Admin

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Gunnison County Legal Instrument # _____

Date of Request: 3/19/2013 **Contractual Deadline:** **Received in Administration:** 3/21/13

Desired Agenda Date: **Amount of Discussion Time Desired:**

Action Requested: Review and sign 2 copies

Parties to the Agreement: Cigna Insurance and Gunnison County

Term Begins: 5/1/2013 **Term Ends:** Not stated **Grant Contract #:**

Summary: This is a "Network Participation Letter of Agreement" with Cigna Insurance Company. This agreement will allow Public Health to bill Cigna Insurance for immunizations given to our clients with Cigna Insurance. Published reimbursement rates (attached) cover the cost of vaccine and supplies.

Recommendation: Sign

Fiscal Impact: Revenue for Child and Family Health

Submitted by: Randy Morgan CW **Return To:** Randy Morgan CW RB

Finance Department Review: (X) Required ( ) Not Required

Comments:

One of several agreements w/ Health Insurance Companies to set up billing procedures for P.H. services to their members

Signature 3/21/13 Discharge Date

County Attorney Review: (X) Required ( ) Not Required

Comments:

RECEIVED MAR 21 2013 COUNTY ATTORNEY

Approved

Certificate of Insurance Required Yes ___ No ✓ Initials ___

Signature Discharge Date 3/22/2013

Returned to Administration: 3/25/13 **Original Returned:**

County Manager Approval:

Signature 3-22-13 Date

(X) Consent Agenda ( ) Regular Agenda Time Allotted: _____

3

Revised January 2011

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Recommendation: Sign

Fiscal Impact: Revenue for Child and Family Health

Submitted by: Randy Morgan **Return To:** Randy Morgan

Finance Department Review: ◯ Required ◯ Not Required

Comments: _____

Signature Discharge Date

County Attorney Review: ◯ Required ◯ Not Required

Comments: _____

Certificate of Insurance Required

Yes ____ No ____ Initials ____

Signature Discharge Date

Returned to Administration: **Original Returned:**

County Manager Approval:

Signature Date

◯ Consent Agenda ◯ Regular Agenda Time Allotted: _____

Revised January 2011

Provider Services

March 15, 2013

Routing 584
8505 E. Orchard Rd. 2T1
Greenwood Village, CO 80111
Tel 800.888.CIGNA
Fax 646.706.4289

Gunnison County Public Health
225 N. Pine St. Suite E
Gunnison, CO 81230

Dear Randy Morgan,

Thank you for your interest in becoming a participating vaccine provider in the CIGNA HealthCare of Colorado Inc. network. Following is a list of documents needed for the contracting process to begin.

- Completed W-9
- Sample claim form (CMS-1500) –specifically boxes 25, 32 & 33 (showing how you will bill)
- 2 copies of the Network Participation Letter of Agreement for signature (included). Please send both signed contracts back. CIGNA will send an executed copy when the process is complete. **DO NOT FILL IN EFFECTIVE DATE** -> filled in by Cigna

Please also find enclosed a Summary Disclosure Form required by Colorado Senate Bill 79. This is for your records – DO NOT RETURN.

The included forms must be completed and received by CIGNA to initiate the contracting process by **March 30, 2013** to obtain a May 1, 2013 effective date. Once CIGNA receives your completed packet it will be forwarded to our Provider Data Management team for processing and you will receive an executed copy of the contract once the process has been completed. This executed contract will apply to both Cigna and Great West members. If you have any questions about the application process, please do not hesitate to contact **Pamela Braun at 303.305.0852**. Thank you for your interest in CIGNA Healthcare of Colorado, Inc.

Sincerely,

Amber Alcaraz
Administrative Assistant, Senior Associate
CIGNA Healthcare of Colorado

Enclosures

"Cigna" is registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company, and not by Cigna Corporation.

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Gunnison County

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☑ Other (see instructions) ▶ Government Entity

Address (number, street, and apt. or suite no.)
200 E. Virginia Ave.

Requester's name and address (optional)

City, state, and ZIP code
Gunnison, CO 81230

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
8 4 - 6 0 0 0 7 7 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA | PICA

CARRIER

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | X GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

on file

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

on file

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

Dr. John Tarr

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN X

84-6000-770

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Dr. J. Tarr

on file 03 19 2013

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Gunnison County Public Health
225 N. Pine St. Suite E
Gunnison CO 81230

a. b.

33. BILLING PROVIDER INFO & PH # ( ) 970 6410209

Gunnison County Public Health
225 N. Pine St. Suite E
Gunnison CO 81230

a. b.

Reimbursement Rates

Effective February 22, 2013

Proc	Desc	Rate
90281	Immune Globulin (Ig), human, for intramuscular use, (Code price is per 2 mL)	$52.73
90283	Immune Globulin (IgIV), human, for intravenous use (Code price is per 500mg)	$46.29
90284	Immune globulin (IgIV), human, for use in subQ infusions, 100 mg, each	$11.27
90287	Botulinum antitoxin, equine, any route (Further documentation required)	$0.00
90288	Botulism immune globulin, human, for intravenous use (Further documentation required)	$0.00
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use (Code price is per 50 mL)	$1,184.41
90296	Diphtheria antitoxin, equine, any route.	$0.00
90371	Hepatitis B Immune Globulin (HBIg), human, for intramuscular use. (Code price is per 1 mL)	$144.16
90375	Rabies Immune Globulin (RIg), human, for IM and/or SubQ (Code price is per 1mL)	$253.57
90376	Rabies Immune Globulin, heat-treated (RIg-HT), human, for IM and/or SubQ use	$229.77
90378	Respiratory syncytial virus for IM, 50mg, each	$1,387.90
90384	Rho(D) Immune Globulin (RhIg), human, full dose, for intramuscular use	$102.92
90385	Rho(D) Immune Globulin (RhIg), human, mini dose, for intramuscular use (Code price is per 50 mcg)	$36.62
90386	Rho(D) Immune Gobulin (RhIgIV), human, for intravenous use	$10.89
90389	Tetanus Immune Globulin (TIg), human, for intramuscular use	$384.47
90393	Vaccinia Immune Globulin, human, for intramuscular use (Further documentation requested)	$0.00
90396	Varicella-zoster Immune Globulin, human, for IM,Code Price is per 125 units	$110.41
90399	Unlisted immune globulin	$0.00
90581	Anthrax vaccine, for subcutaneous or intramuscular use	$110.88
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use (Code price is per 50 mg)	$157.83
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	$157.83
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (Code price is per 1 mL)	$71.37
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose, 0.5 mL)	$31.35
90634	Hepatitis A Vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use	$23.41
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code price is per 1 mL)	$103.60
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	$22.34
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	$25.50
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	$29.36
90649	Human Papilloma Virus (HPV) types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for IM use (Code price is per dose, 0.5 mL)	$151.70
90650	Human Papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for IM use	$144.20
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use	$18.73
90655	Influenza virus vaccine, split virus, pres. free, admin to children 6-35 mths of age, IM use (Code price is per 0.5 mL)	$16.31
90656	Influenza virus vaccine, split virus, presv. free, administered to 3 years and older, for IM use (Code price is per 0.5 mL)	$12.32
90657	Influenza virus vaccine, split virus, admin to children 6-35 months of age, for IM use (Code price is per dose, 0.25 mL)	$5.99
90658	Influenza virus vaccine, split virus,admin to individuals 3 years of age and older, IM use (Code price is per 0.5 mL)	$11.97
90660	Influenza virus vaccine, live, for intranasal use (Code price is per dose, 0.2 mL)	$23.18
90662	Influenza virus vaccine, split virus, presv. free, enhanced immunogenicity via increased antigen content, for IM	$30.52
90669	Pneumococcal conjugate vaccine,for IM use	$93.95
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	$142.70
90675	Rabies vaccine, for intramuscular use (Code price is per 1 mL)	$263.83
90676	Rabies vaccine, for intradermal use	$77.04
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use, Code price is per dose, 2 mL)	$84.22
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code price is per dose, 1 mL)	$119.36
90690	Typhoid vaccine, live, oral (Code price is one course =4 capsules)	$42.20
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use (Code price is per dose, 0.5 mL)	$57.71
90692	Typhoid vaccine, heat- and phenol-inactivated (HP), for subcutaneous or intradermal use	$0.82
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	$0.00

90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code price is per dose 0.5 mL)	$53.76
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Code price is per dose, 0.5 mL)	$90.08
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use (Code price is per dose, 0.5 mL)	$23.48
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use (Code price is per dose, 0.5 mL)	$38.07
90703	Tetanus toxoid adsorbed, for intramuscular use (Code price is per 0.5 mL)	$43.09
90704	Mumps virus vaccine, live, for subcutaneous use (Code price is per dose, 0.5 mL)	$24.91
90705	Measles virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	$19.25
90706	Rubella virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	$21.45
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Code price is per 0.5 mL)	$60.56
90708	Measles and rubella virus vaccine, live, for subcutaneous use	$19.02
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code price is per dose, 0.5 mL)	$161.97
90712	Poliovirus vaccine (any type[s]) (OPV), live, for oral use	$17.38
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code price is per dose, 0.5 mL)	$30.73
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Code price is per 0.5 mL)	$21.83
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Code price is per dose, 0.5 mL)	$42.06
90716	Varicella virus vaccine, live, for subcutaneous use (Code price is per 0.5 mL)	$101.42
90717	Yellow fever vaccine, live, for subcutaneous use (Code price is per dose, 0.5 mL)	$110.34
90720	Diphtheria, tetanus toxoids, and whole cell pertussis and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	$28.33
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use (Code price is per dose)	$53.37
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (Code price is per 0.5 mL)	$79.21
90725	Cholera vaccine, for injectable use	$0.74
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Code price is per dose, 0.5 mL)	$71.09
90733	Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use (Code price is per 0.5 mL)	$119.27
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Code price is per dose, 0.5 mL)	$126.48
90735	Japanese encephalitis virus vaccine, for subcutaneous use (Code price is per 1 mL)	$107.86
90736	Zoster (shingles) vaccine, live, for subcutaneous injection (Code is per dose)	$178.44
90738	Japanese encephalitis virus vaccine, inactivated, for IM use	$249.52
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (Code price is per dose)	$185.96
90743	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose)	$66.18
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use (Code price is per dose)	$23.93
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	$58.80
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (Code price is per dose)	$117.60
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use (Code price is per dose)	$48.79
C9113	Injection, pantoprazole sodium, per vial	$4.79
C9121	Injection, argatroban, per 5 mg	$24.11
C9248	Injection, clevidipine butyrate, 1 mg	$3.47
C9250	Human plasma fibrin sealant	$149.16
C9254	injection, lacosamide, 1 mg	$0.20
C9257	injection, bevacizumab, 0.25 mg	$1.55
C9275	Hexaminolevulinate HCl	$612.00
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	$13.06
C9290	Injection, bupivacaine liposome, 1 mg	$1.10
C9292	Injection, pertuzumab, 10 mg (For OPPS billing prior to 10/1/12 use C9399)	$98.98
C9293	Injection, glucarpidase, 10 units (For OPPS billing prior to 10/1/12 use C9399)	$229.50

C9294	Injection, taligucerase alfa, 10 units (Elelyso)	$30.35
C9295	Injection, carfilzomib, 1 mg (Kyprolis)	$28.19
C9296	Injection, ziv-aflibercept, 1 mg (Zaltrap)	$16.32
C9352	Microporous collagen implantable tube	$449.08
C9353	Microporous collagen implantable slit tube	$469.10
C9354	Acellular pericardial tissue matrix of non-human origin	$19.38
C9355	Collagen nerve cuff	$182.24
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix	$48.82
C9399	Unclassified drugs or biologicals	$0.00
J0120	Injection, tetracycline up to 250 mg	$0.00
J0129	Injection, abatacept, 10 mg	$22.40
J0130	Injection, abciximab, 10 mg	$577.27
J0131	Injection, acetaminophen, 10 mg	$0.12
J0132	Injection, acetylcysteine, 100 mg	$3.04
J0133	Injection, acyclovir, 5 mg	$0.03
J0135	Injection, adalimumab, 20 mg	$484.72
J0150	Injection, adenosine for therapeutic use, 6 mg	$7.14
J0152	Injection, adenosine for diagnostic use, 30 mg	$109.01
J0171	Adrenalin epinephrine inject	$0.06
J0178	Injection, aflibercept, 1 mg (Eylea)	$980.50
J0180	Injection, agalsidase Beta, 1 mg	$140.68
J0190	Injection, biperiden lactate, per 5 mg	$0.00
J0200	Injection, alatrofloxacin mesylate, 100 mg	$16.99
J0205	Injection, alglucerase, per 10 units	$42.03
J0207	Injection, amifostine, 500 mg	$306.16
J0210	Injection, methyldopate HCL, up to 250 mg	$42.40
J0215	Injection, alefacept, 0.5 mg	$41.64
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	$206.03
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	$153.62
J0256	Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified	$3.95
J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	$3.92
J0270	Injection, Alprostadil, 1.25 mcg	$0.67
J0275	Alprostadil Urethral Suppository	$25.72
J0278	Injection, amikacin sulfate, 100 mg	$0.93
J0280	Injection, aminophyllin, up to 250 mg	$0.72
J0282	Injection, amiodarone hydrochloride, 30 mg	$0.23
J0285	Injection, amphotericin B, 50 mg	$17.81
J0287	Injection, amphotericin B lipid complex, 10 mg	$11.91
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg (amphotec)	$14.00
J0289	Injection, amphotericin B liposome, 10 mg	$14.46
J0290	Injection, ampicillin sodium, 500 mg	$1.69
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	$2.30
J0300	Injection, acetylcysteine, 100 mg	$6.33
J0330	Injection, succinylcholine chloride, up to 20 mg	$0.15
J0348	Injection, anidulafungin, 1 mg	$1.16
J0350	Injection, anistreplase 30 units	$2,268.46
J0360	Injection, hydralazine HCL, up to 20 mg	$3.18
J0364	Injection, apomorphine hydrochloride, 1 mg	$32.86
J0365	Injection, aprotonin, 10,000 KIU	$2.65
J0380	Injection, metaraminol bitartrate up to 10mg	$1.14
J0390	Injection, chloroquine hydrochloride, up to 250 mg	$17.27
J0395	Injection, arbutamine HCL, 1 mg	$160.00
J0400	Injection, ariprazole, 0.25 mg	$0.48
J0456	Injection, azithromycin, 500 mg	$4.35
J0461	Injection, Atropine Sulfate, 0.01 mg	$0.02
J0470	Injection, dimercaprol, per 100 mg	$30.10
J0475	Injection, baclofen, 10 mg	$175.88
J0476	Injection, baclofen, 50 mcg for intrathecal trial	$76.51
J0480	Injection, basiliximab, 20 mg	$2,516.73
J0485	Injection, belatacept, 1 mg (Nulojix)	$3.81
J0490	Injection, belimumab, 10 mg	$38.27
J0500	Injection, dicyclomine HCL, up to 20 mg	$33.25
J0515	Injection, benztropine mesylate, per 1 mg	$25.70
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5mg	$4.49

J0558	PenG benzathine/procaine inj	$3.78
J0561	Penicillin g benzathine inj	$4.74
J0583	Injection, bivalirudin, 1 mg	$2.99
J0585	Injection, Onabotulinumtoxina, 1 unit	$5.27
J0586	Injection, Abobotulinumtoxina, 5 units	$6.90
J0587	Injectioin, Rimabotulinumtoxnb, 100 units	$10.89
J0588	Injection, incobotulinumtoxinA, 1 unit	$4.46
J0592	Injection,buprenorphine hydrochloride, 0.1 mg	$0.75
J0594	Injection, Busulfan, 1mg	$21.92
J0595	Injection, butorphanol tartrate, 1 mg	$1.05
J0597	C-1 esterase, berinert	$31.06
J0598	Injection, C1 esterase inhibitor (human) 10 units	$47.19
J0600	Injection, edetate callcium disodium, up to 1000 mg	$201.40
J0610	Injection, calcium gluconate, per 10 ml	$0.70
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	$8.95
J0630	Injection, calcitonin salmon, up to 400 units	$62.75
J0636	Injection, calcitoriol, 0.1 mcg	$0.45
J0637	Injection, caspofungin acetate, 5 mg	$12.83
J0638	Canakinumab injection	$89.54
J0640	Injection, leucovorin calcium, per 50 mg	$2.71
J0641	Injection, levoleucovorin calcium, 0.5 mg	$1.85
J0670	Injection, mepivacaine hydrochloride, per 10 ml	$1.12
J0690	Injection, cefazolin sodium, 500 mg	$0.75
J0692	Injection, cefepime hydrochloride, 500 mg	$2.38
J0694	Injection, cefoxitin sodium, 1 gm	$5.60
J0696	Injection, ceftriaxone sodium, per 250 mg	$0.73
J0697	Injection, sterile cefuroxime sodium, per 750 mg	$3.02
J0698	Injection, cefotzxime sodium, per gm	$1.76
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg	$5.57
J0706	Injection, caffeine citrate, 5mg	$0.41
J0710	Injection, cephapirin sodium, up to 1 gm	$1.39
J0712	Injection, ceftaroline fosamil, 10 mg	$0.78
J0713	Injection, ceftazidime, per 500 mg	$2.48
J0715	Injection, ceftizoxime sodium, per 500 mg	$5.24
J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams (Anascorp)	$3,718.75
J0718	Injection, certolizumab pegol, 1 mg	$4.89
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	$23.42
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	$12.64
J0735	Injection, clondine hydrochloride, 1 mg	$23.92
J0740	Injection, cidofovir, 375 mg	$756.64
J0743	Injection, cilastatin sodium;impenem, per 250 mg	$7.75
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	$0.97
J0745	Injection, codeine phosphate, per 30 mg	$1.35
J0760	Injection, colchicine, per 1mg	$6.57
J0770	Injection, colistimethate sodium, up to 150 mg	$12.91
J0775	Collagenase, clost hist inj	$37.51
J0780	Injection, prochlorperazine, up to 10 mg	$1.40
J0795	Injection, corticorelin ovine triflutate, 1 microgram	$5.82
J0800	Injection, corticotropin, up to 40 units	$3,014.33
J0833	Injection, Cosyntropin, nos, 0.25 mg	$52.30
J0834	Injection, cosyntropin (cortrosyn), 0.25	$68.51
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	$2,216.80
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	$1,013.87
J0878	Injection, daptomycin, 1 mg	$0.57
J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	$3.22
J0882	Injection, Darbepoetin Alfa, 1 microgram (for ESRD ON DIALYSIS)	$3.45
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	$10.26
J0886	Injection, epoetin alfa 1000 units (for ESRD use)	$10.26
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis) (Omontys)	$9.07
J0894	Injection, decitabine, 1 mg	$34.05
J0895	Injection, deferoxamine mesylate, 500 mg	$8.24
J0897	Injection, denosumab, 1 mg	$14.27
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	$1.38
J0945	Injection, brompheniramine maleate, per 10 mg	$0.80

J1000	Injection, depo-estradiol cypoinate, up to 5 mg	$7.40
J1020	Injection, methylpredinsolone acetate, 20 mg	$3.11
J1030	Injection, methylpredinsolone acetate, 40 mg	$2.89
J1040	Injection, methylpredinsolone acetate, 80 mg	$5.60
J1050	Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera)	$0.20
J1060	Injection, testosterone cypoinate and estradiol cypoinate, up to 1 ml	$4.14
J1070	Injection, testosterone cypoinate, up to 100 mg	$5.07
J1080	Injection, testosterone cypoinate, 1 cc, 200 mg	$5.78
J1094	Injection, dexamethasone acetate, 1 mg	$0.23
J1100	Injection, dexamethasone sodium phosphate, 1mg	$0.10
J1110	Injection, dihdoergotamine mesylate, per 1 mg	$39.31
J1120	Injection, acetazolamide sodium, up to 500 mg	$28.40
J1160	Injection, digoxin, up to 0.5 mg	$1.35
J1162	Injection, digoxin immune fab (Ovine) , per vial	$899.60
J1165	Injection, phenytoin sodium, per 50 mg	$0.33
J1170	Injection, hydromorphone, up to 4 mg	$1.61
J1180	Injection, dyphylline, up to 500 mg	$8.05
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	$165.93
J1200	Injection, diphenhydramine HCl, up to 50 mg	$0.84
J1205	Injection, chlorothiazide sodium, per 500 mg	$227.14
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 mL	$86.09
J1230	Injection, methadone HCl, up to 10 mg	$7.08
J1240	Injection, dimenhydrinate, up to 50 mg	$5.20
J1245	Injection, dipyridamole, per 10 mg	$0.95
J1250	Injection, dobutamine hydrochloride, per 250 mg	$5.44
J1260	Injection, dolasetron mesylate, 10 mg	$7.54
J1265	Injection, dopamine HCl, 40 mg	$0.40
J1267	Injection, doripenem, 10 mg	$0.46
J1270	Injection, doxercalciferol, 1 mcg	$0.98
J1290	Ecallantide injection	$319.61
J1300	Injection, eculizumab, 10 mg	$199.36
J1320	Injection, amitriptyline HCl, up to 20 mg	$2.24
J1324	Injection, enfuvirtide, 1 mg	$0.51
J1325	Injection, epoprostenol, 0.5 mg	$14.15
J1327	Injection, eptifbatide, 5 mg	$25.06
J1330	Injection, ergonovine maleate, up to 0.2 mg	$4.87
J1335	Injection, ertapenem sodium, 500 mg	$31.54
J1364	Injection, erythromycin lactobionate, per 500 mg	$10.60
J1380	Injection, estradiol valerate, up to 10 mg	$9.30
J1410	Injection, estrogens, conjugated, per 25 mg	$139.45
J1430	Injection, ethanolamine oleate, 100 mg	$299.94
J1435	Injection, estrone, per 1 mg	$0.24
J1436	Injection, etidronate disodium, per 300 mg	$71.41
J1438	Injection, etanercept, 25 mg	$241.34
J1440	Injection, filgrastim (G-CSF), 300 mcg	$275.69
J1441	Injection, filgrastim (G-CSF), 480 mcg	$435.92
J1450	Injection, fluconazole, 200 mg	$4.29
J1451	Injection, fomepizole, 15 mg	$6.25
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	$212.00
J1453	Injection, fosaprepitant, 1 mg	$1.73
J1455	Injection, foscarnet sodium, per 1,000 mg	$3.50
J1457	Injection, gallium nitrate, 1 mg	$2.08
J1458	Injection, galsulfase, 1 mg	$355.52
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	$35.57
J1460	Injection, gamma globulin, intramuscular, 1 cc	$23.76
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	$36.59
J1559	Hizentra injection	$7.29
J1560	Injection, gamma globulin, intramuscular, over 10 cc	$237.62
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), intravenous, non-lyophilized (e.g. liquid), 500 mg	$38.23
J1562	Injection, immune globulin, subcutaneous, 100 mg	$7.25
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg	$34.74
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	$31.60
J1569	Injection, immune globulin, (Gammagard), intravenous, non-lyophilized, (e.g. liquid), 500 mg	$37.64

J1570	Injection, ganciclovir sodium, 500 mg	$72.47
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 mL	$52.01
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	$34.95
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 mL	$52.01
J1580	Injection, garamycin, gentamicin, up to 80 mg	$1.04
J1590	Injection, gatifloxacin, 10 mg	$0.80
J1595	Injection, glatiramer acetate, 20 mg	$67.64
J1599	Ivig non-lyophilized, NOS	$0.00
J1600	Injection, gold sodium thiomalate, up to 50 mg	$25.04
J1610	Injection, glucagon hydrochloride, per 1 mg	$118.18
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	$180.30
J1626	Injection, granisetron hydrochloride, 100 mcg	$0.63
J1630	Injection, haloperidol, up to 5 mg	$2.11
J1631	Injection, haloperidol decanoate, per 50 mg	$19.16
J1640	Injection, hemin, 1 mg	$13.32
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	$0.17
J1644	Injection, heparin sodium, per 1000 units	$0.20
J1645	Injection, dalteparin sodium, per 2,500 IU	$10.76
J1650	Injection, enoxaparin sodium, 10 mg	$3.43
J1652	Injection, fondaparinux sodium, 0.5 mg	$4.25
J1655	Injection, tinzaparin sodium, 1000 IU	$3.49
J1670	Injection, tetanus immune globulin, human, up to 250 units	$278.27
J1675	Injection, histrelin acetate, 10 micrograms	$0.00
J1700	Injection, hydrocortisone acetate, up to 25 mg	$0.65
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	$4.68
J1720	Injection, hydrocortisone sodium SUCCINATE, up to 100 mg	$4.39
J1725	Injection, hydroxyprogesterone caproate, 1 mg	$2.81
J1730	Injection, diazoxide, up to 300 mg	$111.84
J1740	Injection, ibandronate sodium, 1 mg	$151.51
J1741	Injection, ibuprofen, 10 mg (Caldolor)	$1.39
J1742	Injection, ibutilide fumarate, 1 mg	$114.39
J1743	Injection, idursulfase, 1 mg	$455.03
J1744	Injection, icatibant, 1 mg (Firazyr)	$231.20
J1745	Injection, infliximab, 10 mg	$66.41
J1750	Injection, Iron dextran, 50 mg	$11.97
J1756	Injection, IRON SUCROSE, 1 mg	$0.28
J1786	Imuglucerase injection	$41.86
J1790	Injection, droperidol, up to 5 mg	$3.29
J1800	Injection, propranolol HCl, up to 1 mg	$3.73
J1810	Injection, droperidol and fentanyl citrate, up to 2 mL ampule	$5.58
J1815	Injection, insulin, per 5 units	$0.53
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	$5.32
J1826	Interferon Beta-1A inj	$260.00
J1830	Injection, interferon beta-1B, 0.25 mg	$119.30
J1835	Injection, itraconazole, 50 mg	$42.28
J1840	Injection, kanamycin sulfate, up to 500 mg	$7.69
J1850	Injection, kanamycin sulfate, up to 75 mg	$1.15
J1885	Injection, ketorolac tromethamine, per 15 mg	$0.29
J1890	Injection, cephalothin sodium, up to 1 gm	$8.64
J1930	Injection, lanreotide, 1 mg	$34.97
J1931	Injection, laronidase, 0.1 mg	$28.20
J1940	Injection, furosemide, up to 20 mg	$2.13
J1945	Injection, lepirudin, 50 mg	$570.54
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	$672.89
J1953	Injection, levetiracetam, 10 mg	$0.20
J1955	Injection, levocarnitine, per 1 g	$6.29
J1956	Injection, levofloxacin, 250 mg	$3.65
J1960	Injection, levorphanol tartrate, up to 2 mg	$3.17
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	$16.04
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	$21.05
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	$0.02
J2010	Injection, lincomycin HCl, up to 300 mg	$7.39
J2020	Injection, linezolid, 200 mg	$38.95

J2060	Injection, lorazepam, 2 mg	$0.81
J2150	Injection, mannitol, 25% in 50 mL	$1.90
J2170	Injection, mecasermin, 1 mg	$29.96
J2175	Injection, meperidine hydrochloride, per 100 mg	$2.07
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	$3.79
J2185	Injection, meropenem, 100 mg	$1.36
J2210	Injection, methylergonovine maleate, up to 0.2 mg	$4.03
J2212	Injection, methylnaltrexone, 0.1 mg (Relistor)	$0.42
J2248	Injection, micafungin sodium, 1 mg	$0.94
J2250	Injection, midazolam hydrochloride, per 1 mg	$0.18
J2260	Injection, milrinone lactate, per 5 mg	$2.68
J2265	Injection, minocycline hydrochloride, 1 mg	$0.60
J2270	Injection, morphine sulfate, up to 10 mg	$3.62
J2271	Injection, morphine sulfate, 100 mg	$0.83
J2275	Injection, morphine sulfate, per 10 mg	$4.31
J2278	Injection, ziconotide, 1 microgram	$6.62
J2280	Injection, moxifloxacin, 100 mg	$3.59
J2300	Injection, nalbuphine hydrochloride, per 10 mg	$0.97
J2310	Injection, naloxone hydrochloride, per 1 mg	$12.18
J2315	Injection, naltrexone, depot form, 1 mg	$2.84
J2320	Injection, nandrolone decanoate, up to 50 mg	$3.75
J2323	Injection, natalizumab, 1 mg	$12.30
J2325	Injection, nesiritide, 0.1 mg	$54.32
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	$129.66
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	$1.41
J2355	Injection, oprelvekin, 5 mg	$262.88
J2357	Injection, omalizumab, 5 mg	$23.54
J2358	Olanzapine long-acting inj	$2.75
J2360	Injection, orphenadrine citrate, up to 60 mg	$6.62
J2370	Injection, phenylephrine HCl, up to 1 mL	$1.15
J2400	Injection, chloroprocaine hydrochloride, per 30 mL	$22.25
J2405	Injection, ondansetron hydrochloride, per 1 mg	$2.00
J2410	Injection, oxymorphone HCl, up to 1 mg	$2.32
J2425	Injection, palifermin, 50 micrograms	$12.97
J2426	Paliperidone palmitate inj	$7.24
J2430	Injection, pamidronate disodium, per 30 mg	$59.71
J2440	Injection, papaverine HCl, up to 60 mg	$1.28
J2460	Injection, oxytetracycline HCl, up to 50 mg	$0.94
J2469	Injection, palonosetron HCl, 25 mcg	$18.30
J2501	Injection, paricalcitol, 1 mcg	$1.80
J2503	Injection, pegaptanib sodium, 0.3 mg	$1,029.33
J2504	Injection, pegademase bovine, 25 IU	$267.83
J2505	Injection, pegfilgrastim, 6 mg	$2,921.12
J2507	Injection, pegloticase, 1 mg	$356.54
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	$13.52
J2513	Injection, pentastarch, 10% solution, 100 mL	$12.72
J2515	Injection, pentobarbital sodium, per 50 mg	$33.02
J2540	Injection, penicillin G potassium, up to 600,000 units	$0.60
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g	$2.98
J2545	Pentamidine isethionate, inhalation solution, unit dose form, per 300 mg	$63.66
J2550	Injection, promethazine HCl, up to 50 mg	$1.63
J2560	Injection, phenobarbital sodium, up to 120 mg	$13.95
J2562	Injection, Plerixafor, 1 mg	$291.39
J2590	Injection, oxytocin, up to 10 units	$0.61
J2597	Injection, desmopressin acetate, per 1 mcg	$5.63
J2650	Injection, prednisolone acetate, up to 1 mL	$0.52
J2670	Injection, tolazoline HCl, up to 25 mg	$3.44
J2675	Injection, progesterone, per 50 mg	$1.56
J2680	Injection, fluphenazine decanoate, up to 25 mg	$15.37
J2690	Injection, procainamide HCl, up to 1 g	$13.66
J2700	Injection, oxacillin sodium, up to 250 mg	$2.26
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	$0.09
J2720	Injection, protamine sulfate, per 10 mg	$0.77
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	$13.50

J2725	Injection, protirelin, per 250 mcg	$21.78
J2730	Injection, pralidoxime chloride, up to 1 g	$89.99
J2760	Injection, phentolamine mesylate, up to 5 mg	$105.99
J2765	Injection, metoclopramide HCl, up to 10 mg	$0.44
J2770	Injection, quinupristin/dalfopristin, 500 mg	$187.32
J2778	Injection, ranibizumab, 0.1 mg	$398.01
J2780	Injection, ranitidine hydrochloride, 25 mg	$1.17
J2783	Injection, rasburicase, 0.5 mg	$208.19
J2785	Injection, regadenoson, 0.1 mg	$53.64
J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.)	$24.54
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.)	$84.45
J2791	Injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	$5.07
J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU	$18.33
J2793	Injection, rilonacept, 1 mg	$23.18
J2794	Injection, risperidone, long acting, 0.5 mg	$5.64
J2795	Injection, ropivacaine hydrochloride, 1 mg	$0.09
J2796	Injection, romiplostim, 10 mcg	$49.32
J2800	Injection, methocarbamol, up to 10 mL	$36.43
J2805	Injection, sincalide, 5 micrograms	$55.20
J2810	Injection, theophylline, per 40 mg	$0.23
J2820	Injection, sargramostim (GM-CSF), 50 mcg	$29.69
J2850	Injection, secretin, synthetic, human, 1 microgram	$27.49
J2910	Injection, aurothioglucose, up to 50 mg	$24.50
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	$3.10
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	$1.63
J2930	Injection, methlprednisolone sodium succinate, up to 125 mg	$2.60
J2940	Injection, somatrem, 1 mg	$42.29
J2941	Injection, somatropin, 1 mg	$51.96
J2950	Injection, promazine HCl, up to 25 mg	$0.38
J2993	Injection, reteplase, 18.1 mg	$2,301.90
J2995	Injection, streptokinase, per 250,000 IU	$79.50
J2997	Injection, alteplase recombinant, 1 mg	$51.91
J3000	Injection, streptomycin, up to 1 g	$15.07
J3010	Injection, fentanyl citrate, 0.1 mg	$0.47
J3030	Injection, sumatriptan, succinate, 6 mg	$51.89
J3070	Injection, pentazocine, 30 mg	$24.50
J3095	Televancin injection	$2.65
J3101	Injection, tenecteplase, 1 mg	$70.77
J3105	Injection, terbutaline sulfate, up to 1 mg	$3.81
J3110	Injection, teriparatide, 10 mcg	$7.55
J3120	Injection, testosterone enanthate, up to 100 mg	$4.63
J3130	Injection, testosterone enanthate, up to 200 mg	$9.26
J3140	Injection, testosterone suspension, up to 50 mg	$0.56
J3150	Injection, testosterone PROPIONATE, up to 100 mg	$0.79
J3230	Injection, chlorpromazine HCl (Thorazine), up to 50 mg	$17.86
J3240	Injection,thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	$1,051.90
J3243	Injection, tigecycline, 1 mg	$1.68
J3246	Injection, tirofiban HCl, 0.25 mg	$7.90
J3250	Injection, trimethobenzamide HCl, up to 200 mg	$10.38
J3260	Injection, tobramycin sulfate, up to 80 mg	$2.55
J3262	Tocilizumab injection	$3.56
J3265	Injection, torsemide, 10 mg/mL	$2.19
J3280	Injection, thiethylperazine maleate, up to 10 mg	$4.76
J3285	Injection, treprostinil, 1 mg	$61.24
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	$3.78
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	$1.80
J3302	Injection, triamcinolone diacetate, per 5 mg	$0.28
J3303	Injection, triamcinolone hexacetonide, per 5 mg	$1.82
J3305	Injection, trimetrexate glucuronate, per 25 mg	$149.71
J3310	Injection, perphenazine, up to 5 mg	$6.38
J3315	Injection, triptorelin pamoate, 3.75 mg	$175.79
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	$30.08
J3350	Injection, urea, up to 40 g	$75.55
J3355	Injection, urofollitropin, 75 IU	$66.48

J3357	Ustekinumab injection	$134.00
J3360	Injection, diazepam, up to 5 mg	$3.34
J3364	Injection, urokinase, 5,000 IU vial	$9.16
J3365	Injection, IV, urokinase, 250,000 IU vial	$457.73
J3370	Injection, vancomycin HCl, 500 mg	$2.42
J3385	Velaglucerase alfa	$348.86
J3396	Injection, verteporfin, 0.1 mg	$10.28
J3400	Injection, triflupromazine HCl, up to 20 mg	$11.05
J3410	Injection, hydroxyzine HCl, up to 25 mg	$1.31
J3411	Injection, thiamine HCl, 100 mg	$3.72
J3415	Injection, pyridoxine HCl, 100 mg	$6.29
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	$0.56
J3430	Injection, phytonadione (vitamin K) per 1 mg	$1.43
J3465	Injection, voriconazole, 10 mg	$4.92
J3470	Injection, hyaluronidase, up to 150 units	$21.20
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit	$0.25
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units	$137.80
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	$0.33
J3475	Injection, magnesium sulfate, per 500 mg	$0.15
J3480	Injection, potassium chloride, per 2 mEq	$0.01
J3485	Injection, zidovudine, 10 mg	$1.51
J3486	Injection, ziprasidone mesylate, 10 mg	$8.76
J3487	Injection, zoledronic acid (Zometa), 1 mg	$215.65
J3488	Injection, zoledronic acid (Reclast), 1 mg	$224.70
J3490	Unclassified drugs	$0.00
J3520	Edetate disodium, per 150 mg	$1.27
J3530	Nasal vaccine inhalation	$0.00
J3535	Drug administered through a metered dose inhaler	$0.00
J3570	Laetrile, amygdalin, vitamin B-17	$0.00
J3590	Unclassified biologics	$0.00
J7030	Infusion, normal saline solution, 1,000 cc	$1.07
J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)	$0.53
J7042	5% Dextrose/normal saline (500ml = 1 unit)	$0.49
J7050	Infusion, normal saline solution, 250 cc	$0.27
J7060	5% Dextrose/water (500ml = 1 unit)	$1.03
J7070	Infusion, D5W, 1000 cc	$2.05
J7100	Infusion, dextran 40, 500 mL	$21.93
J7110	Infusion, dextran 75, 500 mL	$14.52
J7120	Ringer's lactate infusion, up to 1,000 cc	$0.99
J7131	Hypertonic saline solution, 1 mL	$0.02
J7178	Injection, human fibrinogen concentrate, 1 mg (RiaStap)	$0.93
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	$7.96
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	$0.93
J7185	Injection, Factor VIII (antihemophilic factor, recombinant)	$1.10
J7186	Injection, antihemophilic factor VIII/Von Willebrand factor complex (human), per factor VIII I.U.	$0.94
J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	$0.90
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	$1.61
J7190	Factor VIII (antihemophilic factor [human]) per IU	$0.92
J7191	Factor VIII (antihemophilic factor [porcine]) per IU	$1.86
J7192	Factor VIII (antihemophilic factor [recombinant]) per IU	$1.13
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	$0.96
J7194	Factor IX, complex, per IU	$1.06
J7195	Factor IX (antihemophilic factor, recombinant) per IU	$1.25
J7196	Antithrombin recombinant	$99.45
J7197	Antithrombin III (human), per IU	$3.04
J7198	Anti-inhibitor, per IU	$1.63
J7199	Hemophilia clotting factor, not otherwise classified	$0.00
J7300	Intrauterine copper contraceptive	$609.96
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	$768.00
J7303	Contraceptive supply, hormone containing vaginal ring, each	$80.79
J7304	Contraceptive supply, hormone containing patch, each	$31.03
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	$0.00
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	$672.61
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	$160.72

J7309	Methyl aminolevulinate, top	$80.53
J7310	Ganciclovir, 4.5 mg, long-acting implant	$16,960.00
J7311	Fluocinolone acetonide, intravitreal implant	$19,345.00
J7312	Dexamethasone intra implant	$195.86
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	$89.98
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	$151.34
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	$167.46
J7325	Hyaluronan or derivative, synvisc or synvisc-one, 1 mg	$12.06
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	$0.00
J7330	Autologous cultured chondrocytes, implant	$29,193.23
J7335	Capsaicin 8% patch, per 10 sq centimeters	$25.55
J7500	Azathioprine, oral, 50 mg	$0.12
J7501	Azathioprine, parenteral, 100 mg	$161.37
J7502	Cyclosporine, oral, 100 mg	$3.59
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	$671.43
J7505	Muromonab-CD3, parenteral, 5 mg	$1,156.08
J7506	Prednisone, oral, per 5 mg	$0.02
J7507	Tacrolimus, oral, per 1 mg	$1.80
J7509	Methylprednisolone, oral, per 4 mg	$0.72
J7510	Prednisolone, oral, per 5 mg	$0.04
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	$538.68
J7513	Daclizumab, parenteral, 25 mg	$526.34
J7515	Cyclosporine, oral, 25 mg	$0.98
J7516	Cyclosporine, parenteral, 250 mg	$33.58
J7517	Mycophenolate mofetil, oral, 250 mg	$1.25
J7518	Mycophenolic acid, oral, 180 mg	$3.63
J7520	Sirolimus, oral, 1 mg	$12.37
J7525	Tacrolimus, parenteral, 5 mg	$138.89
J7599	Immunosuppressive drug, not otherwise classified	$0.00
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	$0.00
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	$5.33
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	$5.52
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	$0.00
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	$1.55
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	$0.14
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	$0.00
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg	$0.11
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg	$0.24
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg	$0.05
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg	$0.21
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	$0.00
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	$0.21
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	$0.00
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	$0.00
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	$5.26
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg (Code Price is for cost of powder only)	$0.29

J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	$0.00
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	$0.00
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit-dose form, per 10 milligrams	$0.61
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	$0.00
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 mg	$4.82
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram	$0.00
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	$0.00
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.00
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	$0.00
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.00
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	$30.64
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	$1.73
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram (Further Documentation Requested)	$0.00
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	$0.00
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.00
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	$0.24
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.05
J7647	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	$0.00
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	$0.00
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	$0.00
J7650	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.00
J7657	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	$0.00
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	$0.00
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	$0.00
J7660	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	$0.00
J7665	Mannitol, administered through an inhaler, 5 mg	$4.30
J7667	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per 10 milligrams	$0.00
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams	$0.00
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	$0.25
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	$0.00
J7674	METHACHOLINE chloride administered as inhalation solution through a nebulizer, per 1 mg	$0.50
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	$0.00
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	$0.00

J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	$0.00
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	$94.05
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram (Further Documentation Requested)	$0.00
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram (Further Documentation Requested)	$0.00
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams	$0.00
J7686	Treprostinil, non-comp unit	$438.92
J7799	Not otherwise classified drugs, other than inhalation drugs, administered through DME	$0.00
J8498	Anti-emetic drug, rectal/suppository, not otherwise specified	$0.00
J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	$0.00
J8501	Aprepitant, oral, 5 mg	$6.48
J8510	Busulfan, oral, 2 mg	$5.56
J8515	Cabergoline, oral, 0.25 mg	$14.57
J8520	Capecitabine, oral, 150 mg	$8.87
J8521	Capecitabine, oral, 500 mg	$29.51
J8530	Cyclophosphamide, oral, 25 mg	$0.93
J8540	Dexamethasone, oral, 0.25 mg	$0.34
J8560	Etoposide, oral, 50 mg	$52.36
J8562	Oral fludarabine phosphate	$81.77
J8565	Gefitinib, oral, 250 mg	$57.87
J8597	Antiemetic drug, oral, not otherwise specified	$0.00
J8600	Melphalan, oral, 2 mg	$8.41
J8610	Methotrexate, oral, 2.5 mg	$0.21
J8650	Nabilone, oral, 1 mg	$25.84
J8700	Temozolomide, oral, 5 mg	$10.67
J8705	Topotecan, oral, 0.25 mg	$84.22
J8999	Prescription drug, oral, chemotherapeutic, not otherwise specified	$0.00
J9000	Injection, doxorubicin hydrochloride, 10 mg	$3.41
J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	$539.08
J9010	Injection, alemtuzumab, 10 mg	$611.45
J9015	Injection, aldesleukin, per single-use vial	$1,246.98
J9017	Injection, arsenic trioxide, 1 mg	$45.13
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	$334.32
J9020	Injection, asparaginase, 10,000 units	$63.20
J9025	Injection, azacitidine, 1 mg	$5.53
J9027	Injection, clofarabine, 1 mg	$126.25
J9031	BCG (intravesical), per installation	$120.87
J9033	Injection, bendamustine HCl, 1 mg	$20.62
J9035	Injection, bevacizumab, 10 mg	$63.45
J9040	Injection, bleomycin sulfate, 15 units	$21.39
J9041	Injection, bortezomib, 0.1 mg	$44.31
J9042	Injection, brentuximab vedotin, 1 mg (Adcetris)	$98.99
J9043	Injection, cabazitaxel, 1 mg	$136.07
J9045	Injection, carboplatin, 50 mg	$3.29
J9050	Injection, carmustine, 100 mg	$175.75
J9055	Injection, cetuximab, 10 mg	$51.80
J9060	Cisplatin, powder or solution, per 10 mg	$2.12
J9065	Injection, cladribine, per 1 mg	$29.17
J9070	Cyclophosphamide, 100 mg	$23.37
J9098	Injection, cytarabine liposome, 10 mg	$528.75
J9100	Injection, cytarabine, 100 mg	$0.96
J9120	Injection, dactinomycin, 0.5 mg	$577.60
J9130	Dacarbazine, 100 mg	$3.40
J9150	Injection, daunorubicin, 10 mg	$22.05
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	$57.66
J9155	Injection, degarelix, 1 mg	$2.86
J9160	Injection, denileukin diftitox, 300 micrograms	$1,646.18
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	$0.00
J9171	Injection docetaxol, 1 mg	$6.45
J9175	Injection, Elliotts' B solution, 1 mL	$4.07

J9178	Injection, epirubicin HCl, 2 mg	$1.58
J9179	Injection, eribulin mesylate, 0.1 mg	$95.54
J9181	Injection, etoposide, 10 mg	$0.74
J9185	Injection, fludarabine phosphate, 50 mg	$86.66
J9190	Injection, fluorouracil, 500 mg	$1.82
J9200	Injection, floxuridine, 500 mg	$65.32
J9201	Injection, gemcitabine hydrochloride, 200 mg	$10.86
J9202	Goserelin acetate implant, per 3.6 mg	$178.39
J9206	Injection, irinotecan, 20 mg	$4.70
J9207	Injection, ixabepilone, 1 mg	$66.43
J9208	Injection, ifosfamide, 1 gram	$29.16
J9209	Injection, mesna, 200 mg	$3.60
J9211	Injection, idarubicin hydrochloride, 5 mg	$97.96
J9212	Injection, interferon Alfacon-1, recombinant, 1 microgram	$6.55
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	$0.00
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	$19.29
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	$30.72
J9216	Injection, interferon, gamma 1-b, 3 million units	$430.93
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	$215.13
J9218	Leuprolide acetate, per 1 mg	$7.46
J9219	Leuprolide acetate implant, 65 mg	$4,819.82
J9225	Histrelin implant (Vantas), 50 mg	$2,981.05
J9226	Histrelin implant (Supprelin LA), 50 mg	$16,177.64
J9228	Injection, ipilimumab, 1 mg	$125.17
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	$157.86
J9245	Injection, melphalan hydrochloride, 50 mg	$1,314.21
J9250	Methotrexate sodium, 5 mg	$0.20
J9260	Methotrexate sodium, 50 mg	$1.95
J9261	Injection, nelarabine, 50 mg	$123.40
J9263	Injection, oxaliplatin, 0.5 mg	$4.08
J9264	Injection, paclitaxel protein-bound particles, 1 mg	$9.52
J9265	Injection, paclitaxel, 30 mg	$41.83
J9266	Injection, pegaspargase, per single dose vial	$5,890.00
J9268	Injection, pentostatin, per 10 mg	$1,290.39
J9270	plicamycin, 2.5 mg	$0.00
J9280	Mitomycin, 5 mg	$24.04
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	$36.88
J9300	Injection, gemtuzumab ozogamicin, 5 mg	$2,742.59
J9302	Ofatumumab injection	$45.42
J9303	Injection, panitumumab, 10 mg	$89.20
J9305	Injection, pemetrexed, 10 mg	$58.06
J9307	Pralatrexate injection	$182.65
J9310	Injection, rituximab, 100 mg	$660.78
J9315	Romidepsin injection	$242.28
J9320	Injection, streptozocin, 1 gram	$271.16
J9328	Injection, temozolomide, 1 mg	$4.83
J9330	Injection, temsirolimus, 1 mg	$56.14
J9340	Injection, thiotepa, 15 mg	$175.48
J9351	Topotecan injection	$3.17
J9355	Injection, trastuzumab, 10 mg	$76.54
J9357	Injection, valrubicin, intravesical, 200 mg	$1,038.99
J9360	Injection, vinblastine sulfate, 1 mg	$1.17
J9370	Vincristine sulfate, 1 mg	$3.78
J9390	Injection, vinorelbine tartrate, per 10 mg	$11.06
J9395	Injection, fulvestrant, 25 mg	$88.34
J9600	Injection, porfimer sodium, 75 mg	$3,004.74
J9999	Unclassified, antineoplastic drugs	$0.00
P9041	Infusion, albumin (human), 5%, 50 mL	$9.55
P9043	Infusion, plasma protein fraction (human), 5%, 50 mL	$8.33
P9045	Infusion, albumin (human), 5%, 250 mL	$47.73
P9046	Infusion, albumin (human), 25%, 20 mL	$19.68
P9047	Infusion, albumin (human), 25%, 50 mL	$49.20
P9048	Infusion, plasma protein fraction (human), 5%, 250 mL	$41.67

Q0138	Injection, ferumoxytol, non ESRD, 1 mg	$0.64
Q0139	Injection, ferumoxytol, ESRD, 1 mg	$0.64
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm	$20.53
Q0162	Ondansetron 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 48 hour dosage regimen	$0.04
Q0163	Diphenhydramine hydrochloride, 50 mg oral	$0.04
Q0164	Prochlorperazine maleate, 5 mg oral	$0.05
Q0165	Prochlorperazine maleate, 10 mg ora	$0.05
Q0166	Granisetron hydrochloride, 1 mg oral, FDA-approved prescription anti-emetic	$1.59
Q0167	Dronabinol, 2.5 mg oral	$3.42
Q0168	Dronabinol, 5 mg oral	$6.63
Q0169	Promethazine hydrochloride, 12.5 mg oral	$0.07
Q0170	Promethazine hydrochloride, 25 mg oral	$0.02
Q0171	Chlorpromazine hydrochloride, 10 mg oral	$0.01
Q0172	Chlorpromazine hydrochloride, 25 mg oral	$0.03
Q0173	Trimethobenzamide hydrochloride, 250 mg oral	$0.84
Q0174	Thiethylperazine maleate, 10 mg, oral	$0.63
Q0175	Perphenazine, 4 mg, oral	$0.55
Q0176	Perphenazine, 8mg, oral	$0.44
Q0177	Hydroxyzine pamoate, 25 mg, oral	$0.04
Q0178	Hydroxyzine pamoate, 50 mg, oral	$0.05
Q0180	Dolasetron mesylate, 100 mg, oral	$67.00
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.	$0.00
Q0515	Injection, sermorelin acetate, 1 microgram	$1.80
Q2009	Injection, fosphenytoin, 50 mg	$1.03
Q2017	Injection, teniposide, 50 mg	$321.94
Q2026	Injection, radiesse, 0.1 ML	$0.00
Q2027	Injection, sculptra, 0.1 ML	$0.00
Q2035	Afluria vacc, 3 yrs & >, im	$11.48
Q2036	Flulaval vacc, 3 yrs & >, im	$9.80
Q2037	Fluvirin vacc, 3 yrs & >, im	$13.94
Q2038	Fluzone vacc, 3 yrs & >, im	$11.97
Q2039	NOS flu vacc, 3 yrs & >, im	$0.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	$32,560.45
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg - see also J9001	$498.26
Q3025	Injection, interferon beta-1A, 11 mcg for intramuscular use	$291.64
Q3026	Injection, interferon beta-1A, 11 mcg for subcutaneous use	$153.92
Q4074	iloprost, inhalation solution, FDA-approved final product	$73.67
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	$1.03
Q4082	Drug/bio NOC part B drug CAP	$0.00
Q4101	Skin substitute, Apligraf, per square centimeter	$39.47
Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter (Code Price is based on median pricing methodology)	$8.08
Q4103	Skin substitute, Oasis Burn Matrix, per square centimeter	$8.08
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter (Code Price is based on median pricing methodology)	$18.71
Q4105	Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter (Code Price is based on median pricing methodology)	$13.76
Q4106	Skin substitute, Dermagraft, per square centimeter	$40.91
Q4107	Skin substitute, Graftjacket, per square centimeter (Code Price is based on median pricing methodology)	$99.17
Q4108	Skin substitute, Integra Matrix, per square centimeter (Code Price is based on median pricing methodology)	$25.22
Q4110	Skin substitute, PriMatrix, per square centimeter (Code Price is based on median pricing methodology)	$34.21
Q4111	Skin substitute, GammaGraft, per square centimeter (Further documentation needed)	$7.02
Q4112	Allograft, Cymetra, injectable, 1 cc	$394.62
Q4113	Allograft, Graftjacket Express, injectable, 1 cc	$394.62
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	$1,198.51

Q4115	Skin substitute, alloskin, per square centimeter	$8.13
Q4116	Skin substitute, alloderm, per square centimeter	$32.37
Q4117	Hyalomatrix, per square centimeter	$0.00
Q4118	Matristem micromatrix, 1 mg	$3.26
Q4119	Matristem wound matrix, per square centimeter	$3.06
Q4120	Matristem burn matrix, per square centimeter	$0.00
Q4121	Theraskin, per square centimeter	$0.00
Q4122	Dermacell, per square centimeter	$0.00
Q4123	Alloskin RT, per square centimeter	$0.00
Q4124	Oasis Ultra Tri-Layer Wound Matrix, per square centimeter	$11.12
Q4125	Arthroflex, per square centimeter	$0.00
Q4126	Memoderm, per square centimeter	$0.00
Q4127	Talymed, per square centimeter	$0.00
Q4128	FlexHD or Allopatch HD, per square centimeter	$0.00
Q4129	Unite Biomatrix, per square centimeter	$0.00
Q4130	Strattice TM, per square centimeter	$0.00
Q4131	Epifix, per square centimeter	$195.34
Q4132	Grafix core, per square centimeter	$150.03
Q4133	Grafix prime, per square centimeter	$150.03
Q9951	Low osmolar contrast material, 400 or greater	$0.00
Q9953	Injection, iron-based magnetic resonance contrast agent, per mL	$62.05
Q9954	Oral magnetic resonance contrast agent, per 100 mL	$11.66
Q9955	Injection, perflexane lipid microspheres, per mL	$13.25
Q9956	Injection, octafluoropropane microspheres, per mL	$37.02
Q9957	Injection, perflutren lipid microspheres, per mL	$55.54
Q9958	high osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	$0.08
Q9959	high osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	$0.00
Q9960	high osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	$0.17
Q9961	high osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	$0.19
Q9962	high osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	$0.18
Q9963	high osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	$0.18
Q9964	high osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	$0.33
Q9965	low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	$0.94
Q9966	low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	$0.23
Q9967	low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	$0.10
Q9968	injection, non-radioactive, non-contrast, visualization adjunct	$0.57
S0012	Butorphanol tartrate, nasal spray, 25 mg	$67.37
S0014	Tacrine hydrochloride, 10 mg	$2.48
S0017	Injection, aminocaproic acid, 5 g	$1.67
S0020	Injection, bupivacaine hydrochloride, 30 mL	$2.81
S0021	Injection, cefoperazone sodium, 1 gm	$15.30
S0023	Injection, cimetidine hydrochloride, 300 mg	$2.44
S0028	Injection, famotidine, 20 mg	$0.91
S0030	Injection, metronidazole, 500 mg	$1.85
S0032	Injection, nafcillin sodium, 2 g	$24.07
S0034	Injection, ofloxacin, 400 mg	$22.44
S0039	Injection, sulfamethoxazole and trimethoprim, 10 mL	$6.77
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	$13.60
S0073	Injection, aztreonam, 500 mg	$14.79
S0074	Injection, cefotetan disodium, 500 mg	$5.81
S0077	Injection, clindamycin phosphate, 300 mg	$1.72
S0078	Injection, fosphenytoin sodium, 750 mg	$12.50
S0080	Injection, pentamidine isethionate, 300 mg	$100.73
S0081	Injection, piperacillin sodium, 500 mg	$1.78
S0088	Imatinib,100 mg	$60.34
S0090	Sildenafil citrate, 25 mg	$22.71
S0091	Granisetron hydrochloride, 1 mg	$50.16
S0092	Injection, hydromorphone HCl, 250 mg	$97.58
S0093	Injection, morphine sulfate, 500 mg	$4.43
S0104	Zidovudine, oral, 100 mg	$1.72
S0106	Bupropion HCL sustained release tablet	$98.61
S0108	Mercaptopurine, oral, 50 mg	$3.48
S0109	Methadone, oral, 5 mg	$0.11
S0117	Tretinoin, topical, 5 grams	$9.21

S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q0162)	$20.57
S0122	Injection, menotropins, 75 IU	$106.07
S0126	Injection, follitropin alfa, 75 IU	$117.81
S0128	Injection, follitropin beta, 75 IU	$99.14
S0132	Injection, ganirelix acetate, 250 mcg	$111.50
S0136	Clozapine, 25 mg	$1.12
S0137	Didanosine (ddI), 25 mg	$0.65
S0138	Finasteride, 5 mg	$2.66
S0139	Minoxidil, 10 mg	$1.10
S0140	Saquinavir, 200 mg	$1.24
S0142	Colistimethate sodium, inhalation solution, per mg	$0.00
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per mL	$654.40
S0148	Injection, pegylated interferon Alfa-2B, 10 MCG	$117.26
S0155	Sterile diluent for epoprostenol, 50 mL	$14.36
S0156	Exemestane, 25 mg	$11.19
S0157	Becaplermin gel 0.01%, 0.5 gm	$23.00
S0160	Dextroamphetamine sulfate, 5 mg	$2.47
S0164	Injection, pantoprazole sodium, 40 mg	$4.79
S0166	Injection, olanzapine, 2.5 mg	$8.26
S0169	Calcitrol, 0.25 MCG	$0.71
S0170	Anastrozole, oral, 1 mg	$11.46
S0171	Injection, bumetanide, 0.5 mg	$0.89
S0172	chlorambucil, oral, 2mg	$4.73
S0174	dolasetron mesylate, oral 50mg (for circumstances falling under the medicare	$48.89
S0175	Flutamide, oral, 125 mg	$1.78
S0176	Hydroxyurea, oral, 500 mg	$1.09
S0177	Levamisole HCl, oral, 50 mg	$0.00
S0178	Lomustine, oral, 10 mg	$9.00
S0179	Megestrol acetate, oral 20 mg	$0.56
S0182	Procarbazine hydrochloride, oral, 50 mg	$51.31
S0183	Prochlorperazine maleate, oral, 5 mg	$0.50
S0187	Tamoxifen citrate, oral, 10 mg	$1.61
S0189	Testosterone pellet, 75 mg	$81.81
S0190	Mifepristone, oral, 200 mg	$76.50
S0191	Misoprostol, oral, 200 mcg	$1.11
S0194	dialysis/stress vitamin supplement, oral	$17.33
S0195	Pneumococcal conjugate vaccine, polyvalent (Code price is per 0.5 mL dose)	$85.43
S0197	prenatal vitamins, 30 day supply	$0.00
S1090	Mometasone furoate sinus implant, 370 micrograms - see also C9399 or J3490	$708.90
S5000	Prescription drug, generic	$0.00
S5001	Prescription drug,brand name	$0.00
S5010	5%, Dextrose and 0.45% normal saline, 1000 mL	$3.40
S5011	5% dextrose in lactated ringer's, 1000 mL	$2.72
S5012	5% dextrose with potassium chloride, 1000 mL	$2.52
S5013	5% dextrose/ 0.45% normal saline 1000 ml	$0.00
S5014	5% dextrose/0.45 normal saline 1500 ml	$0.00
S5550	Insulin, rapid onset, 5 units (Code Price is based on median pricing methodology)	$0.37
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units (Code Price is based on median pricing methodology)	$0.66
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units (Code Price is based on median pricing methodology)	$0.36
S5553	Insulin, long acting; 5 units (Code Price is based on median pricing methodology)	$0.68
S5560	Insuin delivery device, reusable pen; 1.5 mL size	$0.00
S5561	Insulin delivery device, reusable pen; 3 mL size (Code Price is based on median pricing methodology)	$31.35
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	$0.00
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units (Code Price is based on median pricing methodology)	$49.73
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 mL size (All NDCs Inactive)	$0.00
S5571	Insulin delivery device, disposable pen (including insulin); 3 mL size (Code Price is based on median pricing methodology)	$46.56

Cigna

Network Participation Letter of Agreement

Effective Date: 5/1/2013

March 15, 2013

Gunnison County Public Health
225 N. Pine St. Suite E
Gunnison, CO 81230

Dear Randy Morgan,

This Letter of Agreement (LOA) confirms the agreement reached between **Gunnison County Public Health** ("Provider") and Cigna HealthCare of Colorado, Inc. ("Cigna") for Provider to become a participating provider in Cigna's networks for certain Covered Services provided to Participants enrolled in certain Benefit Plans. The rights and obligations of Provider and Cigna are contained in this LOA.

Definitions:

- Administrative Guidelines means the rules, policies and procedures adopted by Cigna or Payor to be followed by Provider in providing services and doing business with Cigna and Payors under this Agreement.

- Benefit Plan means a certificate of coverage, summary plan description or other document or agreement which specifies the health care services to be provided or reimbursed for the benefit of a Participant.

- Covered Services means those health care services for which a Participant is entitled to receive coverage under the terms and conditions of the Participant's Benefit Plan.

- Participant means any individual, or eligible dependent of such individual, whether referred to as "Insured", "Subscriber", "Member", "Participant", "Enrollee", "Dependent", or similar designation, who is eligible and enrolled to receive Covered Services.

As of the Effective Date, this LOA shall continue in full force and effect unless terminated by either party with 60 days advance written notice.

The Parties have reached an agreement with respect to the fee schedule and reimbursement terms as set forth in Exhibit A. Both parties desire that Provider provide Covered Services to Participants, therefore, the parties have agreed that, commencing on the Effective Date, Provider will provide Covered Services to Participants and the terms and conditions set forth in this LOA will govern the rights and obligations of the parties.

Provider Services

March 15, 2013

Routing 584
8505 E. Orchard Rd. 2T1
Greenwood Village, CO 80111
Tel 800.888.CIGNA
Fax 646.706.4289

Gunnison County Public Health
225 N. Pine St. Suite E
Gunnison, CO 81230

Dear Randy Morgan,

Thank you for your interest in becoming a participating vaccine provider in the CIGNA HealthCare of Colorado Inc. network. Following is a list of documents needed for the contracting process to begin.

- ❑ Completed W-9
- ❑ Sample claim form (CMS-1500) –specifically boxes 25, 32 & 33 (showing how you will bill)
- ❑ 2 copies of the Network Participation Letter of Agreement for signature (included).Please send both signed contracts back. CIGNA will send an executed copy when the process is complete. **DO NOT FILL IN EFFECTIVE DATE**

Please also find enclosed a Summary Disclosure Form required by Colorado Senate Bill 79. This is for your records – DO NOT RETURN.

The included forms must be completed and received by CIGNA to initiate the contracting process by **March 30, 2013** to obtain a May 1, 2013 effective date. Once CIGNA receives your completed packet it will be forwarded to our Provider Data Management team for processing and you will receive an executed copy of the contract once the process has been completed. This executed contract will apply to both Cigna and Great West members. If you have any questions about the application process, please do not hesitate to contact **Pamela Braun at 303.305.0852**. Thank you for your interest in CIGNA Healthcare of Colorado, Inc.

Sincerely,

Amber Alcaraz
Administrative Assistant, Senior Associate
CIGNA Healthcare of Colorado

Enclosures

"Cigna" is registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company, and not by Cigna Corporation.

Provider has agreed to accept the reimbursement rates listed in Exhibit A as payment in full for the Covered Services described and Provider will not seek payment from the Participant or persons acting on the Participant's behalf for the services described in this LOA. This provision shall not prohibit collection of applicable copayments, coinsurance or deductibles in accordance with the terms of the Participant's Benefit Plan. Provider agrees that this provision shall survive the termination of this LOA for described Covered Services and shall be construed in favor of the Participant. Provider agrees that this provision supersedes any oral or written agreement now existing or hereafter entered into between Provider and Cigna with regard to the subject matter.

This LOA does not apply to any service other than those listed in Exhibit A. For services not listed in Exhibit A, no reimbursement will be made. Participants may not be billed for such services.

All claims must be submitted to Cigna within 90 days of the date of service or, if Payor is the secondary payor, within 90 days of the date of the explanation of payment from the primary payor. Claims received after this 90 day period may be denied except as provided in the Administrative Guidelines, and Provider shall not bill Cigna, the Payor or the Participant for those denied services. Amounts due and owing under this Agreement with respect to complete claims for Covered Services will be payable within the timeframes required by applicable law. Claims must be submitted to the address listed on the Participant's Cigna ID card.

Payment pursuant to this LOA by Cigna (or other Payor, as applicable) will be subject to verification of the Participant's eligibility and coverage for the services according to the terms of the Participant's Benefit Plan at the time services are rendered. Provider may call the number indicated on the Participant's identification card for more information. Provider will provide medical records as requested by Cigna pertaining to this service.

Provider agrees to cooperate with Cigna's medical management and quality assurance programs; with any Cigna dispute resolution and appeals process; and with any subrogation activities applicable to the Participant.

Provider warrants and represents that all health care providers who perform any of the services for which the Provider is responsible under this Agreement to obtain and maintain all necessary licenses or certifications required by state and federal law.

Provider shall comply with Cigna's Administrative Guidelines. To the extent of any inconsistency between this LOA and the Administrative Guidelines, this LOA shall control. Some or all Administrative Guidelines may be communicated in the form of a provider reference manual, in other written materials distributed by Cigna to Provider or at a website identified by Cigna. Administrative Guidelines may change from time to time.

With respect to each Participant visit to Provider, Provider shall send a report to the Participant's Primary Care Physician reflecting the services rendered to such Participant within 3 business days of the date of service. Provider shall identify the applicable Primary Care Physician by referencing the Participant's Cigna identification card. If there is no

Primary Care Physician listed on the card, Provider shall ask the Participant to identify their Primary Care Physician and will send the report to the identified Primary Care Physician.

If this LOA accurately expresses the agreement between Cigna and Provider, please indicate your acceptance by signing in the space provided below.

Sincerely,

Pamela K. Braun
Director, Provider Contracting

AGREED TO AND ACCEPTED:

Provider: Gunnison County Public Health

By: _____

Printed Name: _____

Title: _____

Date: _____

Federal Tax ID: **84-60000770** NPID: **1942366612**

Cigna: Cigna HealthCare of Colorado, Inc.

By: _____

Printed Name: _____

Title: _____

Date: _____

Atts: Exhibit A

Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

ADDENDUM TO ANCILLARY AGREEMENT FOR THE STATE OF COLORADO

The provisions set forth in this Addendum are being added to the Agreement to comply with legislative and regulatory requirements of the State of Colorado regarding provider contracts with providers rendering health care services in the State of Colorado. To the extent that such Colorado laws and regulations are applicable and/or not otherwise preempted by federal law, the provisions set forth in this Addendum shall apply and, to the extent of a conflict with a provision in the Agreement, shall control. The provisions set forth in this Addendum do not apply with regard to Covered Services rendered to Participants covered under self-funded plans.

(1) The definition for Emergency Services, if any, shall comply with Colorado laws and regulations to the extent applicable.

(2) Provider shall receive payments for Covered Services as set forth in the Agreement. Colorado law prohibits the use of financial disincentives or the withholding of full compensation to Provider because of the number or type of referrals made by Provider to Participating Providers in accordance with applicable Utilization Management requirements concerning the provision of Covered Services to Participants.

(3) Pursuant to the requirements of Section 10-16-704 (4.5), Colorado Revised Statutes, to the extent applicable:

With respect to services reimbursed on a fee-for-service basis, if Provider believes Provider has been underpaid for a Covered Service Provider must submit a written request for an appeal or adjustment with Cigna or its designee within 12 months after the date of the original payment or explanation of benefits.

With respect to services reimbursed on a fee-for-service basis, Payor may only retroactively adjust reimbursement made to Provider during the 12 month period after the date of the original explanation of benefits.

Adjustments to claims related to coordination of benefits with federally funded health benefit plans, including Medicare and Medicaid, shall be made within 36 months after the date of service.

(4) Neither Provider nor Cigna shall be prohibited from protesting or expressing disagreement with a medical decision, medical policy or medical practice of Provider or Cigna.

(5) Cigna shall not terminate the Agreement because: a) Provider expresses disagreement with Cigna's decision to deny or limit benefits to a Participant or assists the Participant to seek reconsideration of Cigna's decision; or b) Provider discusses with a current, former or prospective patient any aspect of the patient's medical condition, any proposed treatments or treatment alternatives, whether covered by Cigna or not, policy provisions of a plan or Provider's personal recommendation regarding selection of a health plan based on the Provider's personal knowledge of the health needs of such patients.

(6) In the event of termination of the Agreement and to the extent applicable, the provisions of Section 10-16-705(4) of the Colorado Statutes shall apply.

(7) Agreements for less than 2 years in duration may be terminated without cause by Cigna or Provider with 90 days advance written notice to the other party. Notwithstanding the foregoing, to the extent that the Agreement provides for a longer notification period with respect to termination of the Agreement by Provider or Cigna, such longer notification period will apply.

(8) Agreements for 2 or more years in duration may be terminated without cause in accordance with the terms set forth in the Agreement.

(9) Cigna can terminate the Agreement immediately (or upon such longer notice required by applicable law, if any) if Provider no longer maintains the licenses required to perform his/her duties under the Agreement, Provider is disciplined by any licensing, regulatory, accreditation organization, or any other professional organization with jurisdiction over Provider, or if Provider no longer satisfies Cigna's credentialing requirements.

(10) Cigna or Provider can terminate the Agreement if the other becomes insolvent.

(11) Any termination notice must be in writing and sent by United States mail, postage prepaid, to Cigna at the addresses below. Cigna may also notify Provider by sending an electronic notice with automatic receipt verification to Provider's e-mail address. Either party can change the address for notices by giving written notice of the change to the other party in the manner just described.

Cigna HealthCare of Colorado, Inc. Attention: Manager of Contracting
8505 East Orchard Road 2T1
Greenwood Village, CO 80111

(12) Payment terms shall not survive the termination of the Agreement except as required by law or as agreed upon by Provider.

(13) Cigna shall provide Provider with at least 90 days written notice of the effective date of a Material Change to the Agreement. Such notice will be conspicuously entitled "NOTICE OF MATERIAL CHANGE TO CONTRACT."

"Material Change" means a change to an Agreement that: a) decreases the provider's payment or compensation; b) changes the administrative procedures in a way that may reasonably be expected to significantly increase the providers administrative expense; c) replaces the maximum allowable cost list used with a new and different maximum allowable cost list by a person or entity for reimbursement of generic prescription drugs; or d) adds a new category of coverage.

A Material Change does not include: a) a decrease in payment or compensation resulting solely from a change in a published fee schedule upon which the payment or compensation is based and the date of applicability is clearly identified in the Agreement; b) a decrease in payment or compensation resulting from a change in an Agreement for pharmacy services such as a change in a fee schedule based on average wholesale price or maximum allowable cost; c) a decrease in payment or compensation that was anticipated under the terms of the Agreement, if the amount and date of applicability of the decrease is clearly identified in the Agreement; d) an administrative change that may significantly increase the provider's administrative expense, the specific applicability of which is clearly identified in the contract; e) changes to an existing prior authorization, precertification, notification or referral program that do not substantially increase the provider's administrative expense; or changes to an edit program or to specific edits.

If Provider objects in writing to the material change within 15 days and there is no resolution of the objection, Cigna or Provider may terminate the Agreement upon written notice to the other party but no later than 60 days prior to the effective date of the material change.

If Provider does not object to the material change within 15 days, the change shall be effective as specified in the notice.

If the material change is the addition of a new category of coverage and Provider objects within 15 days, the material change shall not be effective and Cigna may not terminate Provider for this reason.

Notwithstanding anything in this section, Cigna may modify the Agreement by operation of state or federal law or regulation and Cigna may make such notification to Provider by any reasonable means.

(14) Intermediary Contracts. If Provider is an Intermediary as defined by C.R.S.A. § 10-16-102(25.5) and 3 Colo. Code of Regs. § 4.2-15(IV)(B), or any other applicable law, Provider as an Intermediary agrees to the following:

(a) If contracted to perform utilization management, utilization review, provider credentialing, administration of health insurance benefits, setting or negotiation of reimbursement rates, payment to providers, network development, disease management programs, or any other program subject to Section 10-16-705(6.5) C.R.S., Intermediary shall comply with the same standards, guidelines, medical policies, and benefit terms as Cigna.

(b) If contracted to perform utilization management, utilization review, provider credentialing, administration of health insurance benefits, setting or negotiation of reimbursement rates, payment to providers, network development, disease management programs, or any other program subject to Section 10-16-705(10.5)(a) C.R.S., Intermediary shall indicate the name of Intermediary and the company for which it is conducting the work when making any payment to a health care provider on behalf of Cigna.

(c) Intermediary will comply, and shall require Subcontracted Providers to comply, with all of the applicable requirements of Section 10-16-705, C.R.S.

(d) Cigna is responsible for ensuring that Subcontracted Providers have the capacity and legal authority to furnish Covered Services.

(e) Cigna has the right to approve or disapprove participation status of Subcontracted Providers in its own or a contracted network for the purpose of delivering Covered Services to its Participants.

(f) Intermediary shall provide Cigna with copies of Subcontracted Providers' contracts in accordance with Applicable Law and Cigna shall maintain copies of all such contracts.

(g) As applicable, Intermediary shall transmit utilization documentation and claims paid documentation to Cigna. Cigna shall monitor the timeliness and appropriateness of payments made to providers and health care services rendered to Participants.

(h) As applicable, Intermediary shall maintain books, records, financial information, and documentation of services provided to Participants at the Intermediary's place of business in the State of Colorado.

(i) Intermediary agrees to allow the Commissioner of the Division of Insurance for the State of Colorado access to the Intermediary's books, records, financial information and any documentation of services provided to Participants as necessary to determine compliance with the law.

(j) Cigna shall have the right, in the event of Intermediary's insolvency, to require the assignment to Cigna of the provisions of a Subcontracted Provider's contract addressing the provider's obligations to furnish Covered Services.

Vaccine Services
Exhibit A

Fee Schedule and Reimbursement Terms

This is an Exhibit to an Agreement between:
Provider: **Gunnison County Public Health**
Cigna Party: Cigna HealthCare of Colorado, Inc.
Effective Date: 5/1/2013

I. Reimbursement Terms

- Per Visit rate includes reimbursement for all therapeutic, diagnostic and other services and all facility charges, and is limited to one payment per date of service.
- Provider shall accept as full and final payment for Covered Services provided to Participants the lesser of billed charges or the reimbursement specified in this Exhibit. Payor shall deduct any Copayments, Deductibles, or Coinsurance required by the Participant's Benefit Plan.
- For services not included in on the rate table below, no reimbursement will be made. Participants may not be billed for such services.

II. Reimbursement Rates

Vaccine	Cigna Vaccine Fee Schedule

CIGNA HEALTHCARE of COLORADO
Summary Disclosure Form

This summary disclosure form is for informational purposes only and should remain as part of your files for your reference and does not constitute a term and condition of the contract.

Practitioner Contracting Entity: Gunnison County Public Health Date: March 15, 2013

I. Compensation and Payment

Reimbursement methodology [check one]: ☒ fee for service ☐ capitation
☒ other (describe) Vaccine reimbursement only

Administrative Guidelines and Payment Policies are incorporated into this contract by reference. They may be updated periodically; for more information go to the CIGNA for Health Care Professionals website (www.cignaforhcp.com) and click *Register Now* to register for and use the website (both contracted and non-contracted providers can register to use the website).

The fee schedule is based on the following:

See below N/A of N/A(year) of CIGNA RBRVS, $N/A per ASA

CPT4 Procedure Code Group	Base Relativity Factor
Surgery Codes	0 %
Evaluation & Management Codes	0 %
Medicine Codes	0 %
Radiation Oncology	0 %
Radiology	0 %
Laboratory & Pathology	0 %
Physical Therapy	0 %

CIGNA Resource Based Relative Value Scale (CIGNA RBRVS) means the methodology used to produce a maximum allowable fee for Covered Services rendered to Participants in the Program(s) subject to the Rate Exhibit(s) in the attached Agreement. The components used to build CIGNA RBRVS each year include:

- Relative Value Units (RVUs) from the Center for Medicare and Medicaid Services (CMS) for CPT code/modifier combinations for which they are available
- RVUs provided by an external public source for the remaining CPT code/modifier combinations (including clinical lab codes for which CMS reimbursement is based on flat rates rather than on RVUs). Ingenix© is one such source.
- CIGNA-standard site of service selections for practice expense RVUs
- CMS geographical cost practice indices (GPCIs) and
- CMS conversion factors
- This fee schedule updates annually: **Yes** ☒ **No** ☐
  - (if Yes, date it will update updated quarterly)
- The following Covered Services will be reimbursed at the lesser of billed charges or the CIGNA Market Fee Schedule: Injectable drugs, immunizations, immunization administration, vaccines, toxoids; physical therapy; all high tech radiology including but not limited to CAT Scans, Magnetic Resonance Imaging, Positron Emission Tomography; pathology and laboratory services and routine venipuncture, as defined with the Current Procedural Terminology (CPT) coding system and published by the American Medical Society and as defined within the Healthcare Common Procedural Coding System (HCPCS) and published by CMS.
- Fee Schedule: The CIGNA Market Fee Schedule for a specific billing code or a range of codes is available on the *eServices* page of the CIGNA for Health Care Professionals website (www.cignaforhcp.com). The CIGNA Market Fee Schedule is available to currently contracted providers who have registered to use the website.
- This contract **does** ☐ **does not** ☒ have global OB and/or other case rates; if

	applicable refer to the rate exhibit for details • The allowable for procedure codes for the Covered Services for which reimbursement has not been established, will be a 50% reduction from billed charges, until such time as the applicable RVUs become available. CIGNA processes claims using ClaimCheck®. ClaimCheck automatically audits codes before claims are paid. The system screens thousands of medical, surgical, radiology, laboratory and pathology procedures identified by CPT and HCPC codes to ensure proper billing. Using Clear Claim Connection® available at the CIGNA for Health Care Professionals website (www.cignaforhcp.com), a provider registered to use the website can enter codes to determine if a ClaimCheck edit will be returned. The website also has information on updates.
II. Categories of Coverage	Includes the following (check all that apply): X HMO — X POS X Open Access Plus (OAP) — Worker's Compensation X Network — X EPO X PPO — X Indemnity ☐ Other — ☐
III. Duration of Contract & Termination	• The Initial Term of the contract is: **Evergreen** (amount of time in year[s] and/or months) • The contract is an Evergreen contract: **Yes** ☒ **No** ☐ (Evergreen means the contract automatically renews each anniversary date) • The agreement may be terminated with cause or without cause by CIGNA or Group with 60 days written notification. • Additional details regarding termination with cause can be found in your Network Participation Letter of Agreement as well as in the State Addendum.
IV. Identity of person responsible for processing claims	The entity responsible for processing claims for payment is CIGNA. However, some or all of the administrative functions related to claim processing may be performed by CIGNA Affiliates or other third parties in the ordinary course of business. Please refer to the back of the member's ID card for information about where claims should be sent for payment.
V. Dispute Resolution Process	There is a two-level, internal appeal process for post-service payment denials. The process entails the following: 1) **First Level Review** - submit information in writing within 180 days of the initial payment/denial OR 180 days after the last payment adjustment 2) **Second Level Review** - submit information in writing within 60 days of the First Level determination 3) **Request for Arbitration** - Request must be submitted within 12 months following CIGNA's final determination See Administrative Guidelines for more details about the process for submitting either a First or Second Level Review/Appeal
VI. Subject and Order of Addenda	**STATE REGULATORY ADDENDUM** - ADDENDUM TO AGREEMENT FOR THE STATE OF COLORADO MANDATED REQUIREMENTS **EXHIBIT A** - COMPENSATION

This summary disclosure form is for informational purposes only and does not constitute a term and condition of the contract. This form; however, does reasonably summarize the applicable contract provisions as required under Colorado law. *See* C.R.S. § 25-37-101. Health Care Providers are encouraged to review the terms and conditions of their contract. Confidential, unpublished property of CIGNA; do not duplicate or distribute without prior consent of CIGNA HealthCare of Colorado, Inc. © Copyright 2008 by CIGNA