL	U	ML	1	MG		5	10/02/2003	99/99/9999					
66758-0020-01	J3360			10/2/2003	3/9/2007	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	VL	U	ML	5	MG		1	10/02/2003	03/09/2007					
66758-0020-02	J3360			10/2/2003	3/9/2007	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10	ML	VL	U	ML	5	MG		1	10/02/2003	03/09/2007					
66758-0025-01	J3490			12/18/2003	3/1/2007	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA		1	12/18/2003	03/01/2007					
66758-0025-02	J3490			12/18/2003	3/1/2007	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA		1	12/18/2003	03/01/2007					
66758-0025-03	J3490			12/18/2003	3/1/2007	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	50	ML	VL	IV	ML	1	EA		1	12/18/2003	03/01/2007					
66758-0025-04	J3490			12/18/2003	3/1/2007	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	50	ML	VL	IV	ML	1	EA		1	12/18/2003	03/01/2007					
66758-0026-01	J2910			11/15/2005	6/6/2006	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	AUROTHIOGLUCOSE (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50	MG		1	11/15/2005	06/06/2006					
66758-0035-01	J1626			6/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1	ML	VL	IV	ML	100	MCG		10	06/30/2008	99/99/9999					
66758-0036-01	J1626			6/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MULTI-USE) 1 MG/ML																

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NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66758-0043-01	J9265			1/1/2008	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP, 1X5ML, MULTI-DOSE) 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	01/11/2008	99/99/9999						
66758-0043-02	J9265			1/1/2008	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP, 1X16.7ML, MULTI-DOSE) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	01/11/2008	99/99/9999						
66758-0043-03	J9265			1/1/2008	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP, 1X50ML, MULTI-DOSE) 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	01/11/2008	99/99/9999						
66758-0045-01	J9390			3/5/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (1X1ML, PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	03/05/2008	99/99/9999						
66758-0045-02	J9390			3/5/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE (1X5ML, PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	03/05/2008	99/99/9999						
66758-0046-01	J9185			10/12/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV, PF) 25 MG/ML	2 ML	VL	IV	ML		50 MG		0.5	10/12/2007	99/99/9999						
66758-0501-22	J1100			10/1/2002	10/13/2003	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE 4 MG/ML	30 ML	VL	IJ	ML		1 MG		4	10/01/2002	10/13/2003						
66758-0601-19	J2550			7/23/2003	5/31/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	IJ	ML		50 MG		0.5	07/23/2003	5/31/2006						
66794-0001-25	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-25	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-25	J7613			4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0001-25	KO J7613	KO		4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0001-30	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-30	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-30	J7613			4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0001-30	KO J7613	KO		4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0001-60	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-60	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	01/01/2008	03/31/2008						
66794-0001-60	J7613			4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0001-60	KO J7613	KO		4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	04/01/2008	6/1/2009						
66794-0002-25	J7644			4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66794-0002-25	KO J7644	KO		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66794-0002-30	J7644			4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66794-0002-30	KO J7644	KO		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66794-0002-60	J7644			4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66794-0002-60	KO J7644	KO		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	04/15/2002	6/1/2009						
66860-0001-03	J0690			7/10/2002	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG		1	07/10/2002	99/99/9999						
66860-0002-03	J0690			7/10/2002	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (BULK PACKAGE) 10 MG	1 EA	VL	IJ	EA		500 MG		20	06/01/2002	99/99/9999						
66860-0003-02	J0690			6/1/2002	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	EPINEPHRINE 1:1000 (MDV, USP) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	01/01/2003	12/30/2007						
66860-0020-01	J0170			1/1/2003	12/30/2007	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE 1:1000 (10X1ML AMPS, PF) 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	01/01/2002	12/31/2010						
66860-0021-02	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA		750 MG		1	06/01/2002	99/99/9999						
66860-0030-03	J0697			6/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM	1 EA	VL	IJ	EA		750 MG		2	06/01/2002	99/99/9999						
66860-0031-03	J0697			6/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME (PHARMACY BULK, USP) 7.5 GM	1 EA	VL	IJ	EA		750 MG		10	01/01/2003	99/99/9999						
66860-0032-02	J0697			1/1/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	PROPRANOLOL HYDROCHLORIDE (1MLX10, USP) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	01/01/2003	5/31/2007						
66860-0090-02	J1800			1/1/2003	5/31/2007	INJECTION, PROPRANOLOL HCL, UP TO 1 MG																	

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66860-0098-03	J2550			3/26/2009	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (1X25) 25 MG/ML	1	ML EA	U	ML	50 MG	0.5			3/26/2009	99/99/9999						
66860-0099-03	J2550			3/26/2009	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1	ML EA	U	ML	50 MG	1			3/26/2009	99/99/9999						
66860-0902-03	J0690			9/1/2005	11/30/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN AMERINET CHOICE 1 GM	1	EA VL	U	EA	500 MG	2			09/01/2005	11/30/2007						
66993-0805-02	Q0164			2/14/2003	12/31/2008	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	100	EA BO	PO	EA	5 MG	1			02/14/2003	12/31/2008						
66993-0810-02	Q0165			2/14/2003	12/31/2008	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	100	EA BO	PO	EA	10 MG	1			02/14/2003	12/31/2008						
66993-0810-05	Q0165			2/14/2003	6/30/2007	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	1000	EA BO	PO	EA	10 MG	1			02/14/2003	06/30/2007						
66993-0840-02	J7509			1/21/2003	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA BO	PO	EA	4 MG	1			01/21/2003	12/31/2008						
66993-0840-21	J7509			1/21/2003	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA DP	PO	EA	4 MG	1			01/21/2003	12/31/2008						
66993-0842-25	J7509			4/29/2004	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25	EA BO	PO	EA	4 MG	2			04/29/2004	12/31/2008						
67046-0125-30	Q0163			10/1/2002	8/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	DIPHENHYDRAMINE HCL 25 MG	30	EA BX	PO	EA	50 MG	0.5			10/01/2002	08/01/2004						
67046-0126-30	Q0163			10/1/2002	8/1/2004	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, 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	DIPHENHYDRAMINE HCL 50 MG	30	EA BX	PO	EA	50 MG	1			10/01/2002	08/01/2004						
67046-0281-30	Q0177			10/1/2002	8/1/2004	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30	EA NA	PO	EA	25 MG	1			10/01/2002	08/01/2004						
67046-0282-30	Q0178			10/1/2002	8/1/2004	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30	EA NA	PO	EA	50 MG	1			10/01/2002	08/01/2004						
67046-0282-60	Q0178			10/1/2002	8/1/2004	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	60	EA NA	PO	EA	50 MG	1			10/01/2002	08/01/2004						
67066-0001-01	J3490			10/9/2002	10/10/2005	UNCLASSIFIED DRUGS	SECREFO 16 MCG	1	EA VL	IV	EA	1 EA	1			10/09/2002	10/10/2005						
67066-0006-01	J3490			10/11/2005	12/31/2005	UNCLASSIFIED DRUGS	SECREFO 16 MCG	1	EA VL	IV	EA	1 EA	1			10/11/2005	12/31/2005						
67066-0006-01	J2850			1/1/2006	9/30/2008	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	SECREFO 16 MCG	1	EA VL	IV	EA	1 MCG	16			01/01/2006	9/30/2008						
67211-0102-01	J3490			5/19/2004	12/31/2005	UNCLASSIFIED DRUGS	VIDAZA 100 MG	1	EA VL	SC	EA	1 EA	1			05/19/2004	12/31/2005						
67211-0102-01	J9025			1/1/2006	4/30/2009	INJECTION, AZACITIDINE, 1 MG	VIDAZA 100 MG	1	EA VL	SC	EA	1 MG	100			01/01/2006	4/30/2009						
67211-0342-08	J1655			1/1/2002	6/30/2010	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNORHEP (M.D.V.) 20000 IU/ML	2	ML VL	SC	ML	1000 IU	20			01/01/2002	6/30/2010						
67211-0342-53	J1655			1/1/2002	6/30/2010	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNORHEP (M.D.V.) 20000 IU/ML	2	ML VL	SC	ML	1000 IU	20			01/01/2002	6/30/2010						
67253-0100-10	J8499			10/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA BO	PO	EA	1 EA	1			10/01/2003	99/99/9999						
67253-0100-11	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	1000	EA BO	PO	EA	1 EA	1			07/15/2003	99/99/9999						
67253-0101-10	J8499			10/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA BO	PO	EA	1 EA	1			10/01/2003	99/99/9999						
67253-0101-11	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000	EA BO	PO	EA	1 EA	1			07/15/2003	99/99/9999						
67253-0102-10	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA BO	PO	EA	1 EA	1			07/15/2003	99/99/9999						
67253-0102-50	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA BO	PO	EA	1 EA	1			07/15/2003	99/99/9999						
67253-0320-10	None			12/30/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100	EA BO	PO	EA	2.5 MG	1			10/29/2007	99/99/9999						
67253-0360-10	J7509			10/17/2005	1/1/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA BO	PO	EA	4 MG	1			10/17/2005	01/01/2007	12/30/2005	1/1/2007	1			
67253-0360-21	J7509			10/17/2005	1/1/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA DP	PO	EA	4 MG	1			10/17/2005	01/01/2007						
67253-0417-12	Q0166			5/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA BO	PO	EA	1 MG	1			05/15/2008	99/99/9999						
67253-0417-22	Q0166			5/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, 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 24 HOUR DOSAGE REGIMEN	GRANISETRON HYDROCHLORIDE (2X10,FILM-COATED) 1 MG	20	EA BO	PO	EA	1 MG	1			05/15/2008	99/99/9999						
67253-0580-42	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X2) 2.5 MG	8	EA DP	PO	EA	2.5 MG	1			07/01/2003	99/99/9999						
67253-0580-43	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X3) 2.5 MG	12	EA DP	PO	EA	2.5 MG	1			07/01/2003	99/99/9999						
67253-0580-44	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X4) 2.5 MG	16	EA DP	PO	EA	2.5 MG	1			07/01/2003	99/99/9999						
67253-0580-45	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X5) 2.5 MG	20	EA DP	PO	EA	2.5 MG	1			07/01/2003	99/99/9999						
67253-0580-46	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X6) 2.5 MG	24	EA DP	PO	EA	2.5 MG	1			07/01/2003	99/99/9999						
67286-0040-01	J2993			11/30/2005	3/9/2008	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (2X18.1 MG VIALS,PF) 10.4 U	2	EA BX	IV	EA	18.1 MG	2			11/30/2005	03/09/2008						
67286-0040-02	J2993			11/30/2005	3/9/2008	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (1X18.1 MG VIALS,PF) 10.4 U	1	EA BX	IV	EA	18.1 MG	1			11/30/2005	03/09/2008						
67286-0053-08	J9999			6/10/2004	12/31/2006	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	BUSULFEX (AMP) 6 MG/ML	10	ML AM	IV	ML	1 EA	1			06/10/2004	12/31/2006						
67286-0053-08	J0594			1/1/2007	8/22/2007	INJECTION, BUSULFAN, 1 MG	BUSULFEX (AMP) 6 MG/ML	10	ML AM	IV	ML	1 MG	6			01/01/2007	8/22/2007						
67286-0054-08	J0594			7/30/2007	11/2/2008	INJECTION, BUSULFAN, 1 MG	BUSULFEX (8X10ML) 6 MG/ML	10	ML VL	IV	ML	1 MG	6			07/30/2007	11/2/2008						
67286-0400-01	J2993			3/10/2008	11/8/2009	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (2X18.1 MG VIALS,PF) 10.4 U	2	EA BX	IV	EA	18.1 MG	2			03/10/2008	11/8/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67286-0400-02	J2993			3/10/2008	11/8/2009	INJECTION, RETEPLASE, 18.1 MG AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT	RETAVERSE (1X18.1 MG VIALS,PF) 10.4 U	1 EA	BX	IV	EA	18.1 MG			1	03/10/2008	11/8/2009						
67308-0101-01	J7308			1/1/2003	99/99/9999	DOSAGE FORM (354 MG) AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA	354 MG			1	01/01/2003	99/99/9999						
67308-0101-06	J7308			1/1/2003	99/99/9999	DOSAGE FORM (354 MG)	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA	354 MG			1	01/01/2003	99/99/9999						
67386-0411-51	J9020			11/16/2006	99/99/9999	INJECTION, ASPARAGINASE, 10,000 UNITS	ELSPAR 10000 IU	1 EA	VL	IJ	EA	10000 U			1	11/16/2006	99/99/9999						
67386-0501-52	J2515			6/11/2003	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM 50 MG/ML	20 ML	VL	IJ	ML	50 MG			1	06/11/2003	99/99/9999						
67386-0501-55	J2515			6/11/2003	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM (VIAL) 50 MG/ML	50 ML	VL	IJ	ML	50 MG			1	06/11/2003	99/99/9999						
67386-0611-52	J0515			1/21/2006	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (5X2ML) 1 MG/ML	2 ML	AM	IJ	ML	1 MG			1	01/21/2006	99/99/9999						
67386-0701-54	Q2011			3/18/2005	12/31/2005	INJECTION, HEMIN, PER 1 MG	PANHEMATIN 313 MG	1 EA	VL	IV	EA	1 MG			313	03/18/2005	12/31/2005						
67386-0701-54	J1640			1/1/2006	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN 313 MG	1 EA	VL	IV	EA	1 MG			313	01/01/2006	99/99/9999						
67386-0711-55	J1205			1/21/2006	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	DIURIL SODIUM 0.5 GM	1 EA	VL	IV	EA	500 MG			1	01/21/2006	99/99/9999						
67386-0811-55	J9120			1/21/2006	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	COSMEGEN 0.5 MG	1 EA	VL	IV	EA	0.5 MG			1	01/21/2006	99/99/9999						
67386-0911-51	J9230			1/21/2006	99/99/9999	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	MUSTARGEN 10 MG	1 EA	VL	IV	EA	10 MG			1	01/21/2006	99/99/9999						
67425-0001-01	J3470			1/28/2005	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (PF) 6200 U	1 EA	NA	SC	EA	150 U			41.33333	01/28/2005	99/99/9999						
67425-0001-10	J3470			1/28/2005	12/7/2006	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (OVINE) 6200 U	1 EA	NA	SC	EA	150 U			41.33333	01/28/2005	12/07/2006						
67425-0002-10	J3470			1/28/2005	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (LYOPHILIZED OVINE,SDV) 200 U/ML	1.2 ML	VL	SC	ML	150 U			1.33333	01/28/2005	99/99/9999						
67457-0124-10	J1200			5/1/2007	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (MDV,USP) 50 MG/ML	10 ML	VL	IJ	ML	50 MG			1	05/01/2007	99/99/9999						
67457-0145-50	J1212			7/1/2005	8/1/2006	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE 50%	50 ML	VL	IL	ML	50 %			0.02	07/01/2005	08/01/2006						
67457-0147-20	J3520			7/1/2005	4/18/2008	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (S.D.V.) 150 MG/ML	20 ML	VL	IV	ML	150 MG			1	07/01/2005	04/18/2008						
67457-0152-10	J2550			7/1/2005	1/15/2009	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	IJ	ML	50 MG			0.5	07/01/2005	1/15/2009						
67457-0153-03	J0282			7/1/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML	30 MG			1.66666	07/01/2005	99/99/9999						
67457-0153-09	J0282			11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (9X10ML) 50 MG/ML	9 ML	ML	IV	ML	30 MG			1.66666	11/29/2005	99/99/9999						
67457-0153-18	J0282			11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE 50 MG/ML	18 ML	VL	IV	ML	30 MG			1.66666	11/29/2005	99/99/9999						
67457-0160-20	J2260			10/30/2003	8/7/2007	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF,LATEX-FREE) 1 MG/ML	20 ML	VL	IV	ML	5 MG			0.2	10/30/2003	08/07/2007						
67457-0177-50	J1212			6/22/2007	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RHISO-50 (ODORLESS) 50%	50 ML	VL	IL	ML	50 %			0.02	06/22/2007	99/99/9999						
67467-0843-01	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/ML	20 ML	VL	IV	ML	500 MG			0.1	07/01/2007	12/31/2007						
67467-0843-01	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/ML	20 ML	VL	IV	ML	500 MG			0.1	01/01/2008	11/1/2010						
67467-0843-02	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/ML	50 ML	VL	IV	ML	500 MG			0.1	07/01/2007	12/31/2007						
67467-0843-02	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/ML	50 ML	VL	IV	ML	500 MG			0.1	01/01/2008	11/1/2010						
67467-0843-03	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	100 ML	VL	IV	ML	500 MG			0.1	07/01/2007	12/31/2007						
67467-0843-03	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	100 ML	VL	IV	ML	500 MG			0.1	01/01/2008	11/1/2010						
67467-0843-04	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	200 ML	VL	IV	ML	500 MG			0.1	07/01/2007	12/31/2007						
67467-0843-04	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	200 ML	VL	IV	ML	500 MG			0.1	01/01/2008	11/1/2010						
67467-0843-05	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	500 ML	VL	IV	ML	500 MG			0.1	07/01/2007	12/31/2007						
67467-0843-05	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	500 ML	VL	IV	ML	500 MG			0.1	01/01/2008	11/1/2010						
67817-0061-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	5 ML	VL	IV	ML	50 MG			0.2	10/14/2004	02/15/2007						
67817-0063-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML	50 MG			0.2	10/14/2004	02/15/2007						
67817-0066-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML	50 MG			0.2	10/14/2004	02/15/2007						
67817-0067-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	60 ML	VL	IV	ML	50 MG			0.2	10/14/2004	02/15/2007						
67870-0103-08	J7510			6/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	238 ML	BO	PO	ML	5 MG			0.6	06/01/2003	99/99/9999						
67870-0103-16	J7510			6/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	473 ML	BO	PO	ML	5 MG			0.6	06/01/2003	99/99/9999						
67871-0007-10	Q2002			5/28/2003	12/31/2005	INJECTION, ELLIOTTS B SOLUTION, PER ML	ELLIOTTS B (FOR INTRATHECAL USE,PF)	10 ML	AM	IN	ML	1 ML			1	05/28/2003	12/31/2005						
67871-0007-10	J9175			1/1/2006	99/99/9999	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	ELLIOTTS B (FOR INTRATHECAL USE,PF)	10 ML	AM	IN	ML	1 ML			1	01/01/2006	99/99/9999						
67871-4790-06	Q2007			10/1/2005	12/31/2005	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHAMOLIN (10X2ML AMP) 50 MG/ML	2 ML	AM	IV	ML	100 MG			0.5	10/01/2005	12/31/2005						
67871-4790-06	J1430			1/1/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MG	ETHAMOLIN (10X2ML AMP) 50 MG/ML	2 ML	AM	IV	ML	100 MG			0.5	01/01/2006	99/99/9999						
67871-7728-02	J3490			10/1/2005	4/18/2008	UNCLASSIFIED DRUGS	QUOPIL 125	4 ML	VL	IV	ML	1 EA			1	10/01/2005	4/18/2008						
67919-0011-01	J9899			9/12/2003	12/31/2004	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	CUBICIN (PF) 500 MG	1 EA	VL	IV	EA	1 EA			1	09/12/2003	12/31/2004						
67919-0011-01	J0878			1/1/2005	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	CUBICIN (PF) 500 MG	1 EA	VL	IV	EA	1 MG			500	01/01/2005	99/99/9999						
67979-0001-01	J9357			10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (4X5ML,PF) 40 MG/ML	5 ML	VL	IL	ML	200 MG			0.2	6/3/2009	99/99/9999						
67979-0001-02	J9357			10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	VALSTAR (4X5ML,PF) 40 MG/ML	5 ML	VL	IL	ML	200 MG			0.2	6/3/2009	99/99/9999						
67979-0002-01	J9225			6/18/2007	12/31/2007	HISTRELIN IMPLANT, 50 MG	SUPPRELIN LA 50 MG	1 EA	BX	SC	EA	50 MG			1	06/18/2007	12/31/2007	10/31/2007		3/3/2009		0.2	
67979-0002-01	J9226			1/1/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	SUPPRELIN LA 50 MG	1 EA	BX	SC	EA	50 MG			1	01/01/2008	99/99/9999						
67979-0500-01	J9225			7/25/2007	12/31/2007	HISTRELIN IMPLANT, 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA	50 MG			1	07/25/2007	12/31/2007						
67979-0500-01	J9226			1/1/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA	50 MG			1	01/01/2008	99/99/9999						
68084-0035-85	J7506			6/14/2004	1/17/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (15X30) 5 MG	15 EA	NA	PO	EA	5 MG			1	06/14/2004	01/17/2005						
68084-0156-01	Q0170			9/8/2006	2/22/2008	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE (USP,10X10) 50 MG	100 EA	BX	PO	EA	25 MG			2	09/08/2006	02/22/2008						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68084-0229-01	J7500			3/14/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	EA	PO	EA	50 MG			1	03/14/2008	99/99/9999						
68084-0245-21	J8515			6/3/2008	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE (3X10) 0.5 MG	30 EA	EA	PO	EA	0.25 MG			2	06/03/2008	99/99/9999						
68094-0518-59	J8999			7/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X20ML LEMON-LIME) 40 MG/ML	20 ML	CP	PO	ML	1 EA			1	07/01/2007	99/99/9999						
68094-0518-61	J8999			11/28/2006	3/1/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (100X20ML LEMON-LIME) 40 MG/ML	20 ML	CP	PO	ML	1 EA			1	11/28/2006	03/01/2008						
68094-0518-62	J8999			11/28/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (30X20ML LEMON-LIME) 40 MG/ML	20 ML	CP	PO	ML	1 EA			1	11/28/2006	99/99/9999						
68094-0528-59	J8999			7/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X10ML LEMON-LIME) 40 MG/ML	10 ML	CP	PO	ML	1 EA			1	07/01/2007	99/99/9999						
68094-0528-61	J8999			2/26/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG/ML	10 ML	CP	PO	ML	1 EA			1	02/26/2004	99/99/9999						
68094-0528-62	J8999			2/26/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	10 ML	CP	PO	ML	1 EA			1	02/26/2004	99/99/9999						
68115-0005-10	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10 EA	BO	PO	EA	1 EA			1	01/20/2005	4/1/2009						
68115-0005-25	J8499			4/19/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA			1	04/19/2004	4/1/2009						
68115-0005-30	J8499			5/1/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA			1	05/01/2005	4/1/2009						
68115-0005-40	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA			1	01/20/2005	4/1/2009						
68115-0006-10	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA	1 EA			1	01/20/2005	4/1/2009						
68115-0006-15	J8499			3/17/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA			1	03/17/2004	4/1/2009						
68115-0006-21	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA			1	01/20/2005	4/1/2009						
68115-0006-25	J8499			1/5/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA			1	01/05/2004	4/1/2009						
68115-0006-30	J8499			3/17/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA			1	03/17/2004	4/1/2009						
68115-0006-60	J8499			4/19/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA	1 EA			1	04/19/2004	4/1/2009						
68115-0007-30	J8499			3/29/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA			1	03/29/2004	4/1/2009						
68115-0007-40	J8499			5/1/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40 EA	BO	PO	EA	1 EA			1	05/01/2005	4/1/2009						
68115-0018-06	G9017			5/1/2005	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	6 EA	BO	PO	EA	100 MG			1	05/01/2005	05/31/2005						
68115-0018-14	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	14 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
68115-0018-20	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	20 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
68115-0018-30	G9017			12/1/2004	5/31/2005	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	30 EA	BO	PO	EA	100 MG			1	12/01/2004	05/31/2005						
68115-0096-12	Q0181			4/19/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	1 EA			1	04/19/2004	12/31/2005						
68115-0096-12	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG			3	01/01/2006	4/1/2009						
68115-0096-14	Q0181			4/19/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	14 EA	BO	PO	EA	1 EA			1	04/19/2004	12/31/2005						
68115-0096-14	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	14 EA	BO	PO	EA	0.25 MG			3	01/01/2006	4/1/2009						
68115-0096-30	Q0181			5/1/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA	1 EA			1	05/01/2005	12/31/2005						
68115-0096-30	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA	0.25 MG			3	01/01/2006	4/1/2009						
68115-0097-04	Q0181			5/1/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	4 EA	NA	PO	EA	1 EA			1	05/01/2005	12/31/2005						
68115-0097-04	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4 EA	NA	PO	EA	0.25 MG			16	01/01/2006	4/1/2009						
68115-0097-15	Q0181			5/1/2005	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	15 EA	NA	PO	EA	1 EA			1	05/01/2005	12/31/2005						
68115-0097-15	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15 EA	NA	PO	EA	0.25 MG			16	01/01/2006	4/1/2009						
68115-0097-20	Q0181			10/26/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	1 EA			1	10/26/2004	12/31/2005						
68115-0097-20	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	0.25 MG			16	01/01/2006	4/1/2009						
68115-0097-30	Q0181			6/8/2004	12/31/2005	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	1 EA			1	06/08/2004	12/31/2005						
68115-0097-30	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG			16	01/01/2006	4/1/2009						
68115-0116-00	Q0163			3/17/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG			0.5	03/17/2004	4/1/2009						
68115-0116-10	Q0163			3/17/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA	50 MG			0.5	03/17/2004	4/1/2009						
68115-0116-12	Q0163			5/1/2005	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	12 EA	NA	PO	EA	50 MG			0.5	05/01/2005	4/1/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68115-0116-15		Q0163		10/1/2003	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG		0.5	10/01/2003	4/1/2009						
68115-0116-20		Q0163		3/17/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	03/17/2004	4/1/2009						
68115-0116-24		Q0163		10/26/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	10/26/2004	4/1/2009						
68115-0116-30		Q0163		10/1/2003	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	10/01/2003	4/1/2009						
68115-0116-60		Q0163		3/17/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG		0.5	03/17/2004	4/1/2009						
68115-0117-06		Q0163		3/29/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA		50 MG		1	03/29/2004	4/1/2009						
68115-0117-15		Q0163		10/1/2003	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	10/01/2003	4/1/2009						
68115-0117-20		Q0163		1/5/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	01/05/2004	4/1/2009						
68115-0117-30		Q0163		10/1/2003	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	10/01/2003	4/1/2009						
68115-0177-00		Q0177		5/5/2004	4/1/2009	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG		1	05/05/2004	4/1/2009						
68115-0177-30		Q0177		3/17/2004	4/1/2009	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	03/17/2004	4/1/2009						
68115-0177-60		Q0177		10/1/2003	4/1/2009	HYDROXYZINE PAMOATE, 25 MG, ORAL, 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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	10/01/2003	4/1/2009						
68115-0178-20		Q0178		1/5/2004	4/1/2009	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG		1	01/05/2004	4/1/2009						
68115-0289-10	J7506			9/28/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	09/28/2004	4/1/2009						
68115-0289-21	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	10/26/2004	4/1/2009						
68115-0289-30	J7506			5/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	05/05/2004	4/1/2009						
68115-0289-42	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG		2	01/05/2004	4/1/2009						
68115-0290-15	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	01/05/2004	4/1/2009						
68115-0290-20	J7506			9/28/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	09/28/2004	4/1/2009						
68115-0290-30	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	10/26/2004	4/1/2009						
68115-0291-00	J7506			6/8/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	06/08/2004	4/1/2009						
68115-0291-21	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	10/26/2004	4/1/2009						
68115-0291-30	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	01/05/2004	4/1/2009						
68115-0298-00		Q0165		7/27/2006	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	100 EA	BO	PO	EA		10 MG		1	07/27/2006	4/1/2009						
68115-0298-04		Q0165		7/27/2006	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	4 EA	BO	PO	EA		10 MG		1	07/27/2006	4/1/2009						
68115-0298-12		Q0165		5/11/2004	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	12 EA	BO	PO	EA		10 MG		1	05/11/2004	4/1/2009						
68115-0298-15		Q0165		7/27/2006	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	15 EA	BO	PO	EA		10 MG		1	07/27/2006	4/1/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68115-0298-30		Q0165		7/27/2006	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	07/27/2006	4/1/2009						
68115-0298-60		Q0165		7/1/2005	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	07/01/2005	4/1/2009						
68115-0298-90	Q0165			7/27/2006	4/1/2009	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, 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	PROCHLORPERAZINE 10 MG	90 EA	BO	PO	EA		10 MG		1	07/27/2006	4/1/2009						
68115-0299-12	J8498			4/13/2006	8/1/2007	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	04/13/2006	08/01/2007						
68115-0300-10	Q0164			1/5/2004	4/1/2009	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, 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	PROCHLORPERAZINE MALEATE 5 MG	10 EA	BO	PO	EA		5 MG		1	01/05/2004	4/1/2009						
68115-0302-00	Q0170			7/27/2006	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	100 EA	BO	PO	EA		25 MG		1	07/27/2006	4/1/2009						
68115-0302-04	Q0170			7/27/2006	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	4 EA	BO	PO	EA		25 MG		1	07/27/2006	4/1/2009						
68115-0302-10	Q0170			10/26/2004	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	10/26/2004	4/1/2009						
68115-0302-20	Q0170			6/25/2004	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	06/25/2004	4/1/2009						
68115-0302-30	Q0170			10/1/2003	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	10/01/2003	4/1/2009						
68115-0302-60	Q0170			11/10/2004	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	11/10/2004	4/1/2009						
68115-0302-90	Q0170			7/27/2006	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	07/27/2006	4/1/2009						
68115-0339-20	Q0173			10/1/2003	4/1/2009	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 250 MG	20 EA	BO	PO	EA		250 MG		1	10/01/2003	4/1/2009						
68115-0364-04	Q0144			10/26/2004	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	10/26/2004	4/1/2009						
68115-0364-50	Q0144			5/4/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM		0.25	05/04/2005	4/1/2009						
68115-0435-10	Q0181			6/28/2005	12/31/2005	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	DEXAMETHASONE 1.5 MG	10 EA	BO	PO	EA		1 EA		1	06/28/2005	12/31/2005						
68115-0435-10	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	10 EA	BO	PO	EA		0.25 MG		6	01/01/2006	4/1/2009						
68115-0535-03	Q4084			1/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	01/01/2007	12/31/2007						
68115-0535-03	J7322			1/1/2008	12/31/2009	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	01/01/2008	12/31/2009						
68115-0541-50	Q0144			5/4/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM		0.25	05/04/2005	4/1/2009						
68115-0588-00	Q0173			6/25/2004	4/1/2009	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, 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	TRIMETHOBENZAMIDE HCL 300 MG	100 EA	BO	PO	EA		250 MG		1.2	06/25/2004	4/1/2009						
68115-0598-04	Q0170			10/26/2004	4/1/2009	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	10/26/2004	4/1/2009						
68115-0632-00	None			4/19/2004	4/1/2009	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	04/19/2004	4/1/2009						
68115-0651-60	J7699			4/19/2004	4/1/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER 0.012 MG	60 EA	BO	IH	EA		1 EA			04/19/2004	4/1/2009						
68115-0691-12	K0416			3/29/2004	12/31/2005	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 MG		25	03/29/2004	12/31/2005						
68115-0691-12	J8498			1/1/2006	4/1/2009	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	01/01/2006	4/1/2009						
68115-0692-25	Q0168			3/29/2004	4/1/2009	DRONABINOL 5 MG, ORAL, 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	MARINOL (SOFTGEL) 5 MG	25 EA	BX	PO	EA		5 MG		1	03/29/2004	4/1/2009						
68115-0709-05	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R PENFILL 100 U/ML	3 ML	CT	IJ	ML		5 U		20	03/17/2004	4/1/2009						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68115-0711-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	01/01/2008	03/31/2008						
68115-0711-20	J7611			4/1/2008	4/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	04/01/2008	4/1/2009						
68115-0728-10	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U		20	03/17/2004	4/1/2009						
68115-0729-05	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N PEN 100 U/ML	3 ML	CT	SC	ML		5 U		20	03/17/2004	4/1/2009						
68115-0746-10	J1817			2/12/2004	4/1/2009	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10 ML	VL	SC	ML		50 U		2	02/12/2004	4/1/2009						
68115-0749-10	J1650			3/17/2004	4/1/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	03/17/2004	4/1/2009						
68115-0750-30	J1595			3/29/2004	4/1/2009	INJECTION, GLATIRAMER ACETATE, 20 MG	MG/ML (30 SRN,PREFILLED,PF) 20	1 ML	DP	MR	EA		20 MG		30	03/29/2004	4/1/2009						
68115-0770-02	J3030			1/20/2004	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SRN,PREFILLED,UNIT/USE) 6 MG/0.5 ML	0.5 ML	BX	SC	ML		6 MG		2	01/20/2004	99/99/9999						
68115-0774-10	J1650			2/6/2004	4/1/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	02/06/2004	4/1/2009						
68115-0802-30	Q0179			1/20/2004	4/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ZOFRAN 4 MG	30 EA	BO	PO	EA		8 MG		0.5	01/20/2004	4/1/2009						
68115-0839-10	J1815			1/20/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	01/20/2004	4/1/2009						
68115-0898-08	J7510			5/4/2004	8/1/2007	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	05/04/2004	08/01/2007						
68115-0931-06	Q0144			1/5/2004	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	01/05/2004	4/1/2009						
68115-0947-21	J7506			5/4/2004	4/1/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	05/04/2004	4/1/2009						
68115-0960-21	J7509			10/1/2003	4/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	10/01/2003	4/1/2009						
68115-0976-04	Q0163			1/20/2004	8/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	01/20/2004	08/01/2007						
68135-0020-01	J3490			6/5/2005	12/31/2006	UNCLASSIFIED DRUGS	NAGLAZYM (PF) 1 MG/ML	5 ML	VL	IV	ML		1 EA		1	06/05/2005	12/31/2006						
68135-0020-01	J1458			1/1/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG	NAGLAZYM (PF) 1 MG/ML	5 ML	VL	IV	ML		1 MG		1	01/01/2007	99/99/9999						
68135-0455-02	J7510			2/1/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE,GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	02/01/2005	99/99/9999						
68135-0455-03	J7510			9/1/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (20MLX10,DYE-FREE,GRAPE) 15 MG/5 ML	20 ML	BO	PO	ML		5 MG		0.6	09/01/2005	99/99/9999						
68158-0149-51	J3590			1/25/2004	12/31/2004	UNCLASSIFIED BIOLOGICS	PLENAXIS (S.D.V.,PF) 100 MG-0.9%	1 EA	VL	MR	EA		1 EA		1	01/25/2004	12/31/2004						
68158-0149-51	J0128			1/1/2005	6/21/2010	INJECTION, ABARELIX, 10 MG	PLENAXIS (S.D.V.,PF) 100 MG-0.9%	1 EA	VL	MR	EA		10 MG		10	01/01/2005	6/21/2010						
68180-0611-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/20/2005	99/99/9999						
68180-0611-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	07/20/2005	99/99/9999						
68180-0622-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	NA	IJ	EA		250 MG		2	07/20/2005	99/99/9999						
68180-0622-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	NA	IJ	EA		250 MG		2	07/20/2005	99/99/9999						
68180-0633-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	07/20/2005	99/99/9999						
68180-0633-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	10 EA	VL	IJ	EA		250 MG		4	07/20/2005	99/99/9999						
68180-0644-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1 EA	NA	IJ	EA		250 MG		8	07/20/2005	99/99/9999						
68180-0644-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1 EA	NA	IJ	EA		250 MG		8	07/20/2005	99/99/9999						
68188-0480-02	J7510			4/3/2007	11/7/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 10 MG	48 EA	BX	PO	EA		5 MG		2	04/03/2007	11/7/2008						
68188-0482-02	J7510			7/10/2006	11/7/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 15 MG	48 EA	BX	PO	EA		5 MG		3	07/10/2006	11/7/2008						
68188-0484-02	J7510			1/4/2008	11/20/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 30 MG	48 EA	BX	PO	EA		5 MG		6	01/04/2008	11/20/2008						
68209-0843-01	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/1VIAL,S/D TREATED) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	07/01/2007	12/31/2007						
68209-0843-01	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/1VIAL,S/D TREATED) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	01/01/2008	11/1/2010						
68209-0843-02	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	50 ML	VL	IV	ML		500 MG		0.1	07/01/2007	12/31/2007						
68209-0843-02	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	50 ML	VL	IV	ML		500 MG		0.1	01/01/2008	11/1/2010						
68209-0843-03	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	07/01/2007	12/31/2007						
68209-0843-03	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	01/01/2008	11/1/2010						
68209-0843-04	Q4087			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	200 ML	VL	IV	ML		500 MG		0.1	07/01/2007	12/31/2007						
68209-0843-04	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	200 ML	VL	IV	ML		500 MG		0.1	01/01/2008	11/1/2010						
68330-0001-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	09/15/2007	99/99/9999						
68330-0001-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	09/15/2007	99/99/9999						
68330-0002-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	09/15/2007	99/99/9999						
68330-0002-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	09/15/2007	99/99/9999						
68330-0003-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	09/15/2007	99/99/9999						
68330-0003-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG		4	09/15/2007	99/99/9999						
68330-0004-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	09/15/2007	99/99/9999						
68330-0004-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	09/15/2007	99/99/9999						
68330-0005-01	J0696			11/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 1 GM	1 EA	GC	IJ	EA		250 MG		4	11/05/2007	99/99/9999						
68330-0006-01	J0696			11/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PIGGYBACK) 2 GM	1 EA	GC	IJ	EA		250 MG		8	11/05/2007	99/99/9999						
68382-0003-01	J7500			5/1/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100 EA	BO	PO	EA		50 MG		1	05/01/2007	99/99/9999						
68382-0003-05	J7500			5/1/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500 EA	BO	PO	EA		50 MG		1	05/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68382-0040-01		Q0169		12/1/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	12/01/2005	99/99/9999						
68382-0040-10		Q0169		2/27/2007	12/2/2009	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 12.5 MG	1000	EA	BO	PO	EA	12.5 MG		1	02/27/2007	12/2/2009						
68382-0041-01		Q0170		12/1/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	12/01/2005	99/99/9999						
68382-0041-10		Q0170		2/27/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	25 MG		1	02/27/2007	99/99/9999						
68382-0130-05		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	CAP	PO	EA	250 MG		1	5/4/2009	99/99/9999						
68382-0131-01		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	100	EA	BO	PO	EA	250 MG		2	05/04/2009	99/99/9999						
68382-0131-05		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	500	EA	BO	PO	EA	250 MG		2	05/04/2009	99/99/9999						
68387-0170-01		J7509		3/26/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG	1	03/26/2004	99/99/9999							
68387-0240-10		J7506		5/29/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	DP	PO	EA	4 MG	4	05/29/2008	99/99/9999							
68387-0240-25		J7506		3/26/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5 MG	4	03/26/2004	99/99/9999							
68387-0241-15		J7506		7/23/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG	2	07/23/2008	99/99/9999							
68387-0468-30		Q0178		3/1/2007	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	03/01/2007	99/99/9999						
68387-0469-30		Q0178		3/1/2007	99/99/9999	HYDROXYZINE PAMOATE, 50 MG, ORAL, 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	HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	50 MG		2	03/01/2007	99/99/9999						
68387-0536-12		Q0170		3/8/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25 MG		1	03/08/2006	99/99/9999						
68387-0536-30		Q0170		5/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
68387-0536-60		Q0170		5/4/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25 MG		1	05/04/2007	99/99/9999						
68387-0536-90		Q0170		5/1/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, 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	PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25 MG		1	05/01/2006	99/99/9999						
68387-0541-30		Q0163		5/1/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50 MG		0.5	05/01/2006	99/99/9999						
68387-0565-06		Q0144		5/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BX	PO	EA	1 GM		0.25	05/01/2006	99/99/9999						
68462-0105-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8 MG		0.5	06/25/2007	99/99/9999						
68462-0106-30		Q0179		6/25/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8 MG		1	06/25/2007	99/99/9999						
68462-0157-13		Q0179		6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	8 MG		0.5	06/27/2007	99/99/9999						
68462-0158-11		Q0179		6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BX	PO	EA	8 MG		1	06/27/2007	99/99/9999						
68462-0158-13		Q0179		6/27/2007	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, 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	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	8 MG		1	06/27/2007	99/99/9999						
68516-1612-01		Q9943		4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLOBULIN-S 5% (2.5GM VIAL, W/ADMIN SET) 50 MG/ML	50	ML	VL	IV	ML	1 GM	0.05	04/01/2005	12/31/2005							
68516-1612-01		J1567		1/1/2006	6/28/2007	500 MG	VENOGLOBULIN-S 5% (2.5GM VIAL, W/ADMIN SET) 50 MG/ML	50	ML	VL	IV	ML	500 MG	0.1	01/01/2006	06/28/2007							
68516-1613-01		Q9943		4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLOBULIN-S 5% (5 GM/VIAL, W/ADMIN SET) 50 MG/ML	100	ML	VL	IV	ML	1 GM	0.05	04/01/2005	12/31/2005							

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
68516-1613-01	J1567			1/1/2006	6/28/2007	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	VENOGLLOBULIN-S 5% (5 GM/VIAL,W/ADMIN SET) 50 MG/ML	100	ML	VL	IV	ML	500	MG		0.1	01/01/2006	06/28/2007						
68516-1614-01	Q9943			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLLOBULIN-S 5% (10 GM/VIAL,W/ADMIN SET) 50 MG/ML	200	ML	VL	IV	ML	1	GM		0.05	04/01/2005	12/31/2005						
68516-1614-01	J1567			1/1/2006	6/28/2007	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	VENOGLLOBULIN-S 5% (10 GM/VIAL,W/ADMIN SET) 50 MG/ML	200	ML	VL	IV	ML	500	MG		0.1	01/01/2006	06/28/2007						
68516-1622-01	Q9943			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLLOBULIN-S 10% (5 GM/VIAL,W/ADMIN SET) 100 MG/ML	50	ML	VL	IV	ML	1	GM		0.1	04/01/2005	12/31/2005						
68516-1622-01	J1567			1/1/2006	6/28/2007	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	VENOGLLOBULIN-S 10% (5 GM/VIAL,W/ADMIN SET) 100 MG/ML	50	ML	VL	IV	ML	500	MG		0.2	01/01/2006	06/28/2007						
68516-1623-01	Q9943			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLLOBULIN-S 10% (10 GM/VIAL,W/ADMIN SET) 100 MG/ML	100	ML	VL	IV	ML	1	GM		0.1	04/01/2005	12/31/2005						
68516-1623-01	J1567			1/1/2006	6/28/2007	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	VENOGLLOBULIN-S 10% (10 GM/VIAL,W/ADMIN SET) 100 MG/ML	100	ML	VL	IV	ML	500	MG		0.2	01/01/2006	06/28/2007						
68516-1624-01	Q9943			4/1/2005	12/31/2005	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1 G	VENOGLLOBULIN-S 10% (20 GM/VIAL,W/ADMIN SET) 100 MG/ML	200	ML	VL	IV	ML	1	GM		0.1	04/01/2005	12/31/2005						
68516-1624-01	J1567			1/1/2006	6/28/2007	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	VENOGLLOBULIN-S 10% (20 GM/VIAL,W/ADMIN SET) 100 MG/ML	200	ML	VL	IV	ML	500	MG		0.2	01/01/2006	06/28/2007						
68516-3200-02	J7194			7/25/2003	4/15/2010	FACTOR IX, COMPLEX, PER I.U.	PROFILININE SD (APPROX. 500 IU/VIAL) 1 IU	500	IU	VL	IV	EA	1	IU		1	07/25/2003	4/15/2010						
68516-3200-03	J7194			7/25/2003	4/30/2009	FACTOR IX, COMPLEX, PER I.U.	PROFILININE SD (APPROX 1000-1500IU/VIAL) 1 IU	1250	IU	VL	IV	EA	1	IU		1	07/25/2003	4/30/2009						
68516-3600-02	J7193			7/25/2003	6/30/2008	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	ALPHANINE SD (250-1500 FIX I.U/VIAL) 1 IU	850	IU	VL	IV	EA	1	IU		1	07/25/2003	6/30/2008						
68516-4600-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (250-500 FVIII IU/5ML) 1 IU	500	IU	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4600-01	J7186			1/1/2009	5/14/2009	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (250-500 FVIII IU/5ML) 1 IU	500	IU	VL	IV	IU	1	IU		1	01/01/2009	5/14/2009						
68516-4600-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (1000-1500 FVIII IU/10ML) 1 IU	1500	IU	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4600-02	J7186			1/1/2009	5/29/2009	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (1000-1500 FVIII IU/10ML) 1 IU	1500	IU	VL	IV	IU	1	IU		1	01/01/2009	5/29/2009						
68516-4601-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,250IU/5ML) 1 IU-1 IU	1	EA	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4601-01	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,250IU/5ML) 1 IU-1 IU	250	IU	VL	IV	IU	1	IU		1	01/01/2009	99/99/9999						
68516-4602-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,500IU/5ML) 1 IU-1 IU	1	EA	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4602-01	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,500IU/5ML) 1 IU-1 IU	500	IU	VL	IV	IU	1	IU		1	01/01/2009	99/99/9999						
68516-4603-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,1000IU/10ML) 1 IU-1 IU	1	EA	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4603-02	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,1000IU/10ML) 1 IU-1 IU	1000	IU	VL	IV	IU	1	IU		1	01/01/2009	99/99/9999						
68516-4604-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,1500IU/10ML) 1 IU-1 IU	1	EA	VL	IV	EA	1	IU		1	04/01/2008	12/31/2008						
68516-4604-02	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,1500IU/10ML) 1 IU-1 IU	1500	IU	VL	IV	IU	1	IU		1	01/01/2009	99/99/9999						
68546-0317-30	J1595			4/28/2008	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE 20 MG/ML	1	ML	DP	MR	EA	20	MG		30	04/28/2008	99/99/9999						
68727-0200-02	J1451			11/9/2006	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	ANTIZOL (4X1.5ML/PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG		66.66666	11/09/2006	99/99/9999						
68782-0001-01	J3490			1/1/2005	12/31/2005	UNCLASSIFIED DRUGS	MACUGEN (PF) 0.3 MG/0.09 ML	0.09	ML	SR	IO	ML	1	EA		1	01/01/2005	12/31/2005						
68782-0001-01	J2503			1/1/2006	99/99/9999	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	MACUGEN (PF) 0.3 MG/0.09 ML	0.09	ML	SR	IO	ML	0.3	MG		11.11111	01/01/2006	99/99/9999						
68817-0134-50	J9265			2/8/2005	12/31/2005	INJECTION, PACLITAXEL, 30 MG	ABRAXANE 100 MG	1	EA	VL	IV	EA	30	MG		3.33333	02/08/2005	12/31/2005						
68817-0134-50	J9264			1/1/2006	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	ABRAXANE 100 MG	1	EA	VL	IV	EA	1	MG		100	01/01/2006	99/99/9999						
68830-0319-80	J0636			9/17/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1	ML	NA	IV	ML	0.1	MCG		10	09/17/2003	99/99/9999						
68883-0010-03	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 10 U/ML	3	ML	SR	IV	ML	10	U		1	01/05/2006	99/99/9999						
68883-0010-05	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 10 U/ML	5	ML	SR	IV	ML	10	U		1	01/05/2006	99/99/9999						
68883-0010-06	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 3ML SD SYRINGE,PF) 10 U/ML	2.5	ML	SR	IV	ML	10	U		1	01/05/2006	99/99/9999						
68883-0100-03	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 100 U/ML	3	ML	SR	IV	ML	10	U		10	01/05/2006	99/99/9999						
68883-0100-04	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 100 U/ML	3	ML	SR	IV	ML	10	U		10	01/05/2006	99/99/9999						
68883-0100-05	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 100 U/ML	5	ML	SR	IV	ML	10	U		10	01/05/2006	99/99/9999						
68883-0100-06	J1642			1/5/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 100 U/ML	5	ML	SR	IV	ML	10	U		10	01/05/2006	99/99/9999						
68883-0900-01	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 3ML SD SYRINGE,PF) 0.9%	2.5	ML	SR	IV	ML	0.9	%		0.5	01/05/2006	12/31/2006						
68883-0900-01	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 3ML SD SYRINGE,PF) 0.9%	2.5	ML	SR	IV	ML	10	ML		0.1	01/01/2007	99/99/9999						
68883-0900-03	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	3	ML	SR	IV	ML	0.9	%		0.5	01/05/2006	12/31/2006						
68883-0900-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	3	ML	SR	IV	ML	10	ML		0.1	01/01/2007	99/99/9999						
68883-0900-04	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	5	ML	SR	IV	ML	0.9	%		0.5	01/05/2006	12/31/2006						
68883-0900-04	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	5	ML	SR	IV	ML	10	ML		0.1	01/01/2007	99/99/9999						

03-05-2011 NDC-HCPCS XWalk

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68883-0900-05	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	01/05/2006	12/31/2006						
68883-0900-05	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	01/01/2007	8/23/2010						
68883-0900-10	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	01/05/2006	12/31/2006						
68883-0900-10	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	01/01/2007	8/23/2010						
68883-0900-16	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	01/05/2006	12/31/2006						
68883-0900-16	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	01/01/2007	8/23/2010						
74300-0001-33	Q0163			1/1/2002	12/21/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISOM SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	32 EA	NA	PO	EA		50 MG		1	01/01/2002	12/21/2006						
74300-0006-10	Q0163			1/1/2002	12/21/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISOM SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8 EA	PK	PO	EA		50 MG		1	01/01/2002	12/21/2006						
74300-0006-11	Q0163			1/1/2002	12/21/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISOM SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	16 EA	NA	PO	EA		50 MG		1	01/01/2002	12/21/2006						
75137-0212-03	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPOZ NIGHTTIME SLEEP AID 50 MG	12 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
75137-0212-12	Q0163			1/1/2002	9/1/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPOZ NIGHTTIME SLEEP AID 50 MG	24 EA	BO	PO	EA		50 MG		1	01/01/2002	09/01/2003						
75137-0212-15	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPOZ NIGHTTIME SLEEP AID (GELCAPLET) 50 MG	16 EA	BO	PO	EA		50 MG		1	01/01/2002	99/99/9999						
75137-2121-20	Q0163			1/1/2002	9/1/2003	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPOZ NIGHTTIME SLEEP AID 50 MG	24 EA	BO	PO	EA		50 MG		1	01/01/2002	09/01/2003						
82468-0113-16	Q0163			4/19/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	FAMILY PHARMACY ALLERGY 25 MG	24 EA	NA	PO	EA		50 MG		0.5	04/19/2004	99/99/9999						
83490-0107-60	A4216			10/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	HYPER-SAL (4MLX60,PF) 7%	4 ML	PC	IH	ML		10 ML		0.1	10/01/2007	99/99/9999						
83395-0067-64	J1955			9/3/2003	9/1/2008	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE	1 EA	NA	PO	GM		1 GM		1	09/03/2003	9/1/2008						